

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk/Election Administrator of School District No. 2 Yellowstone County, State of Montana:

Filing for the office of School District Trustee: For a 3-year term at the Annual Regular School District Election to be held on the 2 day of May, 2023 High School District B

Candidate Name (Print, as it should appear on the ballot):

Brooke Wagner

Mailing address: 1302 24th St W #295 Billings MT 59102

City and State: Billings, MT Zip Code: 59102

Residence address: 7800 E Fork Duck Creek Rd

City and State: Laurel, MT Zip Code: 59044

Contact Phone: (406) 861-5562 Email Address: brooke@govintagefive.com

*I hereby affirm that I possess, or will possess, within the constitutional and statutory deadlines, the qualifications prescribed by the Constitution and law of the United States and the State of Montana.*

DATED this 11 day of January, 2023

Brooke Wagner  
(Signature of Candidate)

Candidate must sign and acknowledge this Declaration of Intent before a Notary Public, if mailed, or before the Election Administrator or Deputy, if delivered in person.

State of Montana, County of Yellowstone

Signed and sworn to before me this 12 day of January 2023 by Brooke Wagner  
Printed Name of Candidate

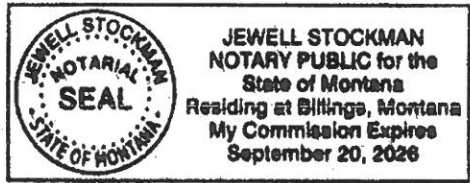
Jewell Stockman  
Signature of Notary or Public Official

Jewell Stockman  
Printed name of Notary or Public Official

Notary Public for the State of Montana (include stamp/seal)

Residing at: Billings

My Commission Expires: 9-20, 2024



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Candidate Name (Print): Brooke Wagner

This Declaration of Intent for a trustee position must be submitted to the school district clerk/election administrator no later than 40 days before the election. 20-3-305, MCA

Pursuant to 13-37-206, MCA, all candidates for trustee positions in first-class districts located in counties with populations of 15,000 or more OR in county high school districts having student enrollments of 2,000 or more must report their campaign finance activities to the Montana Commissioner of Political Practices. Current forms are available at: [Link to the MT Political Practices webpage](#)

Please return this form to:

Name of Election Official: \_\_\_\_\_

Representing: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

