

DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk of School District No. 23, 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 ___ day of May, 2023.

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

Mark Kane

Mailing address: 5366 Sacagawea Dr.

City and State: Billings MT Zip Code: 59101

Residence address: 5366 Sacagawea Dr

City and State: Billings MT Zip Code: 59101

Contact Phone: 406-530-9359 Email Address: MarkwKane@gmail.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 14 day of February, 2023

[Signature]

(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 7th day of March, 2023, by Mark Kane
Printed Name of Candidate

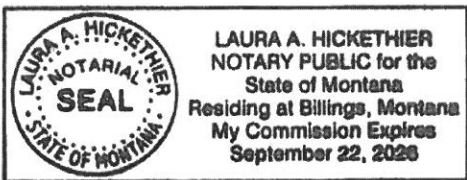
[Signature]
Signature of Notary or Public Official

Laura A Hickethier
Printed name of Notary or Public Official

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

Residing at: Billings MT

My Commission Expires: Sept 22, 2026



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Candidate Name (Print): Mark Kane

This Declaration of Intent for a trustee position must be submitted to the school district clerk 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:

District Clerk: _____

District: _____

Address: _____ City, State, Zip _____

Fax: _____ Email: _____