DECLARATION OF INTENT AND OATH OF CANDIDACY FOR TRUSTEE CANDIDATES

To the School District Clerk of School District No. 8, Meagher County, State of Montana:

Filing for the office of School District Trustee: For a term from December 2025 or until sworn in until the next Annual Regular School District Election to be held on the 5th day of May, 2025. The vacancy being filled is due to a Trustee's resignation mid-year.

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

_____

Mailing address: _____

City and State: _____ Zip Code: _____

Residence address: _____

City and State: _____ Zip Code: _____

Contact Phone: _____ Email Address: _____

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 _____ day of _____, 20_____

_____

(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 _____

Signed and sworn to before me this ____ day of _____, 20____, by _____
Printed Name of Candidate

_____

Signature of Notary or Public Official

_____

Printed name of Notary or Public Official

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

Residing at: _____

My Commission Expires: _____, 20___

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Candidate Name (Print): _____

This Declaration of Intent for a trustee position must be submitted to the school district clerk between 145 days and 85 days before a regular school 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: https://politicalpractices.mt.gov/Home/Forms

Please return this form to:

Name of District Clerk: Kristi Sangray
School District: White Sulphur Springs School District No. 8
Address: 405 S. Central Ave City, State, Zip White Sulphur Springs, MT 59645
Mailing Address: P.O. Box 405 City, State, Zip White Sulphur Springs, MT 59645
Fax: 406-547-2407 Email: ksangray@whitesulphur.k12.mt.us