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 2-year term at the Annual Regular School District Election to be held on the 5th day of May, 2026.

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 C_____City, State, Zip _White Sulphur Springs, MT 59645___

Fax: _406-547-2407_____ Email: _ksangray@whitesulphur.k12.mt.us_____