



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

RECEIVED
JAN 13 2022
Filed this _____ day of _____, 20____
Document # _____
Fee paid: cash check credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Cascade County Commission District 1 Republican OR Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Joe Briggs

Mailing Address: 5900 Western Drive City and State: Great Falls, Montana Zip Code: 59404

Residence Address: 5900 Western Drive City and State: Great Falls, Montana Zip Code: 59404

County of Residence: Cascade Contact Phone: (406) 868-8397 Email Address: jbriggs@briggscom.com Website Address: www.briggscom.com

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

Candidate Filing Fee, if applicable, in the amount of \$ 342.65 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

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

Signature of Candidate

01/13/2022

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

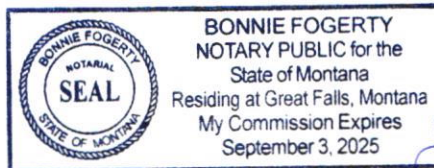
State of Montana

County of Cascade

Signed and sworn to before me this 13th day of January, 2022 by _____

Where to file Federal, Statewide, State District and Legislative offices:
Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most Local District offices:
County Election Office
A list of county election offices may be found at: sosmt.gov/elections



Joe Briggs
Printed Name of Candidate

Bonnie Fogerty
Signature of Notary or Public Official

[SEAL/STAMP]



Declaration for Nomination and Oath of Candidacy



Filed this _____ day of _____, 20____
 Document # _____
 Fee paid: cash check _____ credit
 By: _____
 Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Cascade County Commissioner - District 3 Republican OR Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Rae "RAE" Grukowski

Mailing Address: P.O. Box 2404 City and State: Great Falls, MT Zip Code: 59403

Residence Address: 1244 Evans - Riceville Rd. City and State: Stockett, MT Zip Code: 59480

County of Residence: Cascade Contact Phone: 406-788-3204 Email Address: rae@arpsine.com Website Address: raeforcascadecounty.com

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
 Mailing Address: _____ Residence Address: _____
 Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

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

Rae Grukowski Signature of Candidate Date: 1-27-2022

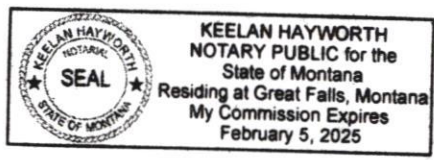
NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana
 County of Cascade
 Signed and sworn to before me this 27th day of Jan., 2022 by Rae Grukowski
Printed Name of Candidate

Where to file Federal, Statewide, State District and Legislative offices:
 Montana Secretary of State
 P.O. Box 202801
 State Capitol Building, 1301 E. 6th Ave
 2nd Floor, Room 260
 Helena, MT 59620
 Online: sosmt.gov/elections/filing/
 Fax: 406-444-2023

Where to file County, City and most Local District offices:
 County Election Office
 A list of county election offices may be found at: sosmt.gov/elections

Keelan Hayworth
 Signature of Notary or Public Official



Keelan Hayworth
 Printed Name of Notary Public
 Notary Public for the State of Montana
 Residing at: Great Falls
 My commission expires: 2/5, 2025

[SEAL/STAMP]