



Ravalli County
Park and Library Districts
Candidate Petition for Nomination

PETITION TO BE FILED WITH COUNTY ELECTION ADMINISTRATOR

Petition to Qualify _____ for the
Name of Candidate

- (select one) Florence Park Lone Rock Park Ravalli Co. Park District #2
 Stevensville West Park Victor Park North Valley Library

District election to be held in Ravalli County, Montana on **May 8, 2012**, as provided by law.

WARNING

A person who purposefully signs a name other than the person's own to this petition, who signs more than once for the same issue at one election or who signs when not a legally registered Montana voter is subject to a \$500 fine, 6 months in jail, or both. Each person is required to sign the person's name and list the person's address or telephone number in substantially the same manner as on the person's voter registration card or the signature will not be counted. In place of a residence address, the signer may provide the signer's post-office address or the signer's home telephone number.

Signature (as registered)	Date Signed	Residence Address or Post-Office Address or Home Telephone Number	Print Last Name and Print First and Middle Initials	Office Use Only
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

NOTE: You must obtain at least **FIVE (5)** signatures. Persons signing this petition must be registered in the district in which the candidate resides. Also, be sure to complete and sign the Affidavit of Signature Gatherer to turn in with this petition. Thank you!

This petition must be returned to the Ravalli County Election Administrator no later than **February 23, 2012**.



Ravalli County
Park and Library Districts
Oath of Candidacy

OATH OF CANDIDACY AND PETITION TO BE FILED WITH COUNTY ELECTION ADMINISTRATOR

Filing for office of **Trustee** as a Nonpartisan candidate for the:

- (select one) Florence Park Lone Rock Park Ravalli Co. Park District #2
 Stevensville West Park Victor Park North Valley Library

District election to be held in Ravalli County, Montana on **May 8, 2012.**

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

Mailing Address: _____
 Street or PO Box City/State Zip

Residence Address: _____
 Street City/State Zip

Home Phone: _____ Work Phone: _____

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

I hereby certify that I am a citizen of the United States and a resident of the state of Montana, and do affirm that I possess the qualifications prescribed by the Constitution and laws of the United States and the state of Montana.

Signature of Candidate _____ Date _____

NOTARY OR AUTHORIZED OFFICER

State of Montana
 County of Ravalli

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

 Printed Name of Candidate

Signature of Notary
 [Montana notaries must complete the following if not part of stamp at left]

Printed Name of Notary Public _____

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____

By: _____
 Deputy (if not notarized)

[SEAL/STAMP]



Ravalli County
Affidavit of Petition Signature Gatherer

This affidavit must be submitted with the petition for nomination.

AFFIDAVIT FILED WITH ELECTION ADMINISTRATOR

I, _____,
(printed name of person who is the signature gatherer)

swear that I gathered the signatures on the petition to which this affidavit is attached on the stated dates, that I believe the signatures on the petition are genuine, are the signatures of the persons whose names they purport to be, and are the signatures of Montana electors who are registered at the address or have the telephone number following the person's signature, and that the signers knew the contents of the petition before signing the petition.

Date on which the first signature was gathered

Signature of petition signature gatherer

Address of petition signature gatherer

City, state and zip code

STATE OF MONTANA
County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary
[Montana notaries must complete the following if not part of stamp at left]

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20_____

By: _____
Deputy (if not notarized)

SEAL

NOTE: THIS AFFIDAVIT MUST BE SUBMITTED WITH THE PETITION FOR NOMINATION