

PETITION TO BE FILED WITH COUNTY ELECTION ADMINISTRATOR				
Petition to Qualify	for the			
Name of Candidate				
(select one)				
☐ 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 th				
issue at one election or who signs when not a legally registered Montana voter is subject to a \$500 fine, 6 r				
	The state of the s			
Each person is required to sign the person's name and list the person's address or telephone number in smanner as on the person's voter registration card or the signature will not be counted. In place of a residen	The state of the s			

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.

Residence Address or Date Post-Office Address or Home Print Last Name and Use Signature (as registered)

Signature (as registered)

Signed Telephone Number Print First and Middle Initials Only

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 3.

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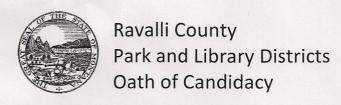
 8.

 9.

 10.

<u>NOTE</u>: 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.



Filing for office of <u>Trustee</u> as a Nonpart			
	isan candidate for the:		
	one Rock Park 🗌 Ra		
☐ Stevensville West F	Park	□ North Valley Lib	prary
District election to be held in Ravalli Cou	nty, Montana on May 8 ,	2012.	
Candidate Name (printed exactly as it sh	nould appear on the ballo	t):	
Mailing Address:			
Street or PO Box	City/State		Zip
Residence Address:Street	City/State	2	· Zip
Home Phone:	Work F	Phone:	
OATH OF CANDIDACY – CANDIDATE MUST SIGN IN THE PRESENCE OF A N			1 To 1
Signature of Candidate		<u> </u>	Date
Signature of Candidate			Date
Signature of Candidate NOTARY OR AUTHORIZED OFFICER State of Montana County of Ravalli			Date
NOTARY OR AUTHORIZED OFFICER State of Montana	day of		
NOTARY OR AUTHORIZED OFFICER State of Montana County of Ravalli	day of	, 20	
NOTARY OR AUTHORIZED OFFICER State of Montana County of Ravalli Signed and sworn to before me this	Signature o	of Notary notaries must complete	
State of Montana County of Ravalli Signed and sworn to before me this Printed Name of Candidate	Signature o [Montana r stamp at le	of Notary notaries must complete	by
NOTARY OR AUTHORIZED OFFICER State of Montana County of Ravalli Signed and sworn to before me this	Signature of [Montana restamp at le	of Notary notaries must complete eft] me of Notary Public	by
State of Montana County of Ravalli Signed and sworn to before me this Printed Name of Candidate	Signature of [Montana restamp at less printed Name Notary Pub	of Notary notaries must complete eft] me of Notary Public blic for the State of	by the following if not part of
State of Montana County of Ravalli Signed and sworn to before me this Printed Name of Candidate	Signature of Montana restamp at less Printed Name Notary Published Name Notary Name Notary Name Notary Name Notary Name Notary Name Name Notary Name Name Name Name Name Name Name Name	of Notary notaries must complete eft] me of Notary Public olic for the State of	by the following if not part of



Ravalli County Affidavit of Petition Signature Gatherer

This affidavit must be submitted with the petition for nomination.

FFIDAVIT FILED WITH ELECTION ADMINIS	TRATOR	
(printed name of person who is the	, ie signature gatherer)	
wear that I gathered the signaturelieve the signatures on the petite, and are the signatures of Mon	res on the petition to which this affidavit i ion are genuine, are the signatures of the tana electors who are registered at the a nd that the signers knew the contents of th	persons whose names they purport to ddress or have the telephone number
	Date on which the first signature was gath	ered
	Signature of petition signature gathere	ır
	Address of petition signature gatherer	
City, state and zip code		
STATE OF MONTANA County of		
Subscribed and sworn to before m	e this day of	, 20
	Signature of Notary [Montana notaries must c stamp at left]	omplete the following if not part of
SEAL	Printed Name of Notary P	ublic
		e of
	My commission expires:_	, 20
	By:	zed)