Declaration for Nomination and Oath of Candidacy- County or State Office

FOR FILING OFFICE ONLY

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

Filing for office of: _____ ☐ _____ **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**): _____

Mailing Address _____ City and State _____ Zip Code _____

Residence Address _____ City and State _____ Zip Code _____

County of Residence _____ Contact Phone _____ Email Address _____ Website Address _____

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.

_____ _____

Signature of Candidate — Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

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 Public

[SEAL/STAMP]

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____

Where to file for Federal, Statewide, State District and Legislative offices:
Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
Online: sos.mt.gov
By Fax: 406-444-2023

Where to file for County, City and most Local District offices:
Flathead County Election Dept
40 11th St W #230
Kalispell, MT 59901-5799

Updated September 1, 2015