



Declaration for Nomination and Oath of Candidacy -Nonpartisan

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

Filing for office of: Full Term **OR** Partial Term ending _____
Full name of office including district and/or department numbers if applicable

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

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.
Filing fees:
-for candidates of offices for nonpartisan office for which a salary of fees are not paid -\$0
-for offices having an annual salary of \$2,500 or less and candidates for the legislature, \$15
- for county offices having an annual salary of more than \$2,500, 0.5% of the total annual salary
- for other offices having an annual salary of more than \$2,500, 1% of the total annual salary

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

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
By Fax: 406-758-5877

Signature of Notary or Public Official

Printed Name of Notary Public
Notary Public for the State of _____
Residing at: _____
My commission expires: _____, 20____

[SEAL/STAMP]