



Declaration for Nomination and Oath of Candidacy -Nonpartisan -Special Districts

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

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]