



# 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 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, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](https://sos.mt.gov)  
By Fax: 406-444-2023

**Where to file for County, City and  
most Local District offices:**

Flathead County Election Dept.  
290 B N. Main St  
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]