

Declaration for Nomination and

FOR FILING DEFICE ONLY	Filed this day of	, 20
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	Deputy or Filing Officer	

Oath of Candidacy 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 5006 Residence Address Zip Code County of Residence Contact Phone Email Address Website Address Willolen @ SMAIC. Com I hereby affirm I am a registered voter in the State of Montana or will be by the candidate filing deadline. (Does not apply to Federal candidates or individuals under the age of 18 at the candidate filing deadline who will turn 18 by the election.) 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 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 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. AUDIO GUIDE - PRONUNCIATION OF BALLOT NAME FOR VOTER INTERFACE DEVICES Contact me about my name pronunciation. If not checked, generic phonetic pronunciation audio will be used for voting equipment for disabled voters. 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 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 Where to file Federal, Statewide, State of Montana State District and Legislative offices: County of Montana Secretary of State P.O. Box 202801 Signed and sworn to before me this State Capitol Building 1301 E. 6th Ave, 2nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 Where to file County, City and most Local District offices: County Election Office Signature of Notary of Public Officia A list of county election offices may be ISEAL/STAMP found at: sosmt.gov/elections

Revised August 1, 2023