



Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
Fee paid: cash check _____ credit
By: _____
Deputy or Filing Officer

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 _____

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 District and Legislative offices:

Montana Secretary of State
P.O. Box 202801
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
A list of county election offices may be found at: sosmt.gov/elections

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

[SEAL/STAMP]