



# Declaration for Nomination and Oath of Candidacy

A candidate may only withdraw from candidacy by filing with the proper filing officer a notarized statement stating the reason for withdrawal no later than 5:00 p.m. on the last day to file for a primary election or no later than 85 days before the general election.

FOR FILING OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Document # \_\_\_\_\_

By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH FOR PRIMARY ELECTION TO BE FILED WITH  SECRETARY OF STATE  COUNTY ELECTION ADMINISTRATOR

Filing for office of: \_\_\_\_\_  \_\_\_\_\_  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: \_\_\_\_\_  
Street or PO Box City Zip

Residence Address: \_\_\_\_\_  
Street City Zip

County of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, PLEASE 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, PLEASE COMPLETE THE FOLLOWING INFORMATION:

(a) I hereby certify that 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 certify that 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.

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 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

By Fax: 406-444-2023

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

County Election Administrator's Office  
A list of county election offices may be found at: [sos.mt.gov/elections](http://sos.mt.gov/elections)

[SEAL/STAMP]

\_\_\_\_\_  
Signature of Notary or Public Official  
[Montana notaries must complete the following if not part of stamp at left]

\_\_\_\_\_  
Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_