



# 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 \_\_\_\_\_

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 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 affirm 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 PUBLIC OR AUTHORIZED OFFICER

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

**Where to file Federal, Statewide, State District and Legislative offices:**

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6<sup>th</sup> Ave  
2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://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](http://sosmt.gov/elections)

[SEAL/STAMP]