



Certificate of Appointment of Replacement Candidate, Declaration of Acceptance and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this _____ day of _____, 20____
 Document # _____
 By: _____
 Deputy or Filing Officer

THIS SECTION FOR APPOINTOR

CERTIFICATE, DECLARATION AND OATH TO BE FILED WITH SECRETARY OF STATE COUNTY ELECTION ADMINISTRATOR

I, the undersigned presiding officer of the committee having the qualifications to appoint a replacement candidate, hereby certify that the committee nominated, in accordance with Section 13-10-327, Montana Code Annotated:

Candidate Name (printed exactly as it should appear on the ballot): _____

Candidate's Mailing Address: _____
 Street or PO Box City Zip

Candidate's Residence Address: _____
 Street City Zip

Candidate's County of Residence: _____ Home Phone: _____ Work Phone: _____

Candidate's Email Address: _____ Website Address: _____

as the _____ Party nominee for the office of _____ to fill the vacancy created by the withdrawal/death of _____ and respectively request that the candidate's name, as set forth above, be placed on the ballot in the General Election to be held _____, 20____, after having paid the prescribed filing fee, if applicable.

 Signature of Presiding Officer Date

THIS SECTION FOR APPOINTEE

CANDIDATE DECLARATION OF ACCEPTANCE

I, the above-named candidate, hereby accept this appointment and submit the appropriate filing fee, if applicable, for this office, pursuant to 13-10-327, Montana Code Annotated.

IF THE DECLARATION IS FOR THE STATE LEGISLATURE, PLEASE COMPLETE THE FOLLOWING INFORMATION. I HEREBY CERTIFY THAT I:

- (a) 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) 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.

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 am a citizen of the United States and a resident of the State of Montana, and do affirm that I possess 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

 Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____

Where to file for Federal, Statewide, State District and Legislative offices:
 Montana Secretary of State
 State Capitol, 2nd Floor, Room 260
 PO Box 202801
 Helena, MT 59620-2801
 Online: sosmt.gov/elections
 By Fax: 406-444-2023

Where to file for County, City and most Local District offices:
 County Election Office
 A list of county election offices may be found at: sosmt.gov/elections

[SEAL/STAMP]