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

THIS SECTION FOR APPOINTEE

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

Count 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_______

[SEAL/STAMP]

Updated November 3, 2017