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| armpostcard | Declaration for Nomination and Oath of Candidacy  |

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| **FOR FILING OFFICE ONLY** | Filed this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_\_Document # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fee paid: [ ]  cash [ ]  check\_\_\_\_\_\_\_\_\_\_ [ ]  credit By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Deputy or Filing Officer** |

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| 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 PartyCandidate Name (**printed exactly as it should appear on the ballot**): Mailing Address City and State Zip CodeResidence Address City and State Zip CodeCounty 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 MontanaCounty 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 StateState Capitol, 2nd Floor, Room 260PO Box 202801Helena, MT 59620-2801Online: [sos.mt.gov](http://sos.mt.gov)By Fax**:** 406-444-2023 ***Where to file for County, City and most Local District offices:***County Election OfficeA list of county election offices may be found at: [sos.mt.gov/elections](http://sos.mt.gov/Elections)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*