|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| armpostcard | 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*  ***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: [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*