



Independent, Minor Party, or Indigent Candidate Declaration, Oath of Candidacy, and Petition for Nomination

**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 _____ as a(n) Independent Minor Party: _____ Indigent
 office of _____ Full name of office including district and/or dept. #s if applicable Name of Minor 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.
- (If applicable) Candidate Statement of Indigency. I hereby declare that I am unable to pay the filing fee set by law for the office for which I am filing, and request that my name be placed on the ballot through the Petition process without payment of the statutory fee.

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

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
 Email form to: soselections@mt.gov
 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]



Independent, Minor Party, or Indigent Candidate Declaration, Oath of Candidacy, and Petition for Nomination - Reverse

FOR FILING OFFICE ONLY

Filed this _____ day of _____, 20____
 Document # _____
 Fee paid: cash check _____ credit
 By: _____
 Deputy or Filing Officer

PETITION TO BE SUBMITTED TO COUNTY ELECTION ADMINISTRATOR FOR VERIFICATION OF SIGNATURES

Petition for Nomination for
 Candidate Name

for the office of
 Full name of office including district and/or dept. #s if applicable

IF THIS PETITION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Petition for Nomination of Lieutenant Governor:
 Lieutenant Governor Candidate Name

Independent Candidate

Minor Party Candidate:
 Name of Minor Party

Principle Represented by Party (five words or less)

Indigent Candidate

We, the undersigned registered electors of the state of Montana hereby request that in accordance with state law, the above-named candidate be nominated for the office named above:

WARNING - A person who purposefully signs a name other than the person's own to this petition, who signs more than once for the same issue at one election or who signs when not a legally registered Montana voter is subject to a \$500 fine, 6 months in jail, or both. Each person is required to sign the person's name and list the person's address or telephone number in substantially the same manner as on the person's voter registration card or the signature will not be counted. In place of a residence address, the signer may provide the signer's post-office address or the signer's home telephone number.

Signature	Date Signed	Residence Address or Post-Office Address or Home Telephone Number	Printed Last Name and First and Middle Initials	For County Election Office Use Only	
				Leg. Rep. Dist. #	Rsvd
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

COUNTY _____

Must be accompanied by Oath of Candidacy

Submit this form to County Election Administrator with **affidavit** attached to each sheet or group of up to 25 sheets.



Affidavit of Petition Signature Gatherer

An affidavit must be attached to each sheet or section submitted to the election administrator. Separate sheets of a petition may be fastened to this affidavit in sections of not more than 25 sheets.

AFFIDAVIT FILED WITH ELECTION ADMINISTRATOR

I, _____,
(printed name of person who is the signature gatherer)

swear that I gathered the signatures on the petition to which this affidavit is attached on the stated dates, that I believe the signatures on the petition are genuine, are the signatures of the persons whose names they purport to be, and are the signatures of Montana electors who are registered at the address or have the telephone number following the person's signature, and that the signers knew the contents of the petition before signing the petition.

Date on which the first signature **attached** was gathered

(Do NOT sign on the line below before gathering the signatures on the petition(s) that you attach to this affidavit.)

Signature of petition signature gatherer

Address of petition signature gatherer

City, state and zip code

NOTARY OR AUTHORIZED OFFICER – DO NOT FILL OUT THIS SECTION UNTIL AFTER THE SIGNATURES GATHERED HAVE BEEN ATTACHED TO THIS AFFIDAVIT

State of Montana
County of _____

Signed and sworn to before me this _____ day of _____, 20____ by _____
Printed Name of Signature Gatherer

Where to file Petition and Affidavit:
County Election
Administrator's Office
A list of county election
offices may be found at:
sosmt.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]