



# 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

**Where to file for Federal, Statewide, State District and Legislative offices:**  
 Montana Secretary of State  
 State Capitol, 2<sup>nd</sup> Floor, Room 260  
 PO Box 202801  
 Helena, MT 59620-2801  
 Online: [sosmt.gov/elections/filing](http://sosmt.gov/elections/filing)  
 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](http://sosmt.gov/elections)

[SEAL/STAMP]

\_\_\_\_\_  
 Signature of Notary or Public Official



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

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 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. Use either of the two approved affidavits below.



# 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*

\_\_\_\_\_  
Signature of Notary or Public Official

[SEAL/STAMP]

**Where to file Petition and Affidavit:**  
County Election Administrator's Office  
A list of county election offices may be found at:  
[sosmt.gov/elections](http://sosmt.gov/elections)



# Unsworn Declaration of Petition Signature Gatherer Under Penalty of Perjury Pursuant to §1-6-105

An affidavit as defined by 1-1-203, MCA 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. **Complete this form after the petition signatures attached to this form have been gathered.**

SECTION 1 - 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 this form 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

SECTION 2 - UNSWORN DECLARATION EXECUTED UNDER PENALTY OF PERJURY (1-6-105, MCA)

**Where to file Petition and Affidavit:**  
County Election  
Administrator's Office  
A list of county election  
offices may be found at:  
[sosmt.gov/elections](http://sosmt.gov/elections)

**I declare under penalty of perjury that the foregoing is true and correct.**

Dated on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
*Printed Name of Petition Signature Gatherer*

\_\_\_\_\_  
*Date of Birth of Petition Signature Gatherer*

\_\_\_\_\_  
*Phone Number of Petition Signature Gatherer*

\_\_\_\_\_  
*Signature of Petition Signature Gatherer*