DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of ________________ as (n) _______ Independent _______ Minor Party: ____________________ _______ Indigent

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 with 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

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: 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

PLEASE SEE REVERSE SIDE OR ATTACHED SHEET(S) FOR PETITION FORM.*

Updated March 22, 2022
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

[Signature]

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:

[Signature]

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.

For County Election Office Use Only

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<tr>
<th>Signature</th>
<th>Date Signed</th>
<th>Residence Address or Home Telephone Number</th>
<th>Printed Last Name and First and Middle Initials</th>
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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

[SEAL/STAMP]

________________________________________
Signature of Notary or Public Official

Where to file Petition and Affidavit:

County Election Administrator’s Office
A list of county election offices may be found at: sosmt.gov/elections

Updated March 23, 2022
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)

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

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

Updated March 23, 2022