



Declaration for Nomination and Oath of Candidacy

For Office Use Only

Date Filed: _____
Fee Amount: _____
Fee Paid: ☐ Cash ☐ Check _____ ☐ Credit
Document #: _____
Received By: _____

SECTION 1: CANDIDATE INFORMATION

Candidate First Name: _____ Candidate Last Name: _____

Filing for Office of: _____
Full name of office including district and/or department numbers, if applicable

☐ Democratic Party ☐ Libertarian Party ☐ Republican Party ☐ Green Party ☐ Nonpartisan
☐ Independent ☐ Minor Party: _____
Name of Minor Party

Mailing Address _____ City _____ State _____ Zip Code _____

Residential Address _____ City _____ State _____ Zip Code _____

County of Residence _____ Phone _____ Email _____ Website _____

SECTION 2: BALLOT INFORMATION

Candidate Name (printed exactly as it should appear on the ballot): _____

☐ Contact me about my name pronunciation (if not checked, generic phonetic pronunciation will be used for accessible voting equipment)

SECTION 3: AFFIRMATIONS

☐ **I affirm** I am a registered voter in the State of Montana or will be by the candidate filing deadline. (Does not apply to Federal candidates or individuals under the age of 18 at the candidate filing deadline who will turn 18 by the election)

If filing for the State Legislature (select one):

☐ **I affirm** 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**

☐ **I affirm** 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.

Fee Payment/Statement of Indigency (select one):

☐ **I affirm** I have included the applicable nonrefundable fee with this form. **OR**

☐ **I affirm** 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.

Section 4: 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 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 before me this _____ day of _____, 20 _____

By _____

Printed Name of Candidate

[Seal/Stamp]

Signature of Notary or Public Official

Submit the completed form and applicable fees for Federal, Statewide, State District, and Legislative Offices to:

Montana Secretary of State · PO Box 202801 · Helena, Montana 59620-2801 or

Submit the completed form and applicable fees for County, City, and most Local District Offices to:

Local County Elections Office (list of Offices found at sosmt.gov/elections)



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

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/dept. #s, if applicable

as a(n):

☐ Independent Candidate

☐ Minor Party Candidate: _____

Name of Minor Party

Principle Represented by Party (five words or less)

☐ Indigent Candidate

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

We, the undersigned registered electors of the state of Montana, hereby request 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 form 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 | |
|-----------|--|----------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------|----------|
| Signature | | Date Signed | Residence Address <u>or</u> Post Office Address <u>or</u> Home Telephone Number | Printed Last Name <u>and</u> First <u>and</u> Middle Initials | Legis. Rep. Dist. Number | Reserved |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

COUNTY _____

This page must accompany the Declaration for Nomination and Oath of Candidacy. Submit this form to the County Election Administrator with the Affidavit or Unsworn Declaration attached to each sheet or section 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.

Complete and attach this Affidavit to the Petition after signatures have been gathered.

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) you attach to this affidavit.

Signature of Petition Signature Gatherer
(Affidavit must be signed before a Notary or Public Official)

Address of Petition Signature Gatherer

City, State, and Zip Code

Where to file Petition and Affidavit:

County Election Office

A list of county election
offices may be found at:

sosmt.gov/elections

NOTARY PUBLIC 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 before me on this ____ day of _____, 20____,

by _____.

Printed Name of Signature Gatherer

Signature of Notary or Public Official

[SEAL/STAMP]



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 and attach this Affidavit to the Petition after signatures 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) 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 Office

A list of county election offices may be found at:

sosmt.gov/elections

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

Dated this ____ day of _____, 20____,

at _____ .
City and State

Printed Name of Petition Signature Gatherer

Date of Birth of Petition Signature Gatherer

Phone Number of Petition Signature Gatherer

Signature of Petition Signature Gatherer