



Political Party Qualification Petition

A political party that does not qualify to hold a primary election may qualify to nominate its candidates by primary election by presenting a petition requesting the primary election.

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____

Document # _____

By: _____
Deputy or Filing Officer

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

We, the undersigned registered voters of the state of Montana hereby request that in accordance with [13-10-601](#), MCA, the names of the candidates running for public office from the _____ Party be nominated as provided by law.
Name of Party

The principle represented by the Party is:

(five words or less)

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 _____

Submit this form to County Election Administrator with [affidavit](#) attached to each sheet or section of up to 25 sheets.



Political Party Qualification Petition - Reverse

A political party that does not qualify to hold a primary election may qualify to nominate its candidates by primary election by presenting a petition requesting the primary election.

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20__

Document # _____

By: _____
Deputy or Filing Officer

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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
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

COUNTY _____

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]