Declaration of Change of Address by Legislative Candidate

If a candidate for the Legislature changes residence, the candidate shall notify the Secretary of State within 15 days after the change.

FOR FILING OFFICE ONLY

Filed this _____day of _____,20_____

Document # _____

By: _____
Deputy or Filing Officer

DECLARATION TO BE FILED WITH THE SECRETARY OF STATE

To the Secretary of State of the State of Montana:

I, _____ , the undersigned citizen of the United States of America and resident of the State of Montana, County of _____ and:

- ☐ Candidate of the _____ Party;
- ☐ Nonpartisan candidate; or
- ☐ Independent candidate; or
- ☐ Write-in candidate

For the office of _____ , District # (if applicable) _____, in the State of Montana at the ☐ Primary **OR** ☐ General Election to be held in said district on the _____ day of _____ , 20 _____ .

Pursuant to 13-10-201, MCA, I hereby notify the Secretary of State that on the _____ day of_____, 20 _____ , I changed my residence.

Candidate's Mailing Address	City	Zip
Candidate's Residence Address	City	Zip
Candidate's County of Residence	Home Phone	Work Phone
Candidate's Email Address	Website Address	

AFFIRMATION OF QUALIFICATIONS - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THE FORM IS FILED

☐ I affirm that I possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named.

OR

☐ I affirm that I no longer possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named and am submitting a statement of withdrawal pursuant to 13-10-325, MCA.

Signature of Candidate _____ Date _____

Notary Public or Authorized Officer
State of Montana

County of_____

Signed and sworn before me this _____ day of_____ , 20 ____

[Seal/Stamp]

By_____
Printed Name of Candidate

_____
Signature of Notary or Public Official

Submit the completed form to:
Montana Secretary of State · State Capital, 2nd Floor, Room 360
PO Box 202801 ·Helena, Montana 59620-2801
Email: soselections@mt.gov