



Independent, Minor Party, or Indigent Candidate Petition for Nomination

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

Petition for nomination for: _____ for the office of: _____
Candidate Name Full name of office, including district/dept. #s, if applicable

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 their name and list their address or telephone number in substantially the same manner as on their voter registration form, or the signature will not be counted.

Printed Last and First Name and Middle Initial	Signature	Signature Date (MM/DD/YYYY)	Residential Address or Post-Office Address or Home Telephone Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

COUNTY _____