



# Declaration for Nomination and Oath of Candidacy - COUNTY

FOR FILING OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Document # \_\_\_\_\_  
 Fee paid:  cash  check \_\_\_\_\_  credit  
 By: \_\_\_\_\_  
 Deputy or Filing Officer

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

Filing office of:    OR  Nonpartisan  
Full name of office including district and/or department numbers if applicable      Name of Political Party

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.

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 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 to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Printed Name of Candidate

**Where to file County, City and most Local District offices:**

Lake County Election Office  
 106 4th Ave E, RM #121  
 Polson, MT 59860

Phone: 406-883-7268

Filing opens: January 13th  
 Filing closes: March 14th

\_\_\_\_\_  
 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]