



Place Recording Label Here

## Write-In Candidate Declaration of Intent and Oath of Candidacy

### SECTION 1: CANDIDATE INFORMATION

Candidate First Name: \_\_\_\_\_ Candidate Last Name: \_\_\_\_\_

Filing for Office of: \_\_\_\_\_  
Full name of office including city, 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 (Required)

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]

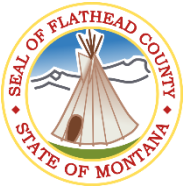
\_\_\_\_\_  
Signature of Notary or Public Official

Submit the completed form and applicable fees to the  
Flathead County Election Office  
290B N Main  
Kalispell, MT 59901  
406-758-5535

**For Office Use Only:**

**Voter ID:** \_\_\_\_\_

**Confirmed by:** \_\_\_\_\_



## Write-In Candidate Declaration of Intent And Oath of Candidacy - Continued

Candidate First Name: \_\_\_\_\_ Candidate Last Name: \_\_\_\_\_

A candidate filing fee, if applicable, in the amount of \$  is hereby submitted with this Declaration and Oath of Candidacy.

By checking both boxes below, I make the following certifications:

☐ I certify pursuant to [13-10-211](#) (6), MCA, I understand a declaration of intent for a write-in candidate is not valid until any filing fee required under [13-10-202](#), MCA, is received by the Secretary of State or election administrator, as applicable. I further certify this declaration serves as my declaration of acceptance of the nomination or election pursuant to [13-10-204](#) and [13-15-111](#); **AND**

☐ I understand pursuant to [13-10-211\(1\)](#), MCA, a write-in candidate must file any initials, nicknames, derivatives, or of the candidate's name the candidate wishes to have counted if written in by a voter instead of how the write-in candidate's name is listed above.

### WRITE-IN CANDIDATE DESIGNATIONS

Pursuant to [13-10-302](#) and [13-15-206](#), MCA, a write-in vote may only be counted if the oval or other designated voting area on the ballot is marked and the write-in vote identifies a declared write-in candidate by any of the designations filed in the write-in candidate's declaration of intent which must contain:

- i) first **and** last name;
- ii) initials, if any, used instead of a first name, or first and middle name, **and** last name;
- iii) nickname, if any, used instead of a first name, **and** last name; and
- iv) a derivative or diminutive name, if any, used instead of a first name, **and** last name:

As part of my declaration of intent to be a write-in candidate, I list the following variations of my name pursuant to [13-10-211\(1\)](#), MCA, **including my last name and at least an initial** as required by law for **each** variation:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional name variations may be listed on a separate sheet of paper and attached to this Declaration and Oath.