



Declaration for Nomination and Oath of Candidacy

Place Recording Label Here

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: _____