



Special District 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: _____ Term: _____
Include District Name and Position

Mailing Address _____ City _____ State _____ Zip Code _____

Residential Address _____ City _____ State _____ Zip Code _____

Property Address (if different than residential address) _____

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)

Fee Payment/Statement of Indigency (select one):

I affirm I have included the applicable nonrefundable fee with this form.

- Offices with an annual salary/stipend/compensation of \$2,500 or less; Filing fee is \$15*
- Offices with an annual salary/stipend/compensation of more than \$2,500; Filing fee is 1% of total salary*
- Offices where compensation is paid in fees; Filing fee is \$10*
- Offices with no annual salary, stipend, or compensation; No filing fee is required*

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

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: _____