



Declaration for Nomination and Oath of Candidacy (Special Districts)

**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 for office of: _____
 Full name of office including district and/or department numbers if applicable

 Position & Term (i.e. Trustee for a 3-year term)

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 _____

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 Federal, Statewide, State District and Legislative offices:
 Montana Secretary of State
 P.O. Box 202801
 State Capitol Building, 1301 E. 6th Ave
 2nd Floor, Room 260
 Helena, MT 59620
 Online: sosmt.gov/elections/filing/
 Fax: 406-444-2023

Where to file County, City and most Local District offices:
 County Election Office
 A list of county election offices may be found at: sosmt.gov/elections

 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]