Write-In Candidate Declaration of Intent and Oath of Candidacy

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

Filing for office of [ ] Party Primary: [ ] Nonpartisan [ ] General

Full name of office including district and/or dept. #s if applicable

Candidate Name:

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

______________________________

Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of ________________

Residing at: ____________________________

My commission expires: ________, 20______

Where to file for Federal, Statewide, State District and Legislative offices:

Montana Secretary of State

State Capitol, 2nd Floor, Room 260

PO Box 202801

Helena, MT 59620-2801

Online: sosmt.gov

By Fax: 406-444-2023

Put your contact information here.

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

County Election Office

A list of county election offices may be found at: sosmt.gov/elections

[SEAL/STAMP]

Updated January 20, 2017
Write-In Candidate Declaration of Intent and Oath of Candidacy – Reverse

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

Candidate Name

IF THIS DECLARATION AND OATH IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Petition for Nomination of Lieutenant Governor:

FILING FEE AND CANDIDATE CERTIFICATIONS

Candidate filing fee, if applicable, in the amount of $_________ is hereby submitted with this Declaration. I have checked both boxes below:

☐ I certify that pursuant to 13-10-211 (6), MCA, I understand that 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 that 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 that pursuant to 13-10-211(1), MCA, a write-in candidate must file any initials, nicknames, derivatives, or diminutives of the candidate’s name that 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 the last name; and
iv) a derivative or diminutive name, if any, used instead of a first name, and last name:

Therefore, as part of my declaration of intent to be a write-in candidate, I am listing the following variations of my name pursuant to 13-10-211(1), MCA, including my last name and at least an initial, which is required by law for each variation:

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

If additional, list below: