

## **Declaration for Nomination and** Oath of Candidacy for County **Superintendent of Schools**

A candidate may only withdraw from candidacy by filing with the proper filing officer a notarized statement stating the reason for withdrawal no later than

FOR FILING OFFICE ONLY	Filed thisday of,20
	Document #
	Qualifications verified under 20-3-201, MCA
FOR	Ву:
	Deputy or Filing Officer

5:00 p.m. on the last day to file for before the general election.	r a primary election or no later than 85	days Deputy or Filing Offic	er
DECLARATION TO BE FILED WITH COUNTY ELECTION AD	MINISTRATOR		
Filing for office of County Superintendent of School	Name of Political	Party	Other
Candidate Name (printed exactly as it should appe	ear on the balloty:		
Mailing Address: Street or PO Box		City	Zip
Residence Address:		City.	7:0
Street  County of Residence:	Home Phone:	City Work Phone:	Zip
Email Address:			
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID			
Candidate Filing Fee, if applicable, in the amou Candidate Statement of Indigency. I hereby dee that my name be placed on the ballot through	clare that I am unable to pay the fil	ing fee set by law for the office for wh	
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE F	PRESENCE OF A NOTARY PUBLIC OR AN	OFFICER OF THE OFFICE WHERE THE FOR	M IS FILED
prescribed by the Constitution and laws of the Unit I further affirm that subject to verification by the c professional certificate, class 2 standard certificate instruction; and (c) have at least 3 years of success	ounty election administrator, 1 (a) e, or class 3 administrative and supe	am a qualified elector; (b) hold a valid,	
Signature of Candidate		Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of			
Signed and sworn to before me thisda	ay of, 20	by Printed Name	of Candidate
Where to file for County offices:		Signature of Notary or Public Officia	
County Election Office		Deleted Menses of Material Dublis	
A list of county election offices may be found at: <a href="mailto:sosmt.gov/elections">sosmt.gov/elections</a>		Printed Name of Notary Public  Notary Public for the State of	
		Residing at:	
		My commission expires:	, 20

[SEAL/STAMP]