

## Declaration for Nomination and Oath of Candidacy

For Office Use Only					
Date Filed:					
Fee Amount:					
Fee Paid: Cash CheckCredit Document #:					
Received By:					

***************************************			Received By:	
ANDIDATE INFORMATION				
andidate First Name:		Candidate Last Na	me:	
ling for Office of:				
Full nan	ne of office including distric	t and/or department numbe	ers, if applicable	
☐ Democratic Party	☐ Libertarian Party	☐ Republican Party	☐ Nonpartisan ☐ In	dependent
☐ Minor Party:	·		•	•
Nar	me of Minor Party			
ailing Address		City	State	Zip Code
esidential Address		City	State	Zip Code
ounty of Residence	Phone	E	Email	
ALLOT INFORMATION				
andidate Name (printed exac	tly as it should appear on	the ballot):		
☐ Contact me about mv	name pronunciation (if not o	checked, generic phonetic pro	onunciation will be used for ac	cessible voting equipmer
FIRMATIONS				3 1 1
filing for the State Legislatur  I affirm I am either a legislative distric Office of the Secrete Payment/Statement of Inc I affirm I have include I affirm I am unable to the ballot through	e (select one): resident of the county in value if it contains all or parts are residency qualification(setary of State in writing was aligency (select one): and the applicable non-refusion pay the filing fee set by In the Petition process with the possess within constitut.	which I am a candidate, if it of more than one county, is) in (a) above for 6 months when I qualify or if I do not a nable fee with this form. I aw for the office for which hout payment of the statuste of a Notary Public or an Official and statutory deadling	s preceding the general elect qualify.  OR I am filing, and request that tory fee. icer of the office where this for nes, the qualifications prescri	lative districts, or of the tion and will notify the my name be placed or m is filed.)
gnature of Candidate		Marin B 19		ate
		Notary Public or Aut State of Montana County of	horized Officer	<u></u>
		Signed and sworn be	fore me thisday of	
		By Printed Name of Can	didate	
	[Seal/Stamp]		Signature of Notary or Pub	lic Official
[ocal, ocalip]			Digitature of Notary of Pub	ne Official

Submit the completed form and applicable fees for Federal, Statewide, State District, and Legislative Offices to:
Montana Secretary of State · PO Box 202801 · Helena, Montana 59620-2801 or
Submit the completed form and applicable fees for County, City, and most Local District Offices to:
Local County Elections Office (list of Offices found at sosmt.gov/elections)