



Declaration of Acceptance for Write-In Candidate

FOR FILING OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
By: _____
Deputy or Filing Officer

DECLARATION AND OATH TO BE FILED WITH SECRETARY OF STATE COUNTY ELECTION ADMINISTRATOR

FOR A PRIMARY ELECTION: nomination to the office of _____ as a (Insert Party Name unless office is Nonpartisan) _____ candidate at the Primary Election held on _____, 20____.

FOR A GENERAL ELECTION: election to the office of _____ as a candidate at the General Election held on _____, 20____.

Candidate Name (printed exactly as it should appear on the ballot if nominated in the primary election): _____

Mailing Address: _____
Street or PO Box City Zip

Residence Address: _____
Street City Zip

County of Residence: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Website Address: _____

FILING FEE AND CANDIDATE CERTIFICATION

Candidate filing fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration.

I certify that pursuant to 13-10-211(6), MCA, I understand that a declaration of acceptance 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, MCA.

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

- (a) I hereby certify 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 certify 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.

OATH OF SUCCESSFUL CANDIDATE - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby certify that I am a citizen of the United States and a resident of the State of Montana, and do affirm that I possess the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate Date

NOTARY 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 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: candidates.mt.gov
By Fax: 406-444-2023

Where to file for County, City and most Local District offices:
County Election Administrator's Office
A list of county election offices may be found at: sos.mt.gov/elections

Signature of Notary or Public Official
[Montana notaries must complete the following if not part of stamp at left]

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____

[SEAL/STAMP]