



# Write-In Candidate Declaration of Intent and Oath of Candidacy

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 ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of \_\_\_\_\_  Party Primary: \_\_\_\_\_ OR  Nonpartisan OR  General  
Full name of office including district and/or dept. #s if applicable Name of Party

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\_\_\_\_

[SEAL/STAMP]

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

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sosmt.gov](http://sosmt.gov)  
By Fax: 406-444-2023

**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](http://sosmt.gov/elections)



# Write-In Candidate Declaration of Intent and Oath of Candidacy – Reverse

FOR FILING OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Document # \_\_\_\_\_

By: \_\_\_\_\_  
Deputy or Filing Officer

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:   
Lieutenant Governor Candidate Name

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: