



# Declaration of Change of Address by Legislative Candidate

If a candidate for the Legislature changes residence the candidate shall notify the Secretary of State within 15 days after the change.

FOR FILING OFFICE ONLY

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

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

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

DECLARATION TO BE FILED WITH SECRETARY OF STATE

To the Secretary of State of the State of Montana:

I, \_\_\_\_\_, the undersigned citizen of the United States of America and resident of the State of Montana, County of \_\_\_\_\_, and:

- candidate of the \_\_\_\_\_ Party;
- nonpartisan candidate; or
- independent candidate; or
- write-in candidate;

for the office of \_\_\_\_\_, District # \_\_\_\_\_, in the State of Montana at the primary nominating election to be held in said district on \_\_\_\_\_, 20\_\_\_\_. Pursuant to 13-10-201, MCA, I am hereby notifying the Secretary of State that on \_\_\_\_\_, 20\_\_\_\_, I changed my residence.

Mailing Address: \_\_\_\_\_  
Street or PO Box City Zip

Residence Address: \_\_\_\_\_  
Street City Zip

County of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

AFFIRMATION OF QUALIFICATIONS - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THE FORM IS FILED.

I affirm that I possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named.

OR

I affirm that I no longer possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named and am submitting a statement of withdrawal pursuant to 13-10-325, MCA.

DATE \_\_\_\_\_, 20\_\_\_\_  
(Signature of Candidate)

NOTARY OR AUTHORIZED OFFICER

State of Montana  
County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
h Name of Candidate

**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: [candidates.mt.gov](http://candidates.mt.gov)  
By Fax: 406-444-2023

\_\_\_\_\_  
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]