



# Withdrawal of Candidacy

A candidate may only withdraw from candidacy by filing with the proper filing officer a notarized statement of withdrawal stating the reasons for withdrawal no later than 5:00 p.m. on the last day to file for a primary election or no later than 85 days before the general election.

FOR FILING  
OFFICE ONLY

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

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

By: \_\_\_\_\_

Deputy or Filing Officer

DECLARATION TO BE FILED WITH  SECRETARY OF STATE  COUNTY ELECTION ADMINISTRATOR

I, \_\_\_\_\_, a candidate for the office of (include **name of office**, and **district number**, and/or  
Print Candidate Name

**department number**, if applicable): \_\_\_\_\_ in the \_\_\_\_\_ election, do hereby  
Print office, district and department (if applicable) Print name of election

request that my name be withdrawn from said election.

I understand that any candidate filing fees paid will not be refunded.

CERTIFICATION OF WITHDRAWAL - **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 withdrawing my candidacy for the above-named office.*

\_\_\_\_\_  
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, 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

**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](http://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]