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.

[Declaration of Change of Address]

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 # (if applicable) _____, in the State of Montana at the ______________________ election to be held in said district on the _______day of ________________, 20____.

Primary or General

Pursuant to 13-10-201, MCA, I am hereby notifying the Secretary of State that on the _____ day of _____________, 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 ____________________________.

Printed Name of Candidate

Signature of Notary or Public Official

[Montana notaries must complete the following if not part of stamp at left]

[SEAL/STAMP]

Signature of Notary Public

Notary Public for the State of ____________________________

Residing at: ____________________________

My commission expires: ________________, 20____