



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 # (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

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

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]