



# Certificate of Appointment of Replacement Candidate, Declaration of Acceptance and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Document # \_\_\_\_\_  
 By: \_\_\_\_\_  
 Deputy or Filing Officer

**THIS SECTION FOR APPOINTER**

CERTIFICATE, DECLARATION AND OATH TO BE FILED WITH  SECRETARY OF STATE  COUNTY ELECTION ADMINISTRATOR

I, the undersigned presiding officer of the committee having the qualifications to appoint a replacement candidate, hereby certify that the committee nominated, in accordance with Section 13-10-327, Montana Code Annotated:

Candidate Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Candidate's Mailing Address: \_\_\_\_\_  
 Street or PO Box City Zip

Candidate's Residence Address: \_\_\_\_\_  
 Street City Zip

Candidate's County of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Candidate's Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

as the \_\_\_\_\_ Party nominee for the office of \_\_\_\_\_ to fill the vacancy created by the withdrawal/death of \_\_\_\_\_ and respectively request that the candidate's name, as set forth above, be placed on the ballot in the General Election to be held \_\_\_\_\_, 20\_\_\_\_, after having paid the prescribed filing fee, if applicable.

\_\_\_\_\_  
 Signature of Presiding Officer Date

**THIS SECTION FOR APPOINTEE**

CANDIDATE DECLARATION OF ACCEPTANCE

I, the above-named candidate, hereby accept this appointment and submit the appropriate filing fee, if applicable, for this office, pursuant to 13-10-327, Montana Code Annotated.

**IF THE DECLARATION IS FOR THE STATE LEGISLATURE, PLEASE COMPLETE THE FOLLOWING INFORMATION. I HEREBY CERTIFY THAT I:**

- (a) 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) 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.

**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 am a citizen of the United States and a resident of the State of Montana, and do affirm that I possess 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*

**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 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

\_\_\_\_\_  
 Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_

[SEAL/STAMP]