



# Declaration of Acceptance for Write-In Candidate

FOR FILING OFFICE ONLY

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

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

FOR A PRIMARY ELECTION: nomination to the office of \_\_\_\_\_ as a (Insert Party Name unless office is Nonpartisan) \_\_\_\_\_ candidate at the Primary Election held on \_\_\_\_\_, 20\_\_\_\_.

FOR A GENERAL ELECTION: election to the office of \_\_\_\_\_ as a candidate at the General Election held on \_\_\_\_\_, 20\_\_\_\_.

Candidate Name \_\_\_\_\_

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

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

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

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

### FILING FEE AND CANDIDATE CERTIFICATION

Candidate filing fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration.

I certify that pursuant to [13-10-211](#)(6), MCA, I understand that a declaration of acceptance for a write-in candidate is not valid until any filing fee required under [13-10-202](#), MCA is received by the Secretary of State or election administrator, as applicable. I further certify that this declaration serves as my declaration of acceptance of the nomination or election pursuant to [13-10-204](#) and [13-15-111](#), MCA.

### IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

- (a) I hereby certify that I 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) I hereby certify that I 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 SUCCESSFUL CANDIDATE - 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 possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

\_\_\_\_\_  
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

\_\_\_\_\_  
Signature of Notary or Public Official

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

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

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

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

#### 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  
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)

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