



# Declaration for Nomination and Oath of Candidacy - Gallatin County Special Districts

**FOR FILING OFFICE ONLY**

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Document # \_\_\_\_\_  
 Fee paid:  cash  check \_\_\_\_\_  credit  
 By: \_\_\_\_\_  
 Deputy or Filing Officer

**DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE**

Filing for office of: \_\_\_\_\_ in the \_\_\_\_\_ District for a term of \_\_\_\_\_ years  
 for seat number \_\_\_\_\_ as a Nonpartisan Candidate for the Election to be held on May 4, 2021.

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

Mailing Address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence Address \_\_\_\_\_ City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of Residence \_\_\_\_\_ Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Website Address \_\_\_\_\_

Please list any public offices you currently hold, whether they are elected or appointed: \_\_\_\_\_  
 \_\_\_\_\_

**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 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 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 Gallatin County Precinct Committee offices:**  
 Gallatin County Election Department  
 311 W. Main Room 210  
 Bozeman MT 59715  
 A list of county election offices may be found at: [sosmt.gov/elections](http://sosmt.gov/elections)  
**File this form with the Gallatin County Elections Department by 5 pm on February 10, 2020.**

\_\_\_\_\_  
 Signature of Notary or Public Official  
 \_\_\_\_\_  
 Printed Name of Notary Public  
 Notary Public for the State of \_\_\_\_\_  
 Residing at: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_, 20\_\_\_\_

[STAMP]