



Declaration for Nomination and Oath of Candidacy Gallatin County

FOR FILING OFFICE ONLY

Filed this _____ day of _____, 20____
 Document # _____
 Fee paid: Cash Check #: _____ Credit
 Residency: Resides in Applicable District
 Voter ID: _____
 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 _____ _____ OR Nonpartisan
 Name of Political Party

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 _____

THIS DECLARATION IS FOR **GALLATIN COUNTY**, YOU MUST MEET THE FOLLOWING GENERAL QUALIFICATIONS:

I hereby affirm that I am a registered voter in Gallatin County.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.

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 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

File this form with the Gallatin County Elections Department by 5 pm on March 11, 2024.

 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]

2024 FILING FEES
 Commissioner - \$430.43
 Clerk of District Court/Public Administrator - \$430.43
 Conservation District Supervisor – N/A