



# Declaration for Nomination and Oath of Candidacy

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: \_\_\_\_\_  \_\_\_\_\_ OR  Nonpartisan  
Full name of office including district and/or department numbers if applicable 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 \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

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

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

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

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- (a) I hereby affirm 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 affirm 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.

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 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: [sos.mt.gov](http://sos.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)

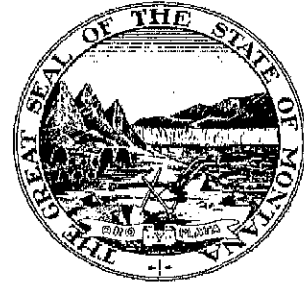
Signature of Notary or Public Official \_\_\_\_\_  
Printed Name of Notary Public \_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_, 20\_\_\_\_

[SEAL/STAMP]

THE STATE OF MONTANA

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COMMISSIONER OF POLITICAL PRACTICES  
1209 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)



## E-MAIL ADDRESS REQUEST

### FORM C-1-A STATEMENT OF CANDIDATE

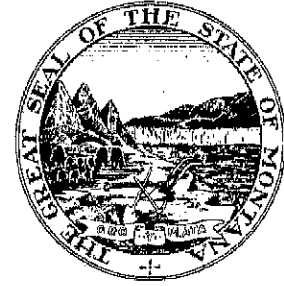
We are continuing to make efforts to reduce agency operating costs. To complement these efforts, I am requesting that each candidate filing a form C-1-A Statement of Candidate provide, if available, their e-mail address and their treasurer's e-mail address. Thereafter, communications from this office will be electronic. To go completely paperless, simply navigate to our Featured Online Services from our homepage, and use our new on-line candidate filing forms.

Thank you for your assistance.

Jeff Mangan  
Commissioner

January, 2018

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## INSTRUCTIONS (Revised 1/18) FORM C-1-A STATEMENT OF CANDIDATE

### WHO IS REQUIRED TO FILE A FORM C-1-A?

- All candidates campaigning for county and municipal offices must file a Form C-1-A.
- All candidates campaigning for school trustee offices in first-class districts located in counties with populations of 15,000 and more or in county high school districts having student enrollments of 2,000 or more must file a Form C-1-A.

### WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205, the following information is required to be reported:

- full name and complete mailing address of the treasurer;
- full name and complete mailing address of any deputy treasurer; and
- full name and complete address of the depository in which the campaign account is located.

#### Please note:

- *A candidate may appoint himself or herself as the campaign treasurer or deputy treasurer. Such an appointment subsequently may be changed by filing an amended Form C-1-A.*
- *The treasurer of a candidate's campaign is responsible for keeping detailed accounts of all contributions received and expenditures made by the campaign.*
- *The treasurer of a candidate's campaign is the individual to whom correspondence and notices will be sent unless the Commissioner's office is otherwise directed.*
- *A separate bank account must be established for a campaign in which any funds, including the candidate's personal funds, will be received or spent, that is, Box B or C is checked on the Affidavit of Reporting Status on Form C-1-A.*
- *Collecting of general funds during a contested primary are required to be maintained in a separate account.*

*In accordance with 44.11.304(2)Administrative Rules of Montana, if Box B has been checked and more than \$500 subsequently is received and/or expended, an initial financial report (Form C-5) must be filed within five (5) days of exceeding \$500 and financial reports must be filed according to schedule.*

### WHEN MUST A FORM C-1-A BE FILED?

A Form C-1-A must be filed within five (5) days after receiving or spending money, appointing a campaign treasurer, or filing for office, whichever occurs first.

### WHERE MUST A FORM C-1-A BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be retained for the candidate's records.

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES  
1209 Eighth Avenue  
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**FOR OFFICE USE ONLY**  
Date Received and Postmark Date

**Form C-1-A** (Revised 01/18)

**Statement of Candidate**

TO BE FILED by CANDIDATE for COUNTY, MUNICIPAL or SCHOOL OFFICE

ORIGINAL FILING  AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

FULL NAME OF CANDIDATE \_\_\_\_\_

COMPLETE DESCRIPTION OF OFFICE SOUGHT \_\_\_\_\_

PARTY AFFILIATION, if any \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

E-Mail Address (Please Print) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

FULL NAME OF CAMPAIGN TREASURER \_\_\_\_\_  
(Must be registered to vote in Montana)

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

E-Mail Address (Please Print) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

FULL NAME OF DEPUTY TREASURER, if any \_\_\_\_\_  
(Must be registered to vote in Montana)

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

E-Mail Address (Please Print) \_\_\_\_\_ Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Facsimile Number \_\_\_\_\_

**CAMPAIGN ACCOUNT INFORMATION**

FULL NAME OF BANK \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)

**AFFIDAVIT OF REPORTING STATUS** (Check one) *a treasurer and bank must be designated.*

B  I certify that I expect the total amount of contributions or expenditures will not exceed \$500 (including personal funds); however, if more than \$500 is received and/or expended, within 5 days of reaching this threshold I will file an initial financial report (form C-5) and I will file additional financial reports according to schedule.

C  I expect to receive contributions and/or make expenditures exceeding \$500 (including personal funds). I will file an initial financial report (form C-5) according to schedule.

**CERTIFICATION:** I declare under penalty of perjury and under the laws of the state of Montana that the foregoing is true, complete and correct.

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice: You must follow up with a signed hard copy to CPP**

**Submit**

THE STATE OF MONTANA

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## **INSTRUCTIONS** (Revised 06/03) **FORM C-3** **CODE OF FAIR CAMPAIGN PRACTICES**

### **WHO MAY FILE FORM C-3?**

Any candidate who desires to subscribe to the Code of Fair Campaign Practices may file a Form C-3. Signing the form is voluntary, and a failure or refusal to sign is not a violation of the election laws.

### **WHERE CAN A FORM C-3 BE FILED?**

The Form C-3 is to be filed with the Commissioner of Political Practices at the above address.

*Please detach these instructions before filing Form C-3*

COMMISSIONER OF POLITICAL PRACTICES  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

FOR OFFICE USE ONLY  
Date Received and Postmark Date

**FORM C-3** (Revised 06/03)  
**CODE OF FAIR CAMPAIGN PRACTICES**  
TO BE FILED by ANY CANDIDATE WHO DESIRES TO SUBSCRIBE  
TO THE CODE OF FAIR CAMPAIGN PRACTICES

*There are basic principles of decency, honesty, and fair play that every candidate for public office in the United States has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues before the country. Therefore:*

I will conduct my campaign in the best American tradition, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponent and his party which merit such criticism.

I will defend and uphold the right of every qualified American voter to full and equal protection in the electoral process.

I will conduct my campaign without the use of personal vilification, character defamation, whispering campaigns, libel, slander, or scurrilous attacks on my opposition or his personal or family life.

I will not use campaign material of any sort which misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations which aim at creating or exploiting doubts, without justification, as to the loyalty and patriotism of my opposition.

I will not make any appeal to prejudice based on race, sex, creed, or national origin.

I will not undertake or condone any dishonest or unethical practice which tends to corrupt or undermine our American system of free elections or which hampers or prevents the full and free expression of the will of the voters.

Insofar as is possible, I will immediately and publicly repudiate support deriving from any individual or group which resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics that I have pledged not to use or condone.

(Montana Code Annotated § 13-35-301)

**CERTIFICATION**

I acknowledge having read this code. I understand its provisions. I fully intend to abide by this code during the course of my campaign.

\_\_\_\_\_  
Candidate's Name (Type or Print Clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Office Sought (Type or Print Clearly)

\_\_\_\_\_  
Date

**Notice: You must follow up with a signed hard copy to CPP.**

**Submit**