



# Declaration for Nomination and Oath of Candidacy Carbon County Precinct Committeeman or Precinct Committeewoman

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH COUNTY ELECTION ADMINISTRATOR

Filing for the office of (select one):  Precinct Committeeman  Precinct Committeewoman for Precinct Number: \_\_\_\_\_

Name of Political Party: \_\_\_\_\_

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

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

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

County of Residence: \_\_\_\_\_ Website Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Please note that pursuant to 13-38-201, MCA, if the number of candidates nominated for a party's precinct committee representatives is less than or equal to the number of positions to be elected, the election administrator may give notice that the party's precinct committee election will not be held in that precinct.*

**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

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

[SEAL/STAMP]

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

Notary Public for the State of

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

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

Carbon County Elections:

PO Box 887  
17 W 11<sup>th</sup> Street  
Red Lodge, MT 59068

[elections@co.carbon.mt.us](mailto:elections@co.carbon.mt.us)

406-446-1220 - phone

406-446-2640 - Fax

OR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_  
Deputy or Filing Officer