 Declaration for Nomination 2025 FILING FEES

and Oath of Candidacy City of Libby Mayor: $88.86

for Municipal Office City of Libby Councilmember: $44.46

Lincoln County Eureka Mayor: $36.00

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

Filing for the nonpartisan office of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Mayor/City Councilmember

Candidate Name (printed legibly, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The candidate filing fee in the amount of **$\_\_\_\_\_\_\_\_\_\_\_\_** is hereby submitted with this Declaration for Nomination and Oath of Candidacy.

AFFIRMATION:

I affirm I am a registered voter in the State of Montana or will be by the candidate filing deadline. (Does not apply to individuals under the age of 18 at the candidate filing deadline who will turn 18 by the election)

OATH OF CANDIDACY

CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER AT THE COUNTY ELECTIONS OFFICE:

***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*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

[SEAL/STAMP] Signature of Notary or Public Official

File this form with the Lincoln County Elections Department FOR FILING OFFICE ONLY

by 5pm on June 11, 2025 Filed this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_\_

In person or by mail: 418 Mineral Ave Fee paid: check\_\_\_\_\_\_\_\_\_\_

Libby, MT 59923

By email: [mhowell@libby.org](mailto:mhowell@libby.org) By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deputy or Filing Officer**