



Withdrawal of Candidacy

A candidate may only withdraw from candidacy by filing with the proper filing officer a notarized statement stating the reason for withdrawal no later than 5:00 p.m. on the last day to file for a primary election or no later than 85 days before the general election.

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20__

Document # _____

By: _____
Deputy or Filing Officer

DECLARATION TO BE FILED WITH SECRETARY OF STATE COUNTY ELECTION ADMINISTRATOR

I, _____, a candidate for the office of (include **name of office**, and **district number**, and/or
Print Candidate Name
department number, if applicable): _____ in the _____ election, do hereby
Print office, district and department (if applicable) Print name of election
request that my name be withdrawn from said election. I understand that state law requires that in order to withdraw, I must state
the reason for withdrawal. My reason for withdrawal is _____

I understand that any candidate filing fees paid will not be refunded.

CERTIFICATION OF WITHDRAWAL - **CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:**

I hereby certify that I am withdrawing my candidacy for the above-named office.

Signature of Candidate

Date

NOTARY 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, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
Online: candidates.mt.gov
By Fax: 406-444-2023

**Where to file for County, City and
most Local District offices:**

County Election Administrator's Office
A list of county election offices may
be found at: sos.mt.gov/elections

[SEAL/STAMP]

Signature of Notary or Public Official
[Montana notaries must complete the following if not part of
stamp at left]

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20__