

DECLARATION FOR NOMINATION
State Senator or State Representative
13-10-201, MCA

Exhibit No. 7

Date 3-14-07

Bill No. HB-140

To the Honorable Secretary of State of the State of Montana and to the Electors of Said District:

I, the undersigned citizen of the United States of America and resident of the State of Montana, County of _____, declare pursuant to Section 13-10-201, Montana Code Annotated, that I am a candidate for nomination by the _____ Party for the office of State (Representative/Senator) _____, District No. _____, in the State of Montana at the primary nominating election to be held in said district on _____, 20____ and for such purpose do affirm that I possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named, and that:

1. My full name as it is to appear on the ballot is: _____

2. My residence (physical) address is: _____

3. City, State and Zip Code _____ Phone: Home _____ Work _____

(Pursuant to 13-10-201, MCA, a person seeking nomination to the Legislature must provide a street address, legal description, or road designation to indicate the person's place of residence. If a candidate for the Legislature changes residence, he or she must notify the Secretary of State within 15 days after the change using the form prescribed by the Secretary of State.)

4. If my mailing address is different, I have listed that below in addition to my residence address: _____

5. My E-mail address is: _____ My Website address is: _____

6. I submit herewith the statutory filing fee of \$15.00.

DATE _____, 20____ (Signature of Candidate)

Candidate must sign and acknowledge before a Notary Public if mailed, or before the Secretary of State or Deputy if delivered in person.

STATE OF MONTANA)
County of _____)

On this _____ day of _____, 20____, before me, personally appeared the above named candidate, known to me or proved to me to be the person whose name is subscribed to the above declaration, and acknowledged to me that he/she executed the same.

Notary Public for the State of Montana
Printed Name of Notary Public
Residing at _____
My Commission Expires _____, 20____
By: _____
Deputy (if not notarized)

SEAL

Submit to the Secretary of State, PO Box 202801, Helena, MT 59620-2801, with the required fee.

FOR OFFICE USE ONLY

Filed on _____ under document number _____ for Secretary of State, by _____, Deputy or Filing Officer.