

State of Maryland

Candidate Information Sheet



To expedite your in-person filing process, you should fax this Candidate Information Form to this office at (410) 974-5415 with an indication of your expected filing date and time.

Shaded boxes are for Board use only.

Election Year					<input type="checkbox"/> Primary <input type="checkbox"/> General
Office Sought	<input type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> State				
District Running In	<input type="checkbox"/>				
Party Affiliation	<input type="checkbox"/>				
Legal Name (As Registered to Vote)					
Name to Appear on Ballot (Indicate only if different than legal name)					
Date of Birth		Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Contact Phone (home phone) (For Board Use)		Public Phone			
Fax		E-Mail			
County of Residence	<input type="checkbox"/>				
Residence Address (Number, Street, City, Zip)					<input type="checkbox"/>
Mailing Address (Only if different than Residence)					
For Board Use Only					
Place a ✓ in each box to indicate that the required forms have been provided and that you have verified the above information:					
<input type="checkbox"/> Financial Disclosure <input type="checkbox"/> Statement of Organization <input type="checkbox"/> Identification <input type="checkbox"/> Filing Fee					
Election District _____ Precinct _____					
<input type="checkbox"/> Alternate Name Affidavit SBE Staff _____ LBE Staff/MD Voters _____					

I will file my candidacy on: _____ **at** _____.

(Approximate filing date/time) (Election Board)