# Declaration of Intent to Seek Nomination by Petition

## Candidate Information

<table>
<thead>
<tr>
<th>Name of Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Election Year</td>
</tr>
<tr>
<td>Primary □ General □</td>
</tr>
<tr>
<td>Office Sought</td>
</tr>
<tr>
<td>Local □ Federal □ State □</td>
</tr>
<tr>
<td>District</td>
</tr>
<tr>
<td>Residence Address</td>
</tr>
<tr>
<td>County of Residence</td>
</tr>
<tr>
<td>(or Baltimore City)</td>
</tr>
<tr>
<td>Election District or Ward</td>
</tr>
<tr>
<td>Precinct</td>
</tr>
<tr>
<td>Party Affiliation</td>
</tr>
</tbody>
</table>

I have carefully reviewed the information above and affirm that it is correct and accurate. I understand that this information will appear on the ballot and all official candidate listings as it appears above. ____________________________

Candidate Initials

I hereby declare my intent to seek nomination by petition as a candidate in the above referenced Election.

I hereby declare that:

- The name listed above is my legally given name or a name supported by an affidavit filed at this time under penalty of perjury.
- I will not be a candidate for any other public office.
- I am not a treasurer, sub-treasurer, or campaign manager for any candidate or committee.
- I am a registered voter and a citizen of Maryland and meet all other requirements for the above-mentioned office.
- I understand that my signature authorizes local boards to change all records except my party affiliation.
- I understand that final acceptance of this certificate depends on:
  1. Verification of the information provided on this certificate
  2. Paying the applicable filing fee, completing the financial disclosure requirement and submitting the requisite number of signatures on petition
  3. Establishing an authorized candidate committee.

I hereby certify under the penalties of perjury that the above information provided by me is true.

Signature of Candidate: ____________________________ Date: ____________________

Subscribed and sworn before me this ______ day of ____________ , ________.

Day ____________ Month ____________ Year ____________

Witnessed by Election Official or Notary Public: ____________________________

Signature

(Disclaimer: This section is for Board Use Only)

For Board Use Only

[] Financial Disclosure

[] Statement of Organization

Maryland State Board of Elections
Division of Candidacy and Campaign Finance
P.O. Box 6486 ● 151 West Street, Suite 200 ● Annapolis, MD 21401-0486
410-269-2880 ● 800-222-8683 ● MD Relay 800-735-2258
www.elections.state.md.us

SBE/CCF-Form #5-703 Revised 07/2007