State of Maryland
Candidate Information Sheet

Candidate ID **Voter ID**	This form is a worksheet. It is provided to expedite the filing process and is not an official document. The CERTIFICATE OF CANDIDACY is the official candidacy filing document.	This column is for **FOR BOARD USE ONLY**

ELECTION INFORMATION

Election Year	1	Y Y Y Y ☐ **Primary Election** ☐ **General Election**	
Office Sought	2	☐ **Local** ☐ **State** ☐ **Federal**	
District Running In	3		☐ *Verified*
FOR CONGRESSIONAL RACES ONLY	4	**District living in:** **District running in:**	☐ *number 4 matches number 11*
Party Affiliation	5		

CANDIDATE INFORMATION

Place a ✓ in each box to indicate the required information has been provided.

☐ Financial Disclosure
☐ Statement of Organization
☐ Identification
☐ Filing Fee
☐ Alternate Name Affidavit
☐ Ethics Email Receipt
Ethics employee: _____

Legal Name as registered to vote	6	**First Name** **Middle Name or Initial** **Last Name** (if applicable) **Jr Sr II III IV**	
Name to Appear on Ballot	7	**First Name** **Middle Name or Initial** **Last Name** (if applicable) **Jr Sr II III IV** Initial if different from legal name	
Additional Information	8	**Birthdate** M M / D D / Y Y Y Y **Gender:** **M** **F**	☐ *Gender match to voter registration*
Phone	9	**Contact (for board)** ___-___-____ **Public** ___-___-____	
Public Email	10		
Residence Address	11	**Address** **City/Town** **State** **MD** **Zip Code** **County**	☐ *number 11 matches number 4*
Public Mailing Address	12	☐ **Same as above** **Address or P.O. Box** **City/Town** **State** **Zip Code**	Method of Payment: ☐ Visa ☐ MasterCard ☐ Check # _____ Election District _____ Precinct _____ CCF ID# _____ FEC# _____
Public Web and Social Media	13	**website URL** **Facebook** **Twitter** **other social media**	SBE/LBE Staff: _____