

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.

This form is a worksheet and not an official document. The Certificate of Candidacy is the official document. This document is provided only to expedite the filing process.

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)