

State of Maryland

Candidate Information Sheet

To expedite your in-person filing process, you should fax this Candidate Information Form to this office at **(301)430-8080** 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 <small>(Indicate only if different than legal name)</small>					
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)*