

Candidate ID

Voter ID

State of Maryland

Candidate Information Sheet

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		District (Running In)	<input type="checkbox"/>
Congressional Only	District (Living In)	Initial	<input type="checkbox"/>
Party Affiliation			<input type="checkbox"/>
Legal Name (As Registered to Vote)			
Name to Appear on Ballot	<input type="checkbox"/> Same as Registered to Vote		
Date of Birth	<input type="checkbox"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Phone (For Board Use)		Public Phone	<input type="checkbox"/> N/A
Fax			<input type="checkbox"/> N/A
E-Mail			<input type="checkbox"/> N/A
Candidate Website URL			<input type="checkbox"/> N/A
Facebook Page			<input type="checkbox"/> N/A
Twitter Page			<input type="checkbox"/> N/A
Other Social Media			<input type="checkbox"/> N/A
County of Residence			<input type="checkbox"/>
Residence Address (Number, Street, City, Zip)			<input type="checkbox"/>
Mailing Address	<input type="checkbox"/> Same as Residence		
For Board Use Only			
Place a ✓ in each box if the required forms have been provided and after you verify the above information:			
<input type="checkbox"/> Statement of Organization			
<input type="checkbox"/> Identification			
<input type="checkbox"/> Filing Fee			
<input type="checkbox"/> Alternate Name Affidavit			
<input type="checkbox"/> Financial Disclosure			
Ethics Employee _____ Or <input type="checkbox"/> Ethics E-mail Receipt			
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check			
Election District _____ Precinct _____ CCF ID# _____ FEC ID# _____			
SBE Staff _____ LBE Staff/MDVoters _____ (SBE only)			