

## State of Maryland - General Election Candidate Nomination Petition

We, the undersigned voters of Baltimore County, Howard County, or Baltimore City, hereby nominate the or candidate(s) named below to appear on the General Election ballot.

**Candidate Information:**

Party Affiliation: \_\_\_\_\_  
(not a recognized party in Maryland)

or check for  Unaffiliated

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office and District: \_\_\_\_\_

**If Applicable, Lt. Governor Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTICE TO SIGNERS: Sign and print your name (1) as it appears on the voter registration list OR (2) your surname of registration AND at least one full given name AND the initial of any other names.** Please print or type all information. Electronic signature permitted by SBE Policy 2020-01. Post Office Box addresses are not generally accepted as valid. By electronically signing this petition, you agree 1) to type or electronically sign your signature and 2) that the aforementioned candidate(s) should be placed on the ballot for the office indicated and 3) that, to the best of your knowledge, you are registered to vote in Maryland and are eligible to have your signature counted for this petition. SBE 6-201-2C (Rev 7-2011)

**Please Note:** The information you provide on this petition is public information and may be used to change your voter registration address.

<b>1</b>	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Electronic Signature /s/:					Birth Date:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip			

<b>2</b>	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Electronic Signature /s/:					Birth Date:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip			

<b>3</b>	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Electronic Signature /s/:					Birth Date:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip			

<b>4</b>	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Electronic Signature /s/:					Birth Date:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip			

<b>5</b>	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Electronic Signature /s/:					Birth Date:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip			

Individual Circulator's printed or typed name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (including area code) \_\_\_\_\_

**Circulator's Affidavit** Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of Maryland. *You can serve as a Circulator for your own signature. (Sign and Date when signature collection is completed.)*

\_\_\_\_\_  
 Circulator's Signature Date (mm/dd/yy)