

## State of Maryland - New Party Petition

For \_\_\_\_\_ County or

Baltimore City

We, the undersigned voters of Maryland, support the organization of a political party to be known as the  
 \_\_\_\_\_ Party.

The State Chairman is: Robert S. Johnston III,  
 Address: 1311-D Sheridan Place  
Bel Air, MD 21015

**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 other than your signature. Post Office Box addresses are not generally accepted as valid. By signing this petition, you agree that the aforementioned party should be recognized in Maryland and 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 6-201-1C (Rev 11-2011)

**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	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	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	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	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	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	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	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	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	Birth Date:	Month	Date	Year
	Signature:				Date of Signature:	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. *(Sign and Date when signature collection is completed)*

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