State of Maryland

Candidate Information Sheet

Candidate ID		This form is a worksheet. It is provided to expedite the filing process and is not an official document. The CERTIFICATE OF		This column is for FOR BOARD USE ONLY
Voter ID		CANDIDACY is the official candidacy filing document.		
ELECTION INFORM	ΛΑΤΙΟ	N		
Election Year	1	Y Y Y Y Y □ Primary Election		
Office Sought	2	🗆 Local 🗆 State 🗆 Federal		
District Running In	3			Verified
FOR CONGRESSIONAL RACES ONLY	4	District living in: District running in:		number 4 matches number 11
Party Affiliation	5			
CANDIDATE INFOR	RMAT	TION		Place a \checkmark in each box to indicate the required information has been
	6	First Name		 provided. Financial Disclosure Statement of Organization Identification
Legal Name as registered to vote		Middle Name or Initial		
		Last	(if applicable) Jr Sr II III IV	 Filing Fee Alternate Name Affidavit
Name to Appear on Ballot	7	Last	Initial if different from legal name (if applicable) Jr Sr II III IV	 Ethics Email Receipt Ethics employee:
Additional Information	8	Birthdate M M / D D / Y Y Y Y Gender	Gender match to voter registration	
Phone	9	Contact (for board)		
Public Email	10			
Residence Address	11	Address City/Town State MD County		number 11 matches number 4 Method of Payment: Visa MasterCard Chool: #
Public Mailing Address	12	□ Same as above Address or P.O. Box City/Town State Zip Code		Check # Election District Precinct CCF ID# FEC#
Public Web and Social Media	13	website URL Facebook Twitter other social media		SBE/LBE Staff: SBE/CCF Form# 5-304 IS 03/011/2019