

Candidate ID	This form is a worksheet. It is provided to expedite the filing process and is not an official document. The CERTIFICATE OF CANDIDACY is the official candidacy filing document.	This column is for FOR BOARD USE ONLY
Voter ID		

ELECTION INFORMATION

Election Year	1	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Office Sought	2	<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal	
District Running In	3		<input type="checkbox"/> Verified
FOR CONGRESSIONAL RACES ONLY	4	District living in: _____ District running in: _____	<input type="checkbox"/> number 4 matches number 11
Party Affiliation	5		

CANDIDATE INFORMATION

Legal Name as registered to vote	6	First Name _____ Middle Name or Initial _____ Last Name _____ (if applicable) Jr Sr II III IV	Place a ✓ in each box to indicate the required information has been provided. <input type="checkbox"/> Financial Disclosure <input type="checkbox"/> Statement of Organization <input type="checkbox"/> Identification <input type="checkbox"/> Filing Fee <input type="checkbox"/> Alternate Name Affidavit <input type="checkbox"/> Ethics Email Receipt SBE Ethics employee: _____
Name to Appear on Ballot	7	First Name _____ Middle Name or Initial _____ Last Name _____ (if applicable) Jr Sr II III IV <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;">Initial if different from legal name</div>	
Additional Information	8	Birthdate: <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y * Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	* Applicable to Democratic Central Committee offices only. This gender selection will be included on candidate lists and ballots next to the candidate name.
Phone	9	Contact (for board) <input type="text"/> - <input type="text"/> - <input type="text"/> Public <input type="text"/> - <input type="text"/> - <input type="text"/>	
Public Email	10		
Residence Address	11	Address _____ City/Town _____ State MD Zip Code _____ County _____	<input type="checkbox"/> number 11 matches number 4
Public Mailing Address	12	<input type="checkbox"/> Same as above Address or P.O. Box _____ City/Town _____ State _____ Zip Code _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check # _____ Election District _____ Precinct _____ CCF ID# _____ FEC# _____
Public Web and Social Media	13	website URL _____ Facebook _____ Twitter _____ other social media _____	SBE/LBES staff: _____