

State of Maryland

Certificate of Nomination or Designation

We, the undersigned officers of the Party Central Committee, hereby certify that we have followed the process required by Maryland Election Law and our party's Constitution and By-laws and hereby nominate the following person, affiliated with our party, except for judicial candidates, for the office sought:

Candidate Information			
Name of Candidate			
Election Year		☐ Primary	☐ General
Office Sought			☐ Local ☐ Federal ☐ State
District			
Residence Address			
County of Residence (or Baltimore City)			
Election District or Ward		Precinct	
Party Affiliation			

Authorizing Party Officers		
Central Committee #1		District:
Chairman Signature		Date:
Secretary Signature		Date:
Date of Meeting		

If applicable:

Central Committee #2		District:
Chairman Signature		Date:
Secretary Signature		Date:
Date of Meeting		

If applicable:

Central Committee #3		District:
Chairman Signature		Date:
Secretary Signature		Date:
Date of Meeting		

Maryland State Board of Elections
 Division of Candidacy and Campaign Finance
 P.O. Box 6486 • 151 West Street, Suite 200 • Annapolis, MD 21401-0486
 410-269-2880 • 800-222-8683 • MD Relay 800-735-2258
www.elections.state.md.us