

# State of Maryland - General Election Candidate Nomination Petition

We, the undersigned voters of BALTIMORE County or  Baltimore City, hereby nominate the 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: ROB DANIELS  
 Address: 6 SPRINGBRIAR LN, PIKESVILLE, MD 21208  
 Office and District: BALTIMORE COUNTY EXECUTIVE

**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 candidate(s) should be placed on the ballot for the office indicated 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 6-201-2C (Rev 7-2011)

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

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

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

	Print Name:	First Name	Middle Name	Last Name	Birth Date:	Month	Date	Year
<b>1</b>	Signature:				Date of Signature:	Month	Date	Year
	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
	Signature:				Date of Signature:	Month	Date	Year
<b>2</b>	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip		
	Signature:				Date of Signature:	Month	Date	Year
	<b>3</b>	Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip	
Signature:					Date of Signature:	Month	Date	Year
<b>4</b>		Maryland Residence Address:	Street Number	Street Name	Apt. No.	City or Town	Zip	
	Signature:				Date of Signature:	Month	Date	Year
	<b>5</b>	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) \_\_\_\_\_