City of Seat Pleasant

Office of the City Clerk

CANDIDATE CHECK LIST

The City of Seat Pleasant, Board of Supervisors of Elections thanks each of you for your interest in the office of Mayor or City Councilmember. Please find below the required forms due on or before **Tuesday, July 12, 2016**. All items must be completed and turned in to the Office of the City Clerk by **5:00p.m.** **NO EXCEPTIONS.**

[] **NOTARIZED** Certificate of Candidacy for Nomination by Petition Form

[] Candidate Petition with at least 20 Registered Voters in Seat Pleasant

[] 2015 Statement of Financial Interest for **New Candidates ONLY.**

If you have any questions regarding the above information, please feel free to contact Dashaun N. Lanham, City Clerk directly on 301-336-2600.

6301 Addison Road ▪ Seat Pleasant MD 20743-2125 ▪ (301) 336-2600 ▪ Fax (301) 336-0029

City of Seat Pleasant

CERTIFICATE OF CANDIDACY FOR NOMINATION BY PETITION TO THE BOARD OF SUPERVISORS OF ELECTIONS

OFFICE SOUGHT: _____

I request that you place my name on the official ballot to be used in the **2016 City of Seat Pleasant General Election on September 12, 2016**, as a candidate seeking nomination for the above mentioned office.

NAME TO APPEAR ON BALLOT (PRINT) _____

If you have more than one given name, you may designate which given name or names you want to appear on the ballot and which name or names you want to appear by initial letter only. You must use at least one given name. The use of symbols, titles, degrees or other professional designations is prohibited. (Md. Ann. Code Art. EL Section 5-301(c)(4)).

I hereby declare:

- The name listed above is my legally given name or a name supported by an affidavit filed at this time under penalty of perjury.
- I am a registered voter of Seat Pleasant, Prince George's County, Maryland.
- My date of birth is _____ Sex _____
- I will not be a candidate for any other public office.
- I am not a treasurer, sub-treasurer, or campaign manager for any candidate or committee.
- I meet the qualifications for the above mentioned office as set forth in applicable law.
- I am filing, along with this Certificate of Candidacy, petition signature pages purporting to contain signatures of not less than twenty (20) of the registered voters who are eligible to vote for the office I seek.
- **I understand that final acceptance of this certificate depends upon verification of the information and documents provided by me.**

Residence Address	Mailing Address (will be made available to the public)
Number, Street, Apt.	Number, Street, Apt.
City, State, Zip Code	City, State, Zip Code
Phone (for Election Board to contact you)	Phone (for public release)
Fax	E-Mail Address

I hereby certify under penalties of perjury that the information provided above is true.

_____ Date of this Certificate

_____ Signature of Candidate

Prince George's County; State of Maryland

Subscribed and sworn before me this _____ *day of* _____, *2016.*

_____

Notary Public

My commission expires _____

(NOTARIZED WITHOUT FEE BY THE ELECTION OFFICE.)

City of Seat Pleasant – General Election Candidate Nomination Petition

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) _____,
(Address) _____, for the office of _____, to appear on the 2016 City of Seat Pleasant General Election Ballot.

NOTICE TO SIGNERS: *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 above-named candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant and are eligible to have your signature counted for petition purposes.

Please note: The information you provide on this petition may be used to change your voter registration address.

	DATE (mm/dd/yy)	PRINT FULL NAME	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

FOR ELECTION BOARD USE ONLY

Total number of signatures _____
Number of invalidated signatures _____
Number of valid signatures _____

Endorsed by: _____

_____
Individual circulator's printed or typed name

_____
Residence Address

_____
City State Zip Code

_____
Telephone Number

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 the City of Seat Pleasant.

_____
Circulator's Signature Date (mm/dd/yy)

(Sign and date when signature collection is completed.)

City of Seat Pleasant – General Election Candidate Nomination Petition

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) _____,
(Address) _____, for the office of _____, to appear on the 2016 City of Seat Pleasant General Election Ballot.

NOTICE TO SIGNERS: *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 above-named candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant and are eligible to have your signature counted for petition purposes.

Please note: The information you provide on this petition may be used to change your voter registration address.

	DATE (mm/dd/yy)	PRINT FULL NAME	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

FOR ELECTION BOARD USE ONLY

Total number of signatures _____
Number of invalidated signatures _____
Number of valid signatures _____

Endorsed by: _____

_____
Individual circulator's printed or typed name

_____
Residence Address

_____
City State Zip Code

_____
Telephone Number

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 the City of Seat Pleasant.

_____
Circulator's Signature Date (mm/dd/yy)

(Sign and date when signature collection is completed.)

City of Seat Pleasant – General Election Candidate Nomination Petition

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) _____,
(Address) _____, for the office of _____, to appear on the 2016 City of Seat Pleasant General Election Ballot.

NOTICE TO SIGNERS: *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 above-named candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant and are eligible to have your signature counted for petition purposes.

Please note: The information you provide on this petition may be used to change your voter registration address.

	DATE (mm/dd/yy)	PRINT FULL NAME	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

FOR ELECTION BOARD USE ONLY

Total number of signatures _____
Number of invalidated signatures _____
Number of valid signatures _____

Endorsed by: _____

_____
Individual circulator's printed or typed name

_____
Residence Address

_____
City State Zip Code

_____
Telephone Number

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 the City of Seat Pleasant.

_____
Circulator's Signature Date (mm/dd/yy)

(Sign and date when signature collection is completed.)

STATEMENT OF FINANCIAL INTERESTS
January 1, 2015 through December 31, 2015

Name: _____ Position: _____

This Statement of Financial Interests, together with all appropriate schedules attached, describes all financial interests and related transactions and other matters required to be disclosed under Chapter 18, "Ethics" of the Seat Pleasant City Code.

		YES	NO
A.	I did, at some time during the period covered by this statement, hold interests (including leasehold interests and interests in any oil, gas or other mineral royalty or lease) in or with respect to any *real property* **(including your residence)** in the State of Maryland. Any such interests are described on Schedule A attached.		
B.	I did, at some time during the period covered by this statement, hold interests in a corporation, whether or not the corporation did business with the City of Seat Pleasant. Any such interests are described on Schedule B attached.		
C.	I did, at some time during the period covered by this statement, hold interests in any other business entity which does business with the City of Seat Pleasant. Any such interests are described on Schedule C attached.		
D.	I, or another person at my direction, did at some time during the period covered by this statement receive a gift of property in excess of $20 in value, or a gift of money of whatever amount, including the forgiveness of any liability, from, or on behalf of, directly or indirectly, any person who does business with the City of Seat Pleasant or is regulated by the City of Seat Pleasant, however, that neither gifts received from the spouse or a relative within the third degree of consanguinity of the person making the statement or from the spouse of any such relative, nor campaign		

contributions which are otherwise reported as required by law, need be disclosed.

Any such gifts are described on Schedule D attached.

		YES	NO
E.	I did, at some time during the period covered by this statement, hold an office, directorship or salaried position in a corporation or other business entity doing business with the City of Seat Pleasant. Any such offices, directorships or salaried positions are described on Schedule E attached.		
F.	I did, at some time during the period covered by this statement, have liabilitiesor become involved in transactions giving rise to liabilities owed to a person doing business with the City of Seat Pleasant. Any such liabilities are described on Schedule F attached.		

I HEREBY CERTIFY AND AFFIRM that the information contained in this statement and on the attached schedules is accurate and complete to the best of my knowledge and belief.

_____ Signature:_____

Date Address: _____

_____

STATEMENT OF FINANCIAL INTERESTS
January 1, 2015 through December 31, 2015

SCHEDULE A
INTERESTS IN REAL PROPERTY LOCATED IN THE STATE OF MARYLAND

Sheet ____ of ____
(Use separate sheet for each property reported)

Name:

1. Nature of property (zoning, current use, etc.):

   Location of property (by street address, mailing address or legal description):

2. Nature of interest held (owner in fee, lessee, etc.): _____

   List any conditions to interest or encumbrances thereon (mortgages, leases, etc.):

3. Date acquired:

   Manner in which acquired (purchase, inheritance, etc.):

   Person from whom interest was acquired:

4. Nature and amount of consideration paid for interest:

   If interest acquired other than by purchase, fair market value at time interest was acquired:

5. Describe any interest transferred during the period of this statement:

   Nature and amount of consideration received for transfer of interest:

   Identity (name and address) of person to whom interest was transferred:

6. Identity (name and address) of any other person with an interest in this property:

Date:_____ Signature:_____

STATEMENT OF FINANCIAL INTERESTS
January 1, 2015 through December 31, 2015

SCHEDULE B
INTERESTS IN CORPORATIONS

Name: _____

NAME AND ADDRESS OF PRINCIPAL OFFICE OF CORPORATION	NATURE AND AMOUNT OF INTEREST** HELD INCLUDING CONDITIONS AND ENCUMBRANCES	TRANSFER OF INTEREST IN PROPERTY DURING PERIOD (DESCRIBE INTEREST TRANSFERRED, NATURE AND AMOUNT OF ANY CONSIDERATION RECEIVED AND, IF KNOWN, IDENTITY OF TRANSFEREE)	IF INTEREST ATTRIBUTED TO YOU RATHER THAN HELD DIRECTLY BY YOU, EXPLAIN BASIS OF THE ATTRIBUTION

** At the option of the person filing this statement, an amount of stock or like evidence of equity interest may be reported either by the number of shares held and, unless the corporation's stock is publicly traded on a stock exchange, in an over-the-counter market, or otherwise, by the percentage of equity interest so held instead of by dollar amount.

Date: _____ Signature: _____

STATEMENT OF FINANCIAL INTERESTS
January 1, 2015 through December 31, 2015

SCHEDULE C
INTERESTS IN BUSINESS ENTITIES (OTHER THAN CORPORATIONS)
WHICH DO BUSINESS WITH THE CITY OF SEAT PLEASANT

Name: _____

NAME AND ADDRESS OF PRINCIPAL OFFICE OF BUSINESS ENTITY	NATURE AND AMOUNT OF INTEREST HELD INCLUDING CONDITIONS AND ENCUMBRANCES	IF INTEREST TRANSFERRED IN BUSINESS ENTITY DURING REPORTING PERIOD, DESCRIBE INTEREST TRANSFERRED, NATURE AND AMOUNT OF ANY CONSIDERATION RECEIVED AND, IF KNOWN, IDENTITY OF TRANSFEREE	IF INTEREST ATTRIBUTED TO YOU RATHER THAN HELD DIRECTLY BY YOU, EXPLAIN BASIS OF THE ATTRIBUTION

Date: _____ Signature: _____

STATEMENT OF FINANCIAL INTERESTS
January 1, 2015 through December 31, 2015

SCHEDULE D
GIFTS FROM PERSONS DOING BUSINESS WITH
OR REGULATED BY THE CITY OF SEAT PLEASANT

Name: _____

NATURE AND VALUE OF GIFT	IDENTITY OF PERSON FROM WHOM GIFT WAS RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTITY OF THAT PERSON

Report each gift in excess of fifty dollars ($20) in value, and each gift of money of whatever amount, including the forgiveness of any liability, received at any time during the year for which the statement is filed.

Date: _____ Signature: _____

STATEMENT OF FINANCIAL INTERESTS
January 1, 2015 through December 31, 2015

SCHEDULE E
OFFICES, DIRECTORSHIPS AND/OR SALARIED EMPLOYMENT IN
BUSINESS ENTITIES DOING BUSINESS WITH THE CITY OF SEAT PLEASANT

Name: _____

NAME AND ADDRESS OF PRINCIPAL OFFICE OF BUSINESS ENTITY	TITLE AND NATURE OF OFFICE, DIRECTORSHIP OR SALARIED EMPLOYMENT HELD	TOTAL COMPENSATION RECEIVED DURING PERIOD COVERED BY THIS STATEMENT FROM BUSINESS ENTITY

Date: _____ Signature: _____

STATEMENT OF FINANCIAL INTERESTS
January 1, 2015 through December 31, 2015

SCHEDULE F
LIABILITIES OWED TO PERSONS DOING BUSINESS
WITH THE CITY OF SEAT PLEASANT

Name: _____

IDENTITY OF PERSON TO WHOM LIABILITY WAS OWED	AMOUNT OF LIABILITY OWED AS OF 12/31/15	TERMS OF PAYMENT OF LIABILITY	AMOUNT BY WHICH LIABILITY WAS INCREASED OR REDUCED DURING PERIOD

Date: _____ Signature: _____