



DELBERT HOSEMANN
Secretary of State

Qualifying Statement
INDEPENDENT CANDIDATE

I, _____
(Name, as it will appear on the ballot)

(Mailing Address)

(Street address)

_____ *(City)* _____ *(State)* _____ *(Zip code)*

_____ *(Work telephone)* _____ *(Home telephone)* _____ *(Fax Number)*

A qualified elector of the county of _____,

State of Mississippi; do hereby declare my candidacy for the office of

_____, _____ District (if applicable).
(Complete name of office sought)

I hereby certify that: (mark as applicable)

- I have never been convicted of a crime punishable by confinement in the Penitentiary.**
- I have never been convicted of a felony in federal court, or of a felony in the court of another state, as provided in Section 44 of the Mississippi Constitution.**
- I meet all constitutional, statutory and other legal requirements to hold said office.**

(Signature of candidate) _____ *(Date)*

Received by _____
(Signature) _____ *(Title)* _____ *(Date)*