



DELBERT HOSEMANN
Secretary of State

Qualifying Statement
ELECTION COMMISSIONER

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)

and the party of _____ (if applicable).

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)