

INTERNAL	OFFICE	USE:
	011102	OJL.

STMNT OF INT W SIG_____

QUALIFYING FEE _____

Date Stamp

QUALIFYING STATEMENT OF INTENT COUNTY SCHOOL BOARD CANDIDATE - NONPARTISAN SPECIAL ELECTION

Candidate Information

Legal Name (as registered to vote):		
Date of Birth:Political	_Political Party ¹ :	
Office Sought:	District # (if applicable):	
Contact Information		
Physical Address:		
Mailing Address:		
Email Address:Phone	e Number:	
Ballot Information		
Do you wish to have your name other than your legal name by using a common shortening of your first name, use of your middle name, or include a nickname ² ?		
☐Yes ☐No		
If so, please provide that below. The styling of the name sh nickname: First name "[Requested nickname]" Last name	_	
Requested Ballot Name:		
<u>Certifications</u>		
In accordance with Miss. Code Ann. Section 23-15-299(4), I hereby certify, under penalty of perjury, the above information is correct and that:		
 □ I am a qualified elector of the county and/or district for which I'm seeking office. □ I meet the applicable residency requirements, including durational residency requirements. □ I am not prohibited from holding office under Section 44 of the Mississippi Constitution. □ I meet any and all constitutional, statutory, and other legal requirements to hold said office. 		
Signature of Candidate:	Date:	

¹ This form and required fee will be provided to the appropriate executive committee of the political party listed.

² A nickname may only be used if, consistent with the facts, the officials in charge of the election determine the appearance of the nickname is necessary to identify you to voters. (MS Ag Op. Coleman, March 23, 2007).