

Qualifying Statement of Intent INDEPENDENT CANDIDATE – SPECIAL ELECTION

	I,						
		(Please	print name, as it wi	ill appear on the ballot)			
	a qualified elector of the County of,						
	State of Missis	ssippi; do hereby dec	lare my candidacy	for the office of			
				, District (if applicabl	e), at	
	(Complete name of office sought)						
	the Special Ele	ection to be held on					
	•	(Date of Special Election)					
Name:				Date of Birth:	/	/	
	Last	First	Middle	Month	h Day	Year	
Mailing	g Address:						
			City, State, Zip Code				
Resider	ntial Address:						
			City, State, Zip Code				
Phone 1	Number: (mber: () Email Address:					

I hereby certify that: (mark as applicable):

- □ I have never been convicted of bribery, perjury or other infamous crime, being defined as a crime punishable by confinement in the penitentiary.
- □ I have never been convicted of a felony in federal court after December 8, 1992, nor of a crime in the court of another state which is a felony in this state, after December 8, 1992, 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
INTERNAL OFFICE USE:
STMNT OF INT W SIG
PETITION W CERT
QUALIFYING FEE

DATE STAMP