



## Qualifying Statement of Intent CANDIDATE FOR PARTY NOMINATION

I, \_\_\_\_\_  
*(Please print name, as it will appear on the ballot)*  
 a qualified elector of the County of \_\_\_\_\_, State of Mississippi;  
 do hereby declare my candidacy as for the \_\_\_\_\_ Party nomination for  
*(Political Party)*  
 the office of \_\_\_\_\_, \_\_\_\_\_ District (if applicable)  
*(Complete name of office sought)*  
 at the Primary Election to be held on \_\_\_\_\_.  
*(Date of Primary)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Middle Month Day Year*

Mailing Address: \_\_\_\_\_  
*City, State, Zip Code*

Residential Address: \_\_\_\_\_  
*City, State, Zip Code*

Phone Number: ( ) \_\_\_\_\_ 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: \_\_\_\_\_  
*Date*  
*Signature Title*

<b>INTERNAL OFFICE USE:</b> STMT OF INT W SIG _____ QUALIFYING FEE _____  <b>DATE STAMP</b>
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