

**INTERNAL OFFICE USE:**

STMNT OF INT W SIG _____ PETITION W SIGS _____

QUALIFYING FEE _____

QUALIFYING STATEMENT OF INTENT
COUNTY DISTRICT INDEPENDENT CANDIDATE

Candidate Information

Legal Name (as registered to vote): _____

Date of Birth: _____ Political Party¹: _____

Office Sought: _____ District # (if applicable): _____

Contact Information

Physical Address: _____

Mailing Address: _____

Email Address: _____ Phone 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 nickname²?

☐ Yes ☐ No

If so, please provide that below. The styling of the name should be as follows if using a nickname: First name “[Requested nickname]” Last name

Requested Ballot Name: _____

Certifications

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).