



DELBERT HOSEMANN
Secretary of State

Qualifying Statement of Intent INDEPENDENT CANDIDATE

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 for the office of

_____, _____ District (if applicable), at
(Complete name of office sought)

the General Election to be held on _____.
(Date of General)

Name: _____ Date of Birth: ____/____/____
Last First Middle Month Day Year

Mailing Address: _____
City, State, Zip Code

Street 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: _____
Signature Title Date

| |
|---|
| <p>INTERNAL OFFICE USE: STMNT OF INT W SIG _____ PETITION W CERT _____</p> <p style="text-align: center;">DATE STAMP</p> |
|---|



DELBERT HOSEMANN
Secretary of State

Candidate Petition Independent Candidate

TO ELECTION COMMISSION of _____ County:

We, the undersigned qualified electors of _____,
(County/District name and number, as applicable)
 State of Mississippi, hereby petition that the name of _____ be
 placed upon the ballot of the _____ election to be held on _____, 20____,
(General/Special)
 as a candidate for the office of _____.
(Office sought and District, if applicable)

- | | |
|---------------------|--------------------|
| 1. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 2. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 3. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 4. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
| 5. SIGNATURE _____ | Printed Name _____ |
| Address _____ | Precinct _____ |
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Copy this form for succeeding pages.
 The appropriate county registrar must certify signatures on this form.
 The opening paragraph of each page of signatures MUST include:
 (1) The name of the candidate,
 (2) office sought, AND
 (3) date of the election.

This petition shall be used only for candidates whose district falls wholly within one county.



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