

Maryland Democratic Party

DECLARATION OF CANDIDACY: Chair of the Maryland Democratic Party

INSTRUCTIONS:

- 1) Please PRINT or TYPE all information, sign and date the form, and return it to the Maryland Democratic Party, 275 West Street, Suite 305, Annapolis, Maryland, 21401, (9:00 a.m. and 5:00 p.m. M-F), by no later than Friday, November 29, so that the forms may be distributed to DSCCM members for review prior to the meeting. Forms may be delivered in person, by mail, or email to Ben Smith, Executive Director, bsmith@mddems.org. There is no filing fee.
 - 2) A State Chair will be elected by the Democratic State Central Committee of Maryland (DSCCM) at a meeting to be held on December 7, 2019.
 - 3) All candidates must complete Sections I, II below, and have nominators sign Section III
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GENDER BALANCE & GEOGRAPHICAL REQUIREMENTS:

There are gender balance and geographical distribution requirements outlined in our by-laws.

a. Of the three vice chairs, no more than two shall be of the same gender. One Vice-Chair of the opposite gender as the Chair shall be designated as the First Vice-Chair, and the others shall be titled the Second Vice-Chair and Third Vice-Chair.

b. At least one officer must be a resident of Western Maryland (Garrett, Allegany, Washington, Frederick, Carroll or Howard Counties), Southern Maryland (St. Mary's, Charles, Calvert or Anne Arundel Counties), the Eastern Shore (Cecil, Harford, Kent, Queen Anne's, Caroline, Talbot, Dorchester, Wicomico, Somerset or Worcester Counties), Baltimore County, Montgomery County, Prince George's County and Baltimore City, respectively.

SECTION I: (please print)

I hereby request that you place my name (as it is listed below) on the official ballot to be used by the Democratic State Central Committee of Maryland to elect a Chair of the Maryland Democratic Party for next four year term from 2018-2022.

NAME (as it is to appear on the ballot): _____

SECTION II:

I hereby certify that I am a registered Democratic voter in the _____ Congressional District of Maryland. My

Home address is: _____

_____ (street, city, zip) in _____ (County or Baltimore City).

Which of the seven MDP regions are you located in? _____ (see above section on Gender Balance and Geographical Requirements, paragraph b).

Telephone Number: Cell: _____ Home: _____

Office: _____

Email Address: _____

Signature of Candidate: _____ Date: _____

SECTION IV:

As a voting member of the Democratic State Central Committee of Maryland, I hereby support the nomination of this individual to be Chair of the Maryland Democratic Party.

Printed Name	Signature	Jurisdiction
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Printed Name	Signature	Jurisdiction
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Printed Name	Signature	Jurisdiction
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Maryland Democratic Party: 275 West Street, Suite 305, Annapolis, MD 21401
By authority of Maryland Democratic Party, Robert J. Kresslein, Treasurer