



City of Annapolis
Office of the City Clerk
160 Duke of Gloucester Street
Annapolis, MD 21401-2517

Elections@annapolis.gov • 410-263-7929 • Fax 410-280-1853 • TDD use MD Relay or 711 • www.annapolis.gov

Petition to File as an Indigent Candidate
Board of Supervisors of Elections

Petitioner

Name _____

Address _____ Annapolis MD Zip _____

Phones Home _____ Work _____ Cell _____

Office for which filed _____

The petitioner represents to the City of Annapolis, Board of Supervisors of Elections that the answer to the following questions are true:

1. Where are you employed? _____

How long so employed? _____ Wage or salary? _____

2. If unemployed, where last employed? _____ When? _____

How long so employed? _____ Wage or salary? _____

3. Name of husband/wife _____

Address _____

Where employed? _____

4. Where was spouse last employed? _____

When? _____

How long so employed? _____ Wage or salary? _____

5. How much money do you have (on hand or savings)? _____

Where is this money? _____

6. Do you own an automobile or other vehicle? Yes No If yes, continue below.

Year _____ Make _____ Model _____ When purchased? _____

Located where? _____ Amount owed on vehicle? _____

7. Do you own or are you buying a house or other real property? Yes No If yes, continue below.

Located where? _____ Year purchased? _____

Amount paid for property? _____ Amount owed on property? _____

8. Do you own any other type of property (stocks, valuable personal property, etc.)? Yes No

Describe property _____

Located where? _____

9. Do you have any source of income other than described above? If so, describe source and state amount of such income.

10. I have _____ children that I support.

I do not now have, nor am I able to obtain any funds whatsoever from anyone for the purpose of paying the required filing fee.

I agree and understand that in the event any monies are contributed to my campaign that those monies will be first applied to a payment of the required filing fee before they are used for any other purpose whatsoever.

I understand that my petition to file as an indigent candidate will be subject to review by legal counsel and approval by the Board of Supervisors of Elections.

Signature of petitioner _____ Date _____

Sworn and Subscribed before me, in my presence, this _____ day of _____, _____, before me, the subscriber, a notary public of the State of Maryland, in and for the county of Anne Arundel, ([Section 4.20.030A](#)).

Signature of person authorized to administer oath or Notary Public

My Commission expires