

## State of Maryland - General Election Candidate Nomination Petition

We, the undersigned voters of \_\_\_\_\_ County or  Baltimore City, hereby nominate the candidate(s) named below to appear on the General Election ballot.

**Candidate Information:**

Party Affiliation: Independent  
(not a recognized party in Maryland)

or check for  Unaffiliated

Name: Emmanuel Osuchukwu

Address: 128 S. Twin Circle Way

Office and District: Baltimore, MD 21227

**If Applicable, Lt. Governor Information:**

Name: N/A

Address: \_\_\_\_\_

**NOTICE TO SIGNERS: Sign and print your name (1) as it appears on the voter registration list, OR (2) your surname of registration AND at least one full given name AND the initial of any other names.** Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid. By signing this petition, you agree that the aforementioned candidate(s) should be placed on the ballot for the office indicated and that, to the best of your knowledge, you are registered to vote in Maryland and are eligible to have your signature counted for this petition.

SBE 6-201-2C (Rev 7-2011)

**Please Note:** The information you provide on this petition is public information and may be used to change your voter registration address.

1	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Signature:					Birth Date:			
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
2	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Signature:					Birth Date:			
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
3	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Signature:					Birth Date:			
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
4	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Signature:					Birth Date:			
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	
5	Print Name:	First Name	Middle Name	Last Name		Month	Date	Year	
	Signature:					Birth Date:			
	Maryland Residence Address:	Street Number	Street Name		Apt. No.	City or Town		Zip	

Individual Circulator's printed or typed name \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (including area code) \_\_\_\_\_

**Circulator's Affidavit** Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of Maryland. *(Sign and Date when signature collection is completed)*

\_\_\_\_\_  
Circulator's Signature

\_\_\_\_\_  
Date (mm/dd/yy)