

BOARD OF SUPERVISORS OF ELECTIONS
TOWN OF NORTH EAST, MARYLAND



**CANDIDATE FORMS
AND
INFORMATION**



ATTACHED PLEASE FIND FORMS/INFORMATION FOR YOUR USE TO CONDUCT YOUR CAMPAIGN. IF YOU SHOULD HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CONTACT US AT 410-287-5801.

THE FOLLOWING FORMS ARE DUE BY 4:30 PM ON JANUARY 11, 2010:

- 1) CERTIFICATE OF CANDIDACY FOR NOMINATION**
- 2) FINANCIAL DISCLOSURE STATEMENT**
- 3) APPOINTMENT AND ACCEPTANCE OF TREASURER AND CAMPAIGN MANAGER**

THE FOLLOWING FORM IS DUE BY 4:30 PM ON JANUARY 25, 2010:

- 1) LIMITING CAMPAIGN CONTRIBUTIONS AND EXPENDITURES**

PLEASE NOTE - IF YOU ANTICIPATE YOU WILL BE SPENDING MORE THAN \$1,000.00 ADDITIONAL FORMS WILL BE REQUIRED TO BE COMPLETED. PLEASE CONTACT THIS OFFICE FOR SAID FORMS.



**BOARD OF SUPERVISORS OF ELECTIONS
TOWN OF NORTH EAST, MD
CERTIFICATE OF CANDIDACY FOR NOMINATION**



(PLEASE PRINT)

OFFICE SOUGHT: _____

I hereby request that you place my name as hereon designated on the Official Ballot to be used in the **TOWN ELECTION on the 8^h day of February, 2010**, as a candidate seeking nomination for the above mentioned office.

NAME TO APPEAR ON BALLOT: _____

First Middle Last

I Hereby Declare:

1) I am a registered voter of (check all that apply):

Cecil County _____ Town North East _____

2) Date of Birth: _____ Sex: _____

3) I reside at:

No. and Street: _____

Home Telephone: _____

Cell Phone: _____

E-Mail Address: _____

I have resided at this location since: _____

Month Day Year

If less than one (1) year, state previous residency:

4) I meet the qualifications for the above mentioned office as set forth in applicable law.

I hereby certify under penalties and perjury that the information provided above is true.

Signature of Candidate

Date of this Certification

FOR ELECTION BOARD USE ONLY

THE ABOVE DECLARATION IS CORRECT: YES: _____ NO: _____

IF NO, OUR RECORDS SHOW: _____

SIGNATURE OF PERSON COMPLETING THIS FORM: _____

TOWN OF NORTH EAST, MARYLAND
FINANCIAL DISCLOSURE STATEMENT FOR EMPLOYEES AND PUBLIC OFFICIALS
 January 1, 2009 - Current

PART I. IDENTIFYING INFORMATION

NAME _____

DEPARTMENT _____

SCHEDULE A. - GIFTS

Report each gift received during the reporting period from a person doing business with or regulated by the Town or registered to lobby before it. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

<u>NATURE OF GIFT</u> If cash gift, write "cash"; otherwise describe nature of gift	<u>VALUE</u> Indicate dollar amount or retail value as of receipt	<u>DATE</u> Approximate date of receipt	<u>PERSON</u> Identify person from whom gift was received

SCHEDULE B. - SALARIED EMPLOYMENT AND BUSINESS OWNERSHIP

List the name and address of places of any employment. Also list any business entities wholly or partly owned by the filer, his/her spouse or dependent children from which income was earned during the reporting period. However, ownership in any partly owned business entity need not be included if it has not done business with the Town during the reporting period.

NAME AND ADDRESS OF EMPLOYER	CHECK IF YOU ARE EMPLOYED BY THE BUSINESS	CHECK IF YOU OWN THE BUSINESS	PERSON HOLDING INTEREST OR EMPLOYMENT

SCHEDULE C. - FAMILY MEMBERS EMPLOYED BY PERSONS OR ENTITIES REGULATED BY THE TOWN

List all members of the filer's family (spouse or dependent children) who were employed by any business entity having contracts with the Town during the reporting period.

NAME OF PERSON	RELATIONSHIP	EMPLOYER'S NAME AND ADDRESS	POSITION HELD

SCHEDULE D. - INTERESTS IN BUSINESS ENTITIES

Report interests held during the reporting period in any business entity in which the filer owns at least a 10% or \$1,000 interest if: (a) the business entity has or is negotiating a contract of \$1,000 or more with the Town; or (b) if the business entity is regulated by the filer's agency or department.

<u>NAME AND ADDRESS</u> List name and full street address of entity	<u>AMOUNT OF INTEREST</u>			
	Indicate either percentage of interest or value by dollar range as of date of transfer or end of reporting period.			
	% of interest			
	\$1,000- 9,999	0,000- 24,999	25,000- 49,999	50,000- & over

SCHEDULE E. OTHER

The filer shall include in this Schedule any additional interests, not otherwise disclosed, that he/she believes may create a conflict of interest as defined in the Public Ethics Law between his/her personal interest and his/her duties as a Town employee or public official.

PART II. SIGNATURE AND AFFIRMATION

This financial disclosure describes all interests and related transactions and matters required to be disclosed by the North East Public Ethics Law, with respect to the period indicated and pertaining to the person filing the statement.

I hereby make oath or affirm under penalties of perjury that the contents of this financial disclosure statement are true and correct, to the best of my knowledge, information and belief.

Signature of Person Filing

Date

