

# State of Maryland - Petition to Form a New Political Party

For \_\_\_\_\_ County or  (check if Baltimore City) \_\_\_\_\_  
 We, the undersigned voters of Maryland, support the organization of a political party to be known as the \_\_\_\_\_  
 Robert S. Johnston III, Address: 1311-D Sheridan Place Bel Air, MD 21015  
 The State Chairman is: \_\_\_\_\_

Libertarian Party.

**NOTICE TO SIGNERS:** 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 above-named party should be recognized as a political party in Maryland and that, to the best of your knowledge, you are registered to vote in Maryland and are eligible to have your signature counted for petition purposes.

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

DATE (mm/dd/yy)	PRINT FULL NAME	PERMANENT RESIDENCE ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1						
2						
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### 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.

Individual circulator's printed or typed name \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

<b>FOR ELECTION BOARD USE ONLY</b>	
Total Number of Signatures	_____
Number of Invalid Signatures	_____
Number of Valid Signatures	_____
Endorsed by:	_____

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

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

(Sign and date when signature collection is completed)