



## **CITY OF SEAT PLEASANT-SPECIAL ELECTION NOTICE TO FILL VACANCY FOR WARD II COUNCILMEMBER**

In accordance with the City of Seat Pleasant City Charter, each candidate to fill a vacancy shall file certificate of candidacy, Financial Disclosure Statement, and registered voter petitions that satisfies the requirements of Section C-610, which shall include the names and signatures of at least 20 registered voters in the City of Seat Pleasant, which must be submitted to the Office of the City Clerk by **5:00 PM ON MONDAY, DECEMBER 1, 2025. NO EXCEPTIONS.** Once voter qualifications have been verified, qualified candidates will be notified of certification to run for the petitioned office.

### **§ C-302 Qualifications of COUNCILPERSONS**

Councilpersons shall have resided in the City for at least one year immediately preceding their election and shall have been qualified registered voters of the City for one (1) year. Councilpersons shall maintain a permanent residence in the City during their term of office. The minimum age for City Councilpersons shall be twenty-five years of age.

### **§ C-610 Nominations**

Candidates for election to the office of Councilmember or Mayor shall file with the Board of Election Supervisors a petition signed by at least 20 registered voters of the City of Seat Pleasant at least sixty (60) days (including Sundays and holidays) prior to the date of such election. Such petition shall state (1) the name and address of the candidate, (2) the fact that such person is eligible for election to the office of Councilmember or Mayor and (3) that such person wishes his name placed on the ballot as candidate. Such petition shall be sworn to by the person filing same, both as to the fact of the candidate's eligibility and as to the genuineness of the signatures of such petition. No person shall be eligible for elective City public office who has not fulfilled the requirements of this section. No candidate shall file for election for more than one City public office at any one election.

### **§ C-910 Prohibitions**

- (a) **No officer or employee in the service of the City shall continue in a paid status after becoming a candidate for nomination or election to any public office in the City.** (b) **No person shall orally, by letter or otherwise, solicit or be in any manner concerned in soliciting any assessment, subscription, or contribution for any City political purpose whatever from any person holding a position in the service of the City.** (c) **No person holding a position in the service of the City shall make any contribution to the campaign funds of any political party or any candidate for public office in the City or take any part in the management, affairs, or political campaign of any political party or candidate for public office in the City, further than in the exercise of his right as a citizen to express his opinion and to cast his vote.** (d) **No person shall hold any one position at one time, unless the Council determines that an interim capacity not to exceed one (1) year is necessary until a vacancy can be filled.** **No person shall hold any City office or position and have an outside business interest in a commercial enterprise doing business with the City.** For the purpose of this section, City office or position shall mean all elective, appointive, and classified positions of the City with no distinction made between paid or unpaid positions.



# *City of Seat Pleasant*

*Office of the City Clerk*

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## **CANDIDATE VACANCY CHECK LIST**

The City of Seat Pleasant, City Council thanks each of you for your interest in the office of Council. Please find below the required forms due on or before **MONDAY, DECEMBER 1, 2025**. All items must be completed and turned into the Office of the City Clerk by **5:00p.m. NO EXCEPTIONS.**

**Certificate of Candidacy** to fill the vacant Ward II Council seat in accordance with §C-302 Qualifications of Councilpersons, and §C-309 Filling of Vacancies.

**2024 Statement of Financial Interest** in accordance with § 18-7. Financial disclosure - elected officials and candidates to be City elected officials.

**Candidate Petition** with at least 20 Registered Voters in Seat Pleasant in accordance with §C-610 Nomination

If you have any questions regarding the above information, please feel free to contact Dashaun N. Ball, City Clerk directly on 301-336-2600.



# City of Seat Pleasant

## CERTIFICATE OF CANDIDACY FOR NOMINATION BY PETITION TO THE BOARD OF SUPERVISORS OF ELECTIONS

OFFICE SOUGHT: \_\_\_\_\_

I request that you place my name on the official ballot to be used in the **City of Seat Pleasant Special Election on January 16, 2026**, as a candidate seeking nomination for the above-mentioned office.

NAME TO APPEAR ON BALLOT (PRINT) \_\_\_\_\_

If you have more than one given name, you may designate which given name or names you want to appear on the ballot and which name or names you want to appear by initial letter only. You must use at least one given name. The use of symbols, titles, degrees, or other professional designations is prohibited. (Md. Ann. Code Art. EL Section 5-301(c)(4)).

I hereby declare:

- The name listed above is my legally given name or a name supported by an affidavit filed at this time under penalty of perjury.
- I am a registered voter of Seat Pleasant, Prince George's County, Maryland.
- My date of birth is \_\_\_\_\_ Sex \_\_\_\_\_
- I will not be a candidate for any other public office.
- I am not a treasurer, sub-treasurer, or campaign manager for any candidate or committee.
- I meet the qualifications for the above-mentioned office as set forth in applicable law.
- I am filing, along with this Certificate of Candidacy, petition signature pages purporting to contain signatures of not less than twenty (20) of the registered voters who are eligible to vote for the office I seek.
- **I understand that final acceptance of this certificate depends upon verification of the information and documents provided by me.**

Residence Address	Mailing Address (will be made available to the public)
Number, Street, Apt.	Number, Street, Apt.
City, State, Zip Code	City, State, Zip Code
Phone (for Election Board to contact you)	Phone (for public release)
Fax	E-Mail Address

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

\_\_\_\_\_  
Date of this Certificate

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
*Prince George's County; State of Maryland*

\_\_\_\_\_  
*Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.*

\_\_\_\_\_  
*Notary Public*

\_\_\_\_\_  
*My commission expires. \_\_\_\_\_  
(NOTARIZED WITHOUT FEE BY THE ELECTION OFFICE.)*

## **STATEMENT OF FINANCIAL INTERESTS**

January 1, 2024, through December 31, 2024

Name: \_\_\_\_\_ Position: \_\_\_\_\_

This Statement of Financial Interests, together with all appropriate schedules attached, describes all financial interests and related transactions and other matters required to be disclosed under Chapter 18, "Ethics" of the Seat Pleasant City Code.

**YES**                    **NO**

A. I did, at some time during the period covered by this statement, hold interests (including leasehold interests and interests in any oil, gas or other mineral royalty or lease) in or with respect to any *real property* (**including your residence**) in the State of Maryland.

Any such interests are described in Schedule A attached.

B. I did, at some time during the period covered by this statement, hold interest in a corporation, whether the corporation did business with the City of Seat Pleasant.

Any such interests are described on Schedule B attached.

C. I did, at some time during the period covered by this statement hold interest in any other business entity which does business with the City of Seat Pleasant.

Any such interests are described on Schedule C attached.

D. I, or another person at my direction, did at some time during the period covered by this statement receive a gift of property in excess of \$20 in value, or a series of gifts totaling \$100 or more, or a gift of money of whatever amount, including the forgiveness of any liability, from, or on behalf of, directly or indirectly, any person who does business with the City of Seat Pleasant or is regulated by the City of Seat Pleasant, however, that neither gifts received from the spouse or a relative within the third degree of consanguinity of the person making the statement or from the spouse of any such relative, nor campaign contributions which

are otherwise reported as required by law, need be disclosed.

Any such gifts are described on Schedule D attached.

**YES**                    **NO**

E. I did, at some time during the period covered by this statement, hold an office, directorship or salaried position in a corporation or other business entity doing business with the City of Seat Pleasant.

Any such offices, directorships or salaried positions are described on Schedule E attached.

F. I did, at some time during the period covered by this statement, have liabilities or become involved in transactions, giving rise to liabilities owed to a person doing business with the City of Seat Pleasant.

Any such liabilities are described on Schedule F attached.

G. My spouse is a registered Lobbyist doing business with entities that are engaged or doing with the City of Pleasant.

H.

**I HEREBY CERTIFY AND AFFIRM** that the information contained in this statement and on the attached schedules is accurate and complete to the best of my knowledge and belief.

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2024, through December 31, 2024

**SCHEDULE A**

**INTERESTS IN REAL PROPERTY LOCATED IN THE STATE OF MARYLAND**

Sheet \_\_\_\_\_ of \_\_\_\_\_

*(Use separate sheet for each property reported)*

Name:

1. Nature of property (zoning, current use, etc.):

Location of property (by street address, mailing address or legal description):

2. Nature of interest held (owner in fee, lessee, etc.): \_\_\_\_\_

List any conditions to interest or encumbrances thereon (mortgages, leases, etc.):

3. Date acquired:

Manner in which acquired (purchase, inheritance, etc.):

Person from whom interest was acquired:

4. Nature and amount of consideration paid for interest:

If interest acquired other than by purchase, fair market value at time interest was acquired:

5. Describe any interest transferred during the period of this statement:

Nature and amount of consideration received for transfer of interest:

Identity (name and address) of person to whom interest was transferred:

6. Identity (name and address) of any other person with an interest in this property:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2024, through December 31, 2024

**SCHEDULE B**  
**INTERESTS IN CORPORATIONS**

Name: \_\_\_\_\_

TRANSFER OF INTEREST IN  
PROPERTY DURING THE  
PERIOD (DESCRIBE  
INTEREST TRANSFERRED,  
NATURE AND AMOUNT OF  
ANY CONSIDERATION  
RECEIVED AND, IF  
KNOWN, IDENTITY OF  
TRANSFEREE)

NAME AND ADDRESS OF  
THE PRINCIPAL OFFICE OF  
CORPORATION  
NATURE AND AMOUNT  
OF INTEREST\* HELD  
INCLUDING CONDITIONS  
AND ENCUMBRANCES  
IF INTEREST ATTRIBUTED  
TO YOU RATHER THAN  
HELD DIRECTLY BY YOU,  
EXPLAIN BASIS OF THE  
ATTRIBUTION

\*\* At the option of the person filing this statement, an amount of stock or like evidence of equity interest may be reported either by the number of shares held and, unless the corporation's stock is publicly traded on a stock exchange, in an over-the-counter market, or otherwise, by the percentage of equity interest so held instead of by dollar amount.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**  
January 1, 2024, through December 31, 2024

**SCHEDULE C**

**INTERESTS IN BUSINESS ENTITIES (OTHER THAN CORPORATIONS)  
WHICH DO BUSINESS WITH THE CITY OF SEAT PLEASANT**

Name: \_\_\_\_\_

NAME AND ADDRESS OF  
PRINCIPAL OFFICE OF  
BUSINESS ENTITY  
NATURE AND AMOUNT  
OF INTEREST HELD  
INCLUDING CONDITIONS  
AND ENCUMBRANCES  
IF INTEREST TRANSFERRED IN  
BUSINESS ENTITY DURING  
REPORTING PERIOD,  
DESCRIBE INTEREST  
TRANSFERRED, NATURE  
AND AMOUNT OF ANY  
CONSIDERATION  
RECEIVED AND, IF  
KNOWN, IDENTITY OF  
TRANSFEREE  
IF INTEREST ATTRIBUTED  
TO YOU RATHER THAN  
HELD DIRECTLY BY YOU,  
EXPLAIN BASIS OF THE  
ATTRIBUTION

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2024, through December 31, 2024

**SCHEDULE D**

**GIFTS FROM PERSONS DOING BUSINESS WITH  
OR REGULATED BY THE CITY OF SEASIDE PLEASANT**

Name: \_\_\_\_\_

NATURE AND VALUE OF GIFT

IDENTITY OF PERSON FROM WHOM  
GIFT WAS RECEIVED

IF GIVEN TO ANOTHER PERSON AT  
YOUR DIRECTION, THE IDENTITY OF  
THAT PERSON

Report each gift in excess of twenty dollars (\$20) in value, or a series of gifts totaling \$100 or more, and each gift of money of whatever amount, including the forgiveness of any liability, received at any time during the year for which the statement is filed.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2024, through December 31, 2024

**SCHEDULE E**

**OFFICES, DIRECTORSHIPS, AND/OR SALARIED EMPLOYMENT IN  
BUSINESS ENTITIES DOING BUSINESS WITH THE CITY OF SEAT PLEASANT**

Name: \_\_\_\_\_

NAME AND ADDRESS OF PRINCIPAL  
OFFICE OF BUSINESS ENTITY

TITLE AND NATURE OF OFFICE,  
DIRECTORSHIP OR SALARIED  
EMPLOYMENT HELD

TOTAL COMPENSATION RECEIVED  
DURING THE PERIOD COVERED BY  
THIS STATEMENT FROM BUSINESS  
ENTITY

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**  
January 1, 2024, through December 31, 2024

**SCHEDULE F**

**LIABILITIES OWED TO PERSONS DOING BUSINESS  
WITH THE CITY OF SEAT PLEASANT**

Name: \_\_\_\_\_

IDENTITY OF PERSON TO WHOM LIABILITY WAS OWED	AMOUNT OF LIABILITY OWED AS OF 12/31/24	TERMS OF PAYMENT OF LIABILITY	AMOUNT BY WHICH LIABILITY WAS INCREASED OR REDUCED DURING PERIOD
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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**  
January 1, 2024, through December 31, 2024

**SCHEDULE G**

PLEASE PROVIDE REGULATED LOBBYIST INFORMATION ON YOUR SPOUSE

Name: \_\_\_\_\_

NAME AND ADDRESS OF PRINCIPAL OFFICE OF BUSINESS  
ENTITY

LIST OF ENTITIES THAT YOU REPRESENT THAT DO  
BUSINESS WITH THE CITY OF SEAT PLEASANT

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## City of Seat Pleasant – Council Vacancy Nomination Petition Special Election

I (Name) \_\_\_\_\_, who resides at (Address) \_\_\_\_\_, am eligible for the vacant position of \_\_\_\_\_, as I am at least 25 years of age, have resided in Seat Pleasant for at least one year immediately preceding the vacancy, have been a qualified registered voter in the City for at least a year, and request that my name and candidate packet be submitted for consideration to fill the above vacancy in accordance with §§ C-302 and C-610 of the Seat Pleasant City Charter.

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) \_\_\_\_\_, (Address) \_\_\_\_\_, for the office of \_\_\_\_\_, for the office of \_\_\_\_\_,

**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 candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant 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.***

	PRINT FULL NAME	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

### **FOR ELECTION BOARD USE ONLY**

Total number of signatures \_\_\_\_\_

Number of invalidated signatures \_\_\_\_\_

Number of valid signatures \_\_\_\_\_

Endorsed by: \_\_\_\_\_

Individual circulator's printed or typed name \_\_\_\_\_  
Residence Address \_\_\_\_\_

### **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; (ii) all signs are registered voters of the City of Seat Pleasant, and (iv) the candidate is eligible to fill the vacancy.

Candidate Signature \_\_\_\_\_

## City of Seat Pleasant – Special Election Candidate Nomination Petition

I (Name) \_\_\_\_\_, am eligible for the position of \_\_\_\_\_, as I am at least 25 years of age, have resided in Seat Pleasant for at least one year immediately preceding the election, have been a qualified registered voter in the City for at least a year, and request that my name appear on the 2026 City of Seat Pleasant Special Election Ballot in accordance with § C-610 of the Seat Pleasant City Charter.

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) \_\_\_\_\_, (Address) \_\_\_\_\_, for the office of \_\_\_\_\_,

**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 candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant 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	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

### FOR ELECTION BOARD USE ONLY

Total number of signatures \_\_\_\_\_  
Number of invalidated signatures \_\_\_\_\_  
Number of valid signatures \_\_\_\_\_  
Endorsed by: \_\_\_\_\_

### CIRCULATORS AFFIDAVIT

Under penalties of perjury, I (Name) \_\_\_\_\_ who resides at the address at the above and center of this petition am eligible for the position of \_\_\_\_\_ as I am at least 25 years of age, have resided in Seat Pleasant for at least one year preceding the election, have been a qualified registered voter in the City for at least a year, and certify to the genuineness of the signatures in this petition..

Individual candidates printed or typed name.

Candidate Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_

Candidate's Signature \_\_\_\_\_

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

## City of Seat Pleasant – Special Election Candidate Nomination Petition

I (Name) \_\_\_\_\_ who resides at (Address) \_\_\_\_\_, am eligible for the position of \_\_\_\_\_, as I am at least 25 years of age, have resided in Seat Pleasant for at least one year immediately preceding the election, have been a qualified registered voter in the City for at least a year, and request that my name appear on the 2026 City of Seat Pleasant Special Election Ballot in accordance with § C-610 of the Seat Pleasant City Charter.

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) \_\_\_\_\_, (Address) \_\_\_\_\_, for the office of \_\_\_\_\_.

**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 candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant 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.*

	PRINT FULL NAME	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.						
2.						
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9.						
10.						

### FOR ELECTION BOARD USE ONLY

Total number of signatures \_\_\_\_\_  
Number of invalidated signatures \_\_\_\_\_  
Number of valid signatures \_\_\_\_\_  
Endorsed by: \_\_\_\_\_

### CIRCULATOR'S AFFIDAVIT

Individual candidates printed or typed name. \_\_\_\_\_  
who resides at the above and center of this petition am eligible for the position of \_\_\_\_\_, as I am at least 25 years of age, have resided in Seat Pleasant for at least one year preceding the election, have been a qualified registered voter in the City for at least a year, and certify to the genuineness of the signatures in this petition.

Candidate's Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

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