



Candidate Nomination Form

Official Nomination for Public Office

The Anti-Federalist Party

"The government closest to the people serves the people best."

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anti-federalists.com



Nomination for Public Office

1. Candidate Information

Candidate Full Legal Name: _____

Preferred Name on Ballot: _____

Residence Address: _____

City: _____

State: _____

ZIP: _____

County of Residence: _____

Email Address: _____

Phone Number: _____

Date of Birth: _____

Registered Voter? (Yes No): _____

2. Office Sought

Office Title: _____

District / Jurisdiction: _____



Election Date: _____

Filing Deadline: _____

Level:

- Municipal / City
- County
- State Legislative
- State Executive
- U.S. House of Representatives
- U.S. Senate
- Other: _____

3. Affirmation of Principles

By signing below, I, the candidate, affirm that:

1. I have read and agree with the Principles of the Anti-Federalist Party as set forth in Article II of the Party Constitution.
2. I am committed to decentralizing power and returning authority to communities if elected.
3. I will not accept corporate PAC money or Super PAC support.
4. I will maintain transparency in all campaign finances.
5. I will serve the constituents of my district, not a national party apparatus.
6. I understand that the Party endorsement may be revoked if I materially violate these commitments.

4. Qualifications

Briefly describe your qualifications for the office sought, including relevant experience, community involvement, and policy priorities:



5. Endorsement Request

I hereby request the endorsement of:

- My local chapter: _____
- The State Committee of _____
- The National Council (for federal office)

6. Signatures

Candidate Signature

Date

Nominating Chapter Chair

Date

Nominating Chapter Secretary

Date



Submit to your chapter for endorsement vote per Article IX of the Constitution.

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