



Campaign Finance Section Certification of Party Title
Title 15 §3302

Please submit form to:

State of Delaware Department of Elections
Office of the State Election Commissioner
905 S Governors Ave Suite 170
Dover, DE 19904
COE_Vote@delaware.gov
302-739-4277
<https://elections.delaware.gov>

Please attach party's figure or device and email computer graphic file to:

COE_Vote@delaware.gov

Political Party Information

Title of Party		
Address		
Mailing Address		
Email address	Phone	
Website	Fax	

Presiding Officer

Name		
Residential Address		
Mailing Address (If applicable)		
Email address	Phone	

Secretary

Name		
Residential Address		
Mailing Address (If applicable)		
Email address	Phone	

I certify the above is a true designation to be used throughout the State.

Signature of Secretary	Date
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Notary Information

Sworn to and subscribed before me this

_____ day of _____,

NOTARY PUBLIC

FOR OFFICE USE ONLY

Received by	Date
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