

STATE OF DELAWARE CANDIDATE FILING FORM

For Candidates filing for U.S. Senator, U.S. Representative in Congress, or City of Wilmington office

Date _____

I, _____, residing at the
Please type or print your correct and proper name

House# Apt./Unit# Street City Zip Code

Mailing address if different from home address

hereby file as a candidate of the _____ Party

for the Office of _____ District (if applicable) _____.

Sign your correct and proper name Telephone Number (Optional)

Email Address (Optional) Website Address (Optional)

This Candidate Filing Form must be notarized. The Department will notarize the form if it is completed by the Candidate and signed by the Candidate in the presence of the Notary Public. Candidates for Statewide Offices are required to file at the State Election Commissioner's Office, and all other candidates should file at the respective Department of Elections Office in their county. Candidate Filing Forms are considered public records and are subject to disclosure under the State of Delaware Freedom of Information Act.

<p align="center">For Office Use Only</p> <p>_____</p> <p align="center">Please print name as it will appear on ballot.</p> <p>Date Received _____</p> <p>Received by _____</p> <p>Check # _____</p> <p>Total Filing Fee _____</p>

Notary Information

Subscribed and sworn to before me on the following date:

Notary Public Signature

Date

Please Copy Check Below