All signatures on this form must be notarized. Parties must submit this completed form and the Certificate of Nomination for Statewide Offices to the Office of the State Election Commissioner and all other offices to the county office of the Department of Elections where the candidate resides. The information on this form is public information under the provision of the Freedom of Information Act.

Affidavit by State and County Party Chairs

___________________________________________________ has asked or agreed to be a candidate for the office of
________________________________________________________________________ District ________ for the ___________________________ Party
in the ________ General Election. We hereby declare that we want the above named person to be a candidate for the
above stated office representing our party.

State Chair Certification

FULL NAME

SIGNATURE

Subscribed and sworn before me this __________ day of ______________________________ 20________

______________________________

NOTARY

My commission expires ______________________

County Chair Certification

FULL NAME

SIGNATURE

Subscribed and sworn before me this __________ day of ______________________________ 20________

______________________________

NOTARY

My commission expires ______________________

Affidavit by the Candidate

Pursuant to Del Code Title 15 § 2049 (c), I, __________________________________________________________,

hereby request to change my political party affiliation to _______________ ____________________________________,
in order to run as their candidate for the office of __________________________________________________________
District _________ in the _________ General Election. _____________________________________________

SIGNATURE

Subscribed and sworn before me this __________ day of ______________________________ 20_______.

______________________________

NOTARY

My commission expires ______________________