



2019 Municipal Election Filing Form, For Candidates For The Office Of Council

<u>Date of Filing:</u> Month_____ Day_____ Year_____	<u>Council District Filed For:</u> 1 st District_____ 2 nd District_____ 3 rd District_____ 4 th District_____ 5 th District_____ 6 th District_____
<u>Candidate's Information:</u> First Name: _____ Last Name: _____ Middle: _____ Candidate's Date of Birth: Month_____ Day_____ Year_____	
Candidate's Address: _____ Length of Time at This Residence: _____	
<u>Eligibility Statement:</u> By affixing my signature to this section, I hereby swear, or affirm, that I meet the eligibility requirements to seek the position of Councilperson with the Town of Elsmere, and that I have lived in the Town for one year or more and:	
<ol style="list-style-type: none"> 1. I am or will be at least 21 years of age on April 27, 2019. 2. I am a registered voter with the State of Delaware. 3. I have never been convicted of a crime classified by law as a felony. 4. I have or will have resided within the corporate limits of the Town of Elsmere for at least one year prior to April 27, 2019; and do now, or will by that same date, live in the Council District for which I am seeking office. 	
Notary Public Seal	
_____ Candidate's Signature	_____ Date
_____ Notary Public Signature	_____ Date
<u>This Section To Be Completed By Town Officials:</u>	
<u>Filing Fee:</u> The filing fee of \$30.00 for the office of Councilperson was paid on _____. Payment was made in the form of Cash_____ Check_____ Money Order _____ Other _____.	
The fee was received by: _____ on _____. <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> Signature of the person receiving the filing fee Date Received </div>	
Date application was filed: _____ Time the application was filed: _____	
Official receiving the application: _____	

THIS APPLICATION AND THE APPROPRIATE FILING FEE MUST BE SUBMITTED TO THE TOWN AT THE TOWN HALL BY NO LATER THAN 7:00PM ON MONDAY, FEBRUARY 04, 2019. THE NORMAL OPERATING HOURS OF THE TOWN HALL ARE 8:00AM TO 4:00PM, MONDAY THROUGH FRIDAY, EXCEPT HOLIDAYS, AND WILL BE OPEN ON FEBRUARY 04, 2019 UNTIL 7:00 PM. ALL CANDIDATES FILING FOR OFFICE MUST FILE A CERTIFICATE OF INTENTION, OR A STATEMENT OF ORGANIZATION, ESTABLISHING A CAMPAIGN COMMITTEE WITH THE STATE ELECTION COMMISSIONER NO LATER THAN SEVEN DAYS AFTER DECLARING CANDIDACY.



**Campaign Finance Section
Municipal Candidate Guideline**

Welcome to Your Municipal Elections!

File a Certificate of Intention if the office pays less than \$1,000 per year **OR** if you intend to receive and spend less than \$2,000 in your campaign. This will complete your requirements under the Campaign Finance law of Delaware. This is due within 7 days of your candidacy.

File a Statement of Organization if the office pays \$1,000 or more **AND** you intend to receive or spend \$2,000 during your campaign. This will require you to form a political committee and nominate a treasurer who will file Campaign Finance Reports with the Office of the State Election Commissioner.

If you filed a Certificate of Intention with the salary of \$1,000 or more, and you subsequently receive or spend over the \$2,000, you must then file a Statement of Organization with the required Campaign Finance reports.

If you fail to file one of these forms your municipal Board of Elections will be informed of your failure to file and you may be denied position on the ballot.

To file the required Campaign Finance document go to <https://cfrs.elections.delaware.gov>.

If you plan to not exceed \$2,000 in receiving contributions and expenses please select

“Certification of Intention”

Follow the prompts, submit the Certification, sign, and mail to:

Office of the State Election Commissioner
Campaign Finance
905 S Governors Ave., Suite 170
Dover, DE 19904

If you plan, or do receive/spend in excess of \$2,000 please select “Register a Candidate Committee”.

Good luck with your campaign and if you have any questions contact the Campaign Finance Team at (302) 739-4277.



Campaign Finance Section
Candidate Withdrawal

I, _____, hereby withdraw as a candidate
Please type or print your full legal name

for the Office of _____
Please type or print name of office

Signature of Candidate

Date

..... Form must be notarized if it is not completed in the office.

For Office Use Only

Date Received _____

Received by _____

Notary Information

Subscribed and sworn to before me on the following date:

Notary Public Signature

Date