



2023 Municipal Election Filing Form, for Candidates for the Office Of Mayor

<u>Date of Filing:</u> Month _____ Day _____ Year _____			
<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 Mayor with the Town of Elsmere and that: <ol style="list-style-type: none">1. I am or will be at least 30 years of age on April 29, 2023.2. 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 3 years prior to April 29, 2023. <p style="text-align: right;">Notary Public Seal</p>			
_____ 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 \$72.00 for the office of Mayor was paid on _____. Payment was made in the form of Cash _____ Check _____ Money Order _____ Other _____. The fee was received by: _____ on _____. Signature of the person receiving the filing fee Date Received 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 6, 2023. 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 6, 2023 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.



Overview of Municipal Candidate Campaign Finance Filing Requirements

Compensation & Campaign Fundraising and Expenditures	Certification of Intention Required	Statement of Organization for Candidate Committee Required
Compensation for municipal office is less than \$1,000 annually <i>and</i> the candidate does not intend to spend or receive more than \$5,000 in campaign funds from the date of the first contribution or expenditure through the end of the calendar year of his/her election	X	
Compensation for municipal office is less than \$1,000 annually <i>and</i> the candidate does intend to receive more than \$5,000 for campaign expenses or expend more than \$5,000 on campaign expenses during the campaign		X
Compensation for municipal office is more than \$1000 annually <i>and</i> the candidate does not intend to receive more than \$5,000 for campaign expenses or expend more than \$5,000 on campaign expenses during the campaign	X	
Compensation for municipal office is more than \$1,000 annually <i>and</i> the candidate does intend to receive more than \$5,000 for campaign expenses or expend more than \$5,000 on campaign expenses during the campaign		X

<p>How to File a Certification of Intention: Visit: https://cfrs.elections.delaware.gov</p> <ul style="list-style-type: none"> • Select: <i>Certification of Intention</i> • Complete the application • Print, sign and mail the completed <i>Certification of Intention</i> to: <p>Delaware Department of Elections Office of the State Election Commissioner ATTN: Campaign Finance 905 S. Governors Avenue, Suite 170 Dover, DE 19904</p>	<p>How to file a Statement of Organization:</p> <ul style="list-style-type: none"> • Visit: https://cfrs.elections.delaware.gov • Select: <i>Register a Candidate Committee</i> • Complete the registration • Print the completed <i>Statement of Organization</i>, sign and have notarized, and mail to: <p>Delaware Department of Elections Office of the State Election Commissioner ATTN: Campaign Finance 905 S. Governors Avenue, Suite 170 Dover, DE 19904</p>
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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