



2023 Special Election Filing Form, For Candidates For The Office Of 4th District Council

<u>Date of Filing:</u> Month_____ Day_____ Year_____	<u>Council District Filed For:</u> 4 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: 1. I am or will be at least 21 years of age on July 1, 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 one year prior to July 1, 2023; 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 \$60.00 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 _____. 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 TUESDAY, MAY 30, 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 MAY 30, 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.



Campaign Finance Section
Municipal Candidate Information

State of Delaware
Department of Elections

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 <u>and</u> 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 <u>and</u> 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 <u>and</u> 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 <u>and</u> 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

How to File a Certification of Intention:

Visit: <https://cfrs.elections.delaware.gov>

- Select: *Certification of Intention*
- Complete the application
- Print, sign and mail the completed *Certification of Intention* to:

Delaware Department of Elections
Office of the State Election Commissioner
ATTN: Campaign Finance
905 S. Governors Avenue, Suite 170
Dover, DE 19904

How to file a Statement of Organization:

- Visit: <https://cfrs.elections.delaware.gov>
- Select: *Register a Candidate Committee*
- Complete the registration
- Print the completed *Statement of Organization*, sign and have notarized, and mail to:

Delaware Department of Elections
Office of the State Election Commissioner
ATTN: Campaign Finance
905 S. Governors Avenue, Suite 170
Dover, DE 19904



**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