

2025 Special Election Filing Form, For Candidates For The Offices Of 3rd, 5th and 6th District Council

Date of Filing:	Council Dist	rict Filed For:		
Month Day Year	3 rd District	5 th District	6 th District	
Candidate's Information:				
First Name:	Last Name:		Middle:	
Candidate's Date of Birth: Month	Day	Year		
Candidate's Address:				
Length of Time at This Residence:				
Eligibility Statement: 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:				
 I am or will be at least 21 years of age on June 28, 2025. I am a registered voter with the State of Delaware. I have never been convicted of a crime classified by law as a felony. I have or will have resided within the corporate limits of the Town of Elsmere for at least one year prior to June 28, 2025; 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 Dat	e	Notary Public Signat	ture Date	
This Section To Be Completed By Town	on Officials:			
Filing Fee:				
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				
The fee was received by: Signature of th	e person receiving	g 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 27, 2025. 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 27, 2025 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 leg	al name		
for the Office of			
	Please type or print name of office		
Signature of Candidate			
Form must be nota	rized if it is not completed in the office.		
1 om must be note	inzed in it is not completed in the office.		
	Notary Information		
For Office Use Only	Subscribed and sworn to before me on the following date:		
Date Received			
	Notary Public Signature		
Received by			
	Date		