

Welcome to Municipal Elections!

In compliance with the Delaware Campaign Finance law, all municipal candidates must either file a Certification of Intention or form a Candidate Committee no later than seven (7) days after declaring candidacy. Please refer to the Delaware Code, Title 15, §7555(d)(e)(f) and §8004 for details.

### File a Certification of Intention

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- Office pays less than \$1,000 per year **and** you intend or expect to receive or spend no more than \$2,000 in your campaign.

#### → How to file a Certification of Intention:

- Go to <https://cfrs.elections.delaware.gov>
- Select 'Certification of Intention'
- Complete the application online
- Print, sign, and mail the document to:

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

**NOTE:** If you subsequently receive or spend over \$2,000, you must then form a Candidate Committee within seven (7) days of exceeding \$2,000, and you will be required to file Campaign Finance reports. 15 Del. C. §8004

### Form a Candidate Committee

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- Office pays \$1,000 or more; **or**
- Office pays less than \$1,000 and you intend or expect to receive or spend more than \$2,000 during your campaign.

#### → How to form a Candidate Committee:

- Go to <https://cfrs.elections.delaware.gov>
- Select 'Register a Candidate Committee'
- Complete the registration online. This will create a Statement of Organization.
- Print the Statement of Organization, sign the document in the presence of a notary, and mail to:

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

Failure to comply with 15 Del. C. §7555(d)(e)(f) will require the State Election Commissioner to notify your municipality's Board of Elections and may result in the removal of your name from the ballot.

Contact the Campaign Finance Team at (302) 739-4277 if you have questions or need assistance.

Place your Municipal Seal Here

CANDIDATE FILING FORM

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at the following address  
*Please print name as it is to appear on the ballot*

House # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

*Mailing address if different from home address*

hereby file as a candidate of \_\_\_\_\_ for the Office  
*Municipality*

of \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
*Sign your full legal name*

\_\_\_\_\_  
*Telephone number (optional)*

\_\_\_\_\_  
*E-mail Address (Optional)*

\_\_\_\_\_  
*Web Page Address (Optional)*

Form must be notarized if it is not completed in the office. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

**For Office Use Only**

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

**Notary Information**

Subscribed and sworn to before me on the following date:

\_\_\_\_\_  
**Notary Public Signature**

\_\_\_\_\_  
**Date**