



**Campaign Finance Section  
Certification of Intention  
Municipal Candidates Only  
(Except City of Wilmington)**

**Title 15, Section 7555 of the Delaware Code: Candidate for Municipal Election**

A candidate for municipal office (except City of Wilmington) shall file a Certificate of Intention or a Statement of Organization establishing a campaign committee with the Commissioner of Elections no later than seven (7) days after declaring his candidacy. A Certificate of Intention is submitted by a candidate when the yearly salary for the office for which he has filed a Declaration of Candidacy is less than \$1,000 or who does not intend to receive more than \$2,000 in contributions or expend more than \$2000 for campaign expenses during the campaign pursuant to § 7555 Title 15 of the Delaware Code.

If the campaign subsequently receives or expends more than \$2,000 (including any contributions or expenditures by the Candidate), the candidate must notify the Office of the State Election Commissioner within seven days of the receipt or expenditure which brings the total to more than \$2,000. The Candidate must then form a Committee and file all required reports with the Campaign Finance Section of the Office of the State Election Commissioner.

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**STATEMENT**

With this Certification of Intention, I, \_\_\_\_\_,  
TYPE OR PRINT CANDIDATE'S FULL LEGAL NAME

as a candidate for the office of \_\_\_\_\_,  
NAME OF OFFICE

for \_\_\_\_\_, hereby certify under penalty of perjury,  
NAME OF TOWN, OR MUNICIPALITY

that I do not intend to receive or expend more that \$2000 and I will comply with and adhere to the provisions mandated in Title 15, Section 7555 of the Delaware Code as they pertain to my tenure. I also certify that all information I provide herein is true and complete.

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CANDIDATE SIGNATURE

DATE

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ADDRESS

PHONE NUMBER



**CANDIDATE FILING FORM AND  
NOMINEES CERTIFICATION OF ELIGIBILITY TO SERVE  
ON THE TOWN COUNCIL OF FENWICK ISLAND, DELAWARE**

Fill out statement (1) or (2) below, *whichever is applicable to you.*

(1) RESIDENT:

I, \_\_\_\_\_ (NAME),

of \_\_\_\_\_ (ADDRESS),  
a nominee for election to the Town Council of Fenwick Island, hereby state that I am a natural person, a citizen of the United States, a resident of the Town of Fenwick Island, Delaware, since \_\_\_\_\_ (DATE), and am or will be twenty-one (21) years of age on or before the date of the election, I have no other voting residency for municipal elections and that I have been qualified to vote in the Town of Fenwick Island, Delaware for at least one year prior to the election for which I am nominated. I am registered to vote pursuant to Town regulations

(2) NON-RESIDENT PROPERTY OWNER:

I, \_\_\_\_\_ (NAME),

Of \_\_\_\_\_ (ADDRESS),  
a nominee for election to the Town Council of Fenwick Island, hereby state that I am a natural person, a citizen of the United States, a property owner in the Town of Fenwick Island, Delaware, and am or will be twenty-one (21) years of age on or before the date of the election, and that I have been qualified to vote in the Town of Fenwick Island, Delaware for at least one year prior to the election for which I am nominated. I am a freeholder of property located in the town of Fenwick Island, Delaware, as shown on Map No. \_\_\_\_\_, Parcel No. \_\_\_\_\_ and Lot #(s) \_\_\_\_\_ in the latest Sussex County Assessment Office. I am registered to vote pursuant to Town regulations.

Signed and certified on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of nominee)

State of \_\_\_\_\_

County of \_\_\_\_\_

Be it remembered, that on the day and year aforesaid \_\_\_\_\_,  
personally appeared before me, a Notary Public of the aforesaid State and County, and  
acknowledged that the above signature was his/her act and deed.

\_\_\_\_\_  
(Notary Public) (seal)

My Commission expires \_\_\_\_\_



Campaign Finance Section
Statement of Organization
Municipal Candidates (non Wilmington)

In order to register with the Campaign Finance Section of the Office of the State Election Commissioner, you must complete a Statement of Organization. If any information for your organization changes, you must complete an amended Statement of Organization and submit it to the Campaign Finance Section.

NEW AMENDED DATE OF ORIGINATION:

ORGANIZATIONAL DATA

Full Organization Name:

Other name(s):

If this is a successor committee, Name of preceding committee:

Physical Address: STREET CITY STATE ZIP

Mailing Address: STREET CITY STATE ZIP

Contact Information: OFFICE PHONE FAX NUMBER

EMAIL ADDRESS WEB ADDRESS



**ORGANIZATIONAL DATA (Continued)**

Statement of Purpose:

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If this is a subcommittee, please list the main organization name and account number:

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NAME ACCOUNT NUMBER

Please list the names and account numbers of all subcommittees associated with your organization:

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NAME ACCOUNT NUMBER

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NAME ACCOUNT NUMBER

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NAME ACCOUNT NUMBER

**CANDIDATE DATA**

Full Legal Name of Candidate:

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Other name(s):

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Date of Birth:

County of Residence:

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Physical Home Address:

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STREET CITY STATE ZIP

Mailing Address:

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STREET CITY STATE ZIP