STATE OF DELAWARE
CANDIDATE FILING FORM

Date ____________________________

I, ____________________________________________, residing at the following address

Please type or print your correct and proper name

<table>
<thead>
<tr>
<th>House #</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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</table>

Mailing address if different from home address

hereby file as a candidate of the _______________________________________________________________ Party for the Office

of ___________________________________________ District # ______________________

___________________________________________________________       __________________________________________

Sign your correct and proper name       Telephone number (optional)

__________________________________________________________     _________________________________________

E-mail Address (Optional)             Web Page Address (Optional)

Form must be notarized if it is not completed in the office. Candidates for Statewide Offices are to file at the
State Election Commissioner’s Office, and all other candidates should file at the respective Department of
Elections Office for their county. Candidate Filing Forms are considered Public Information under the Freedom
of Information Act.

For Office Use Only

Please print name as it will appear on ballot.

Date Received ____________________________

Received by ______________________________

Check # _________________________________

Total Filing Fee ______________________________

Notary Information

Subscribed and sworn to before me on the following date:

________________________________________________

Notary Public Signature

_______________________________________________

Date

Please Copy Check Below