STATE OF DELAWARE
PARTY CERTIFICATE OF NOMINATION

Date ____________________________

I, ____________________________________, residing at the following address

Please type or print or correct and proper name

_________________________________________________________________________________________________________

House #                                                   Street                                                        City                                                   Zip Code
_________________________________________________________________________________________________________

Mailing address if different from home address

__________________________________________________________           _________________________________________

Telephone number (Optional)                                                             E-mail Address (Optional)

was nominated as a candidate of the _____________________________________________________ Party for the Office
of ____________________________________________ District # ________________________
at a nominating convention held on ____________, 20___     Location:   ____________________________________
in accordance with 15 Del. C. ¶3301.

Form must be notarized. 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 of residence. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

Party Certification

I, ____________________________________, Presiding Officer, affirm that information contained herein is true and authorized by the party executive committee. I am cognizant of the penalties in ¶3308.

Signature Presiding Officer: _____________________________________________________________________________

Residence: _____________________________________________________________________________________________

City/St/Zip: ____________________________________________________________________________________________

Notary Information

Subscribed and sworn to before me on the following date:

________________________________________________

Notary Public Signature

Date ________________

Party Certification

I, ____________________________________, Party Secretary, affirm that information contained herein is true and authorized by the party executive committee. I am cognizant of the penalties in ¶3308.

Signature Party Secretary: _____________________________________________________________________________

Residence: _____________________________________________________________________________________________

City/St/Zip: ____________________________________________________________________________________________

Notary Information

Subscribed and sworn to before me on the following date:

________________________________________________

Notary Public Signature

Date ________________