STATE OF DELAWARE  
PARTY NOMINATING RESOLUTION  

Date ________________________________

I, ________________________________, residing at the following address 

Please type or print or correct and proper name 

<table>
<thead>
<tr>
<th>House #</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
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Mailing address if different from home address 

was nominated as a candidate of the ___________________________ Party for the Office of ___________________________ District # ___________________________ 

at a nominating convention held on ____________, 20___  Location: ____________________________________

Sign your correct and proper name __________________________________________________________________________ 

Telephone number (optional) ________________________________________________________________________________

Date of Birth ________________________________

E-mail Address (Optional) ________________________________________________________________________________

Web Page Address (Optional) ________________________________________________________________________________

Form must be notarized if it is not completed in the Department of Elections 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 of residence. 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 ________________________________________________________________________________

Party Certification

I, ________________________________, Party Secretary affirm that information contained herein is true and authorized by the party executive committee. 

Signature of Party Secretary __________________________________________________________________________

Notary Information

Subscribed and sworn to before me on the following date: 

Notary Public Signature ______________________________________________________________________________

Date ________________________________________________________________________________