



STATE OF DELAWARE
OFFICE OF THE STATE ELECTION COMMISSIONER
WRITE-IN CANDIDATE WITHDRAWAL DECLARATION

I, _____, hereby withdraw as a candidate for
(Print or Type Name of Candidate)

Office: _____

I request my Candidate Campaign Finance Committee be inactivated. [] YES [] NO
(If zero balance)

I acknowledge I will not be eligible to re-file as a Write-In Candidate for this office.

(Signature of Candidate)

Sworn to and subscribed before me this

_____ Day of _____ 2 _____

Notary Public or Election Officer

-----For Office Use Only-----

Received by: _____ Date: _____