STATE OF DELAWARE
WRITE IN CANDIDATE DECLARATION

Date ________________________________

I, ________________________________________________________________, residing at the following address

Please type of 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>
<tr>
<td></td>
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</tbody>
</table>

Mailing address if different from home address

hereby files as a Write In Candidate for the Office:

_ ______________________________________________________________________ District # ________________________

___________________________________________________________       __________________________________________

Sign your correct and proper name   Telephone number

Date of Birth__________________

__________________________________________________________           _________________________________________

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

Date Received_________________________________

Received by _________________________________

Notary Information

Subscribed and sworn to before me on the following date:

________________________________________________

Notary Public Signature

_______________________________________________

Date