Delaware elections
one vote that started a nation

Campaign Finance Section
Statement of Organization
Municipal Candidates (non Wilmington)

In order to register with the Campaign Finance Section of the Office of the State Election Commissioner, you must complete a Statement of Organization. If any information for your organization changes, you must complete an amended Statement of Organization and submit it to the Campaign Finance Section.

☐ NEW ☐ AMENDED DATE OF ORIGINATION: _____

ORGANIZATIONAL DATA

Full Organization Name: _____

Other name(s): _____

If this is a successor committee,
Name of preceding committee: _____

Physical Address: _____
STREET CITY STATE ZIP

Mailing Address: _____
STREET CITY STATE ZIP

Contact Information: _____
OFFICE PHONE FAX NUMBER

_____
EMAIL ADDRESS WEB ADDRESS

ORGANIZATIONAL DATA (Continued)

Statement of Purpose:

_____

_____

_____

_____

_____

If this is a subcommittee, please list the main organization name and account number:

_____
NAME ACCOUNT NUMBER

Please list the names and account numbers of all subcommittees associated with your organization:

_____
NAME ACCOUNT NUMBER

_____
NAME ACCOUNT NUMBER

_____
NAME ACCOUNT NUMBER

CANDIDATE DATA

Full Legal Name of Candidate: _____

Other name(s): _____

Date of Birth: _____ County of Residence: _____

Physical Home Address: _____
STREET CITY STATE ZIP

Mailing Address: _____
STREET CITY STATE ZIP

CANDIDATE DATA (Continued)

WORK PHONE HOME PHONE

CELL PHONE FAX NUMBER

EMAIL ADDRESS WEB ADDRESS

Office Sought: _____

OFFICER DATA

Name of Treasurer: _____

Physical Home Address: _____
STREET CITY STATE ZIP

Mailing Address: _____
STREET CITY STATE ZIP

Contact Information: _____
WORK PHONE HOME PHONE

CELL PHONE FAX NUMBER

EMAIL ADDRESS WEB ADDRESS

Name of Alternate Contact: _____

Physical Home Address: _____
STREET CITY STATE ZIP

ALTERNATE CONTACT(Continued)

Mailing Address:

STREET CITY STATE ZIP

Contact Information:

WORK PHONE HOME PHONE

CELL PHONE FAX NUMBER

EMAIL ADDRESS WEB ADDRESS

I authorize that all information included in this Statement of Organization is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that the Office of the State Election Commissioner will perform periodic audits of all information provided by the candidate and treasurer listed on this report as well as other officers of my organization. I understand that all advertising signs must comply with the Delaware DOT Sign Law.

TREASURER SIGNATURE DATE

CANDIDATE SIGNATURE DATE