



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 ORIGATION:

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