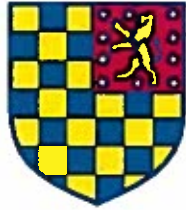


The City of Lewes



CANDIDATE FILING FORM 2019

Date of filing: _____

I. _____

Please print name as it is to appear on the ballot

reside at the following address within the corporate city boundaries of the City of Lewes:

_____ Lewes, Delaware 19958

hereby file as a candidate of the City of Lewes for the Office of:

Mayor

Check only one box

Date of Birth: _____

Years residing at the above address: _____

I attest that I have never been convicted of a felony crime,
I am a bona fide citizen of the United States and the State of Delaware
I have been a full-time resident of the City of Lewes for at least one year
I am at least 21 years of age
& the above information is true and accurate.

Sign your full legal name

Telephone Number

Email Address

Web Page Address (Optional)

If it is not completed at the Lewes City Manager's Office, this form must be notarized.

Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

FOR OFFICE USE ONLY:

Date Received: _____

Received by: _____

NOTARY INFORMATION (If required):

Subscribed & Sworn before me on the following date:

Notary Public Signature

Date

Welcome to Municipal Elections!

In compliance with the Delaware Campaign Finance law, all municipal candidates must either file a Certification of Intention or form a Candidate Committee no later than seven (7) days after declaring candidacy. Please refer to the Delaware Code, Title 15, §7555(d)(e)(f) and §8004 for details.

File a Certification of Intention

- Office pays less than \$1,000 per year **and** you intend or expect to receive or spend no more than \$2,000 in your campaign.

→ **How to file a Certification of Intention:**

- Go to <https://cfrs.elections.delaware.gov>
- Select 'Certification of Intention'
- Complete the application online
- Print, sign, and mail the document to:

Office of the State Election Commissioner
Attention: Campaign Finance
905 S. Governors Ave., Suite 170, Dover, DE 19904

NOTE: If you subsequently receive or spend over \$2,000, you must then form a Candidate Committee within seven (7) days of exceeding \$2,000, and you will be required to file Campaign Finance reports. 15 *Del. C.* §8004

Form a Candidate Committee

- Office pays \$1,000 or more; **or**
- Office pays less than \$1,000 and you intend or expect to receive or spend more than \$2,000 during your campaign.

→ **How to form a Candidate Committee:**

- Go to <https://cfrs.elections.delaware.gov>
- Select 'Register a Candidate Committee'
- Complete the registration online. This will create a Statement of Organization.
- Print the Statement of Organization, sign the document in the presence of a notary, and mail to:

Office of the State Election Commissioner
Attention: Campaign Finance
905 S. Governors Ave., Suite 170, Dover, DE 19904

Failure to comply with 15 *Del. C.* §7555(d)(e)(f) will require the State Election Commissioner to notify your municipality's Board of Elections and may result in the removal of your name from the ballot.

Contact the Campaign Finance Team at (302) 739-4277 if you have questions or need assistance.

Campaign Finance Statement of Organization Instructions



**Candidate Committees for Municipal Candidates
(Non Wilmington)**

April 3, 2007

CF009 CFSI1105700101

**Campaign Finance
Statement of Organization Instructions
Table of Contents**

	<u>Page</u>
Introduction	1
Who Must File	1
Mandatory Reporting and Record Keeping	2
How and Where to File Statements of Organization	3
Getting Help	3
Detailed Instructions – Statement of Organization	4
Organizational Data	5
Candidate Data	8
Officer Data	10
Required Signatures	12

Introduction

The Delaware Campaign Finance and Disclosure Act of 1990, Title 15 of the Delaware Code, Rules and Regulations published for Title 15 and the Commissioner's Advisory Opinions outline reporting requirements for all Candidate Committees, Political Committees and Political Action Committees within the State of Delaware. These instructions are designed to assist you in completing the required Statement of Organization and submitting it to the Campaign Finance Section of the Office of the State Election Commissioner.

Please remember that all Committees and Candidates are required to follow other State and Federal laws outside the jurisdiction of the Department of Elections. Information concerning Delaware Campaign Finance issues as well as the US Code can be found on our website at: www.Elections.Delaware.GOV.

Who Must File

Municipal Candidates must file either a Certificate of Intention or a Statement of Organization with the Office of the State Election Commissioner when the Committee is formed and whenever any of the Committee information changes. Reports not submitted prior to the deadline are subject to fines and penalties as provided by Title 15 of the Delaware Code.

Any organization or association, whether permanent or created for the purposes of supporting or opposing a specific political campaign is a Political Committee. Committees can be created for either permanent or temporary operation and may begin and end with one election period, or may continue for many years.

- ◆ **A Candidate Committee** is a Committee formed for the express purpose of running a Candidate for a specific Office. All Candidates who intend to run for an office with a salary of \$1,000 or more and who plan, receive, or expend more than \$2,000 **must** form a Committee and register with the Campaign Finance Section. File a Certificate of Intention if the office has a salary of less than \$1,000. File one of these forms within 7 days of your declaration of candidacy.

An amended Statement of Organization must be filed with the Campaign Finance Section as soon as there is a change in any of the required information.

FILING A STATEMENT OF ORGANIZATION DOES NOT QUALIFY ANY CANDIDATE TO APPEAR ON THE BALLOT. A separate filing form must be submitted to include the Candidate's name on the ballot.

Candidates running for a Federal Office are NOT required to form a Committee in Delaware, however, they **must** comply with Federal Election Commission (FEC) regulations and submit periodic reports. Advertising signs must comply with Delaware DOT Sign Law.

Mandatory Reporting and Record Keeping

Detailed records of all information submitted to the Campaign Finance Section must be retained by you for three full years following an election. You may be subject to an audit by the Office of the State Election Commissioner and/or be asked to provide documentation substantiating the information you submit on reports.

How and Where to File the Statement of Organization

*Statements of Organization **MUST** be submitted using the forms provided by the Campaign Finance Section and **MUST** be signed by both the Candidate (if it is a Candidate Committee) and Committee Treasurer.*

Statements of Organization (both NEW and AMENDED) with the original signature of the Committee Treasurer and the Candidate (if it is a Candidate Committee) should be mailed to:

Campaign Finance Section
Office of the State Election Commissioner
111 S. West Street, Suite 10
Dover, DE 19904

Please note that **FAXES ARE NO LONGER ACCEPTED.**

COMPLETE REPORTS IN THE CORRECT FORMAT MUST BE SUBMITTED. If you do not submit a complete report in the correct format, it will be returned to you and will be considered not filed.

Getting Help

If you require assistance completing the Statement of Organization or have questions about any other aspect of Campaign Finance or the Election rules and processes, you may contact the Campaign Finance Section directly:

Campaign Finance Section
Office of the State Election Commissioner
111 S. West Street, Suite 10
Dover, DE 19904
Telephone: 302-739-4277
Fax: 302-739-7351
Email: COE_Campaigns@state.de.us

Answers to many common questions as well as copies of the Delaware Code can be found on our website at www.Elections.Delaware.GOV.

Detailed Instructions – Statement of Organization

A Statement of Organization is required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidate Committees, Political Parties and Political Action Committees. All Candidates who intend to run for an Office with a salary of at least \$1,000 and who plans to, receives, or expends more than \$2,000 in their campaign must form a Committee and file a Statement of Organization within seven days of declaring candidacy. Incomplete or not filed reports are subject to fines levied by the Commissioner's Office, so please be sure to complete all required fields on the report and file when necessary.

REPORTS WILL NOT BE ACCEPTED UNLESS THEY ARE COMPLETE AND IN THE CORRECT FORMAT.

The Statement of Organization is separated into the following sections:

- Organizational Data
- Candidate Data
- Officer Data

All sections of a NEW Statement of Organization must be completed fully and accurately.



Organizational Data

If you are completing the Statement of Organization for the first time, check the “NEW” box.

If this is a Statement of Organization that includes changes to existing information on file with the Campaign Finance Section, check the “AMENDED” box.

Full Organization Name – Enter the complete and accurate Committee name as you would like it to be on file with the Campaign Finance Section. This is the name under which your Committee conducts campaign or other political business.

Other Name(s) – Enter other names by which this Committee is known.

Successor Committee- If this is a Successor Committee, state the name of the preceding committee.

Date of Origination – Insert the date on which your Committee originated. If this is a Successor Committee, enter the date the Successor Committee originated.

Physical Address – Enter the Street, City, State and Zip Code representing the physical or home address of this **Committee**. This may or may not be the same as the Candidate’s address.

Mailing Address – Enter the Street, City, State and Zip Code representing the mailing address of this **Committee**. If the mailing address is the same as the physical address, enter “same as above” in this field.

Contact Information – Enter the Office Telephone, Fax Number, Email Address and Web Address of this Committee. If this Committee does not have a fax number, email address or web address, enter “N/A” in these fields.

Party Affiliation – This section not used for Municipal Candidates.

Statement of Purpose – Enter a brief description of the reason your Committee exists; the reasons it collects and disburses monies.

Subcommittee Section – If this Committee is a Subcommittee of another Committee already on file with the Campaign Finance Section, list the main Committee’s full name.

If this Committee is a main Committee that has other Subcommittees already on file with the Campaign Finance Section, list each Subcommittee’s full name and 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

Contact Information: _____

WORK PHONE

HOME PHONE

CELL PHONE

FAX NUMBER

EMAIL ADDRESS

WEB ADDRESS

Office Sought: _____

Candidate Data

Full Legal Name of Candidate – Enter the complete and full legal name of the Candidate. For example, “Richard V. Smith, Jr.”

Other Name(s) – Enter other popular names by which the Candidate is known. For example, “Dick Smith.”

Date of Birth – Enter the date of birth of the Candidate in the format MM/DD/YY.

County of Residence – Enter the name of the County (New Castle, Kent, Sussex) of the Candidate’s physical address.

Physical Home Address - Enter the Street, City, State and Zip Code representing the physical or home address of the **Candidate**. This may or may not be the same as the Committee's address.

Mailing Address – Enter the Street, City, State and Zip Code representing the mailing address of the **Candidate**. If the mailing address is the same as the physical address, enter “same as above” in this field.

Contact Information - Enter the Work Telephone, Home Telephone, Cell Telephone, Fax Number, Email Address and Web Address of the **Candidate**. If the Candidate does not possess a particular number (for example, does not have a Cellular Telephone), enter “N/A” in the field.

Party Affiliation – This section not used for Municipal Candidates.

Office Sought – List the office for which the Candidate is running. This must be consistent with the purpose your Committee was established.

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

Mailing Address:

STREET CITY STATE ZIP

Contact Information:

WORK PHONE HOME PHONE

CELL PHONE FAX NUMBER

EMAIL ADDRESS WEB ADDRESS

Officer Data

Name of Treasurer – Enter the complete and full name of the Committee Treasurer.

Physical Home Address - Enter the Street, City, State and Zip Code representing the physical or home address of the **Treasurer**. This may or may not be the same as the Committee’s address.

Mailing Address – Enter the Street, City, State and Zip Code representing the mailing address of the **Treasurer**. If the mailing address is the same as the physical address, enter “same as above” in this field.

Contact Information - Enter the Work Telephone, Home Telephone, Cell Telephone, Fax Number, Email Address and Web Address of the **Treasurer**. If the Treasurer does not possess a particular number (for example, does not have a Cellular Telephone), enter “N/A” in the field.

Name of Alternate Contact – Enter the complete and full name of the Committee Alternate Contact. **NOTE: This must be a person who is available when the Candidate and Treasurer are not.**

Physical Home Address - Enter the Street, City, State and Zip Code representing the physical or home address of the **Alternate Contact**. This may or may not be the same as the Committee’s address.

Mailing Address – Enter the Street, City, State and Zip Code representing the mailing address of the **Alternate Contact**. If the mailing address is the same as the physical address, enter “same as above” in this field.

Contact Information - Enter the Work Telephone, Home Telephone, Cell Telephone, Fax Number, Email Address and Web Address of the **Alternate Contact**. If the Alternate Contact does not possess a particular number (for example, does not have a Cellular Telephone), enter “N/A” in the field.

Required Signatures

Treasurer Signature – the Treasurer of the Committee must sign and date the report in this field. **The report is not valid unless it is signed by the Treasurer.** This signature is not required for Candidates running for Federal Offices.

Candidate Signature – the Candidate must sign and date the report in this field. **The report is not valid unless it is signed by the Candidate.** This signature is not required for PACs and Political Parties.



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