

**Candidate Filing Instructions**

1. Candidate must complete the attached Candidate Affidavit attesting that they meet all the qualifications for the office of Town Council in the Town of Slaughter Beach. Candidate Affidavit forms must be received by 5:00 p.m. on June 5, 2020 at the Town’s Office located at 357 Bay Avenue, Slaughter Beach and no Candidate Affidavit Forms will be accepted after that deadline.

**To be an eligible candidate for Town Council you must:**

* be 21 years of age or older
* never have been convicted of a felony or any crime involving moral turpitude
* have been a citizen of the United States since June 30, 2020 and since January 1, 2020 have been either domiciled in Slaughter Beach or a freeholder (property holder) in Slaughter Beach.

2. The State election Commissioner’s Office requires candidates filing for municipal election to complete a Certificate of Intention online and also to print and mail to the Office of the State Election Commissioner. A Certificate of Intention can be found at <https://cfrs.elections.delaware.gov>. You can follow the instructions online to complete this form. Failure to file a Certificate of Intention with the State may result in your being deemed ineligible to run for office.



**CANDIDATE AFFIDAVIT**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*Please print name as it is to appear on the ballot*

attest that I own property within the Town of Slaughter Beach and meet the qualifications to run

for office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*House # Street City Zip Code*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mailing address if different from Slaughter Beach Address)*

hereby file as a candidate in *\_\_\_\_\_\_*Town of Slaughter Beach*\_\_\_\_\_\_\_\_\_\_\_\_\_ for the Office*

*Municipality*

of \_\_\_\_\_\_\_Council Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Sign your full legal name Telephone number (optional)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Secondary Telephone Number (optional) E-mail Address (Optional)*

Form must be witnessed by two people who can attest that you are eligible to run for Office with in the Town of Slaughter Beach. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

**WITNESS #1**

*Signature*

*Print*

**WITNESS #2**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature*

*Print*

**FOR OFFICE USE ONLY**

Date

Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESS #1**

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Name*

**WITNESS #2**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*