



**CITY OF MILFORD
MAYOR & CITY COUNCIL CANDIDATE INFORMATION
FILING DEADLINES**

Election Date - Saturday, April 24, 2010 from 12 Noon to 8:00 p.m.

Mayor & City Council Filing Deadline - Thursday, March 25, 2010 at 4:30 p.m.

Voter Registration - Special Dates & Times:**

Thursday, January 28, 2010	4:30 p.m. to 8:00 p.m.
Saturday, February 27, 2010	10:00 a.m. to 2:00 p.m.
Wednesday, March 10, 2010	4:30 p.m. to 8:00 p.m.
Saturday, March 20, 2010	10:00 a.m. to 2:00 p.m.

FILING PETITIONS

A candidate running for the Office of Mayor must reside in the City of Milford and must obtain a minimum of ten (10) signatures of **registered*** voters in the City of Milford.

A candidate running for the Office of City Council must file for the Ward of which they reside and must obtain a minimum of ten (10) signatures of **registered*** voters from the Ward in the City of Milford for which they are filing.

NOTE: The City of Milford maintains their own voter registration list. All persons not on the City of Milford Voter Registration List are required to register in person at Milford City Hall, 201 South Walnut Street, Milford, Delaware. The City Office is open for the purpose of registering persons who are qualified to be voters in the City of Milford Election during normal working hours, Monday through Friday, except holidays. Additional dates for voter registration are shown above. Those supplemental dates and times dates will be published in both the Milford Chronicle and the Milford Beacon.

Petitions, along with the Statement of Eligibility Requirements and Acknowledgment of Candidacy & Receipt of Documents, must be filed in the City Clerk's Office for confirmation in accordance with the filing deadline date indicated above.

Please contact the City Clerk's Office at 302-422-6616 in advance to schedule an appointment to pick up your packet. Refer any questions regarding these issues to that office.

In accordance with 15, Del. C. §7555, you will be provided the necessary documents regarding requirements for filing campaign finance reports with the State Election Commissioner's Office.

*Voter Registration List(s) will be provided.

**Applicants may also Register to Vote during Normal Business Hours at the Public Works Facility.



ELIGIBILITY REQUIREMENTS

Candidate for Member of Council

In order to be eligible to be elected as a Member of Council for the City of Milford, the person must be:

- (1) A citizen of the United States of America;
- (2) A resident of the State of Delaware and the City of Milford for thirty days preceding the day of the election;
- (3) A resident of the Ward from which he/she is seeking election in the City of Milford;
- (4) A qualified voter in the City of Milford in the Ward from which he/she is seeking election;
- (5) At least eighteen (18) years of age as of the date of the election;
- (6) Nominated therefor; and
- (7) Shall not have been convicted of a felony or any crime involving moral turpitude.

I hereby represent that I have read and understand the above qualifications, and that I meet all of the above qualifications.

DATE

SIGNATURE

SWORN TO AND SUBSCRIBED before me this _____ day of

_____,
A.D. , as witnessed by my hand and seal of office.

NOTARY PUBLIC

DATE COMMISSION EXPIRES



DATE: _____

I acknowledge that I am a qualified candidate for the Office of Council Person in the _____ Ward of the City of Milford and am petitioning for candidacy of that office.

I further acknowledge that I have received a packet containing a petition and other pertinent paperwork required by the Code of the State of Delaware and the Code of the City of Milford and that all applicable documents will be filed accordingly.

NAME: _____

ADDRESS: _____

PHONE# _____

CELL # _____

WARD#: _____

SIGNATURE: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____, A.D. , as witnessed by my hand and seal of office.

NOTARY PUBLIC

DATE COMMISSION EXPIRES

THE CITY OF MILFORD, DELAWARE
Nominating Petition

We the undersigned, electors of the City of Milford, hereby nominate _____ who resides in the _____ Ward of the said City of Milford, for the Office of Council Person to be voted for at the municipal election to be held in Milford, Delaware, on the **24th day of April in the Year 2010**; and we individually certify that we are registered voters in the City of Milford who are qualified to vote for a candidate for the office so named and that our places of residence are as truly stated after our signatures.

PRINT NAME	SIGNATURE	NUMBER and STREET
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____
16) _____	_____	_____
17) _____	_____	_____
18) _____	_____	_____
19) _____	_____	_____
20) _____	_____	_____
21) _____	_____	_____
22) _____	_____	_____
23) _____	_____	_____
24) _____	_____	_____
25) _____	_____	_____

DRAFT

STATE OF DELAWARE
COUNTY OF _____ ss: _____ SIGNATURE

BE IT REMEMBERED that on this _____ day of _____, A.D. 2010, personally appeared before me, a Notary Public for the State and County aforesaid, _____, being duly sworn (or affirmed) and says that he/she is the circulator of the foregoing Petition containing _____ signatures; that each signature appended thereto was made in his/her presence; that each signature is the genuine signature of the person whose name it purports to be; that all of said signers are registered to vote at the regular City of Milford Municipal Election in the Ward so referred to.

SWORN TO AND SUBSCRIBED (or affirmed) before me the day and year aforesaid.

Notary Public
Commission Expires

City of Milford



NOTICE TO QUALIFIED VOTERS IN THE CITY OF MILFORD

*Residents of the City of Milford & Non-Resident Property Owners
Eligible to Vote in City Elections*

**SPECIAL VOTER REGISTRATION TIMES HAVE BEEN SCHEDULED AT
MILFORD CITY HALL
201 South Walnut Street, Milford, Delaware
AS FOLLOWS:**

Thursday, January 28, 2010 4:30 p.m. to 8:00 p.m.
Saturday, February 27, 2010 10:00 a.m. to 2:00 p.m.
Wednesday, March 10, 2010 4:30 p.m. to 8:00 p.m.
Saturday, March 20, 2010 10:00 a.m. to 2:00 p.m.

**Please note that having registered through the State of Delaware, Kent County or Sussex County
Department of Elections does not qualify you to vote in a City of Milford Election.
To be eligible, you must have registered through the Milford City Office.**

Registrations are also accepted from 8:00 a.m. until 4:30 p.m.
Monday through Friday at the Milford City Hall.

Applicants are required to present verification of identity and residence and/or proof of ownership of property.

The deadline for registering to vote in the 2010 City Election is Thursday, March 25, 2010 at 4:30 p.m.

**ONLY REGISTERED VOTERS LISTED ON THE CITY OF MILFORD
VOTER REGISTRATION LOGS ARE ELIGIBLE TO VOTE IN THE UPCOMING ELECTION.**

Those people voting by absentee ballot should call the City Clerk's Office
to be put on a list to obtain an affidavit for absentee balloting.

**Non-Resident Property Owners who are Registered to Vote in the City of Milford
and own property in more than one ward, must declare on or before
4:30 p.m. on Thursday, March 25, 2010, which ward they will vote in on the day of the election.**

*Please contact the City of Milford at 302-422-6616
if you have questions or to determine if you are currently registered.*

Terri Hudson, City Clerk



State of Delaware
Office of the Commissioner of Elections
Municipal Candidate Instructions

Welcome to Your Municipal Elections!

HR410 enacted during 2006, made some changes to the Campaign Finance requirements of Candidates.

File a Certificate of Intention if the office pays less than \$1,000 per year **OR** if you intend to receive and spend less than \$2,000 in your campaign. This will complete your requirements under the Campaign Finance law of Delaware. This is due within 7 days of your candidacy.

File a Statement of Organization if the office pays \$1,000 or more **AND** you intend to receive or spend \$2,000 during your campaign. This will require you to form a political committee and nominate a treasurer who will file Campaign Finance Reports with the Commissioner of Elections.

If you filed a Certificate of Intention with the salary of \$1,000 or more, and you subsequently receive or spend over the \$2,000, you must then file a Statement of Organization with the required Campaign Finance reports.

If you fail to file one of these forms your municipal Board of Elections will be informed of your failure to file and you may be denied position on the ballot.

Good luck with your campaign and if you have any questions contact the Campaign Finance Team at (302) 739-4277.

Which Campaign Finance Form to File?

Compensation <\$1000 or Spending ≤\$2000

"Certificate of Intention"

Compensation ≥\$1000 and spending > \$2000=

"Statement Of Organization", which will require additional
Campaign Finance Financial Statements

File Only One!



**Campaign Finance Section
Certification of Intention
Municipal Candidates Only
(Except City of Wilmington)**

Title 15, Section 7555 of the Delaware Code: Candidate for Municipal Election

A candidate for municipal office (except City of Wilmington) shall file a Certificate of Intention or a Statement of Organization establishing a campaign committee with the Commissioner of Elections no later than seven (7) days after declaring his candidacy. A Certificate of Intention is submitted by a candidate when the yearly salary for the office for which he has filed a Declaration of Candidacy is less than \$1,000 **or** who does not intend to receive more than \$2,000 in contributions or expend more than \$2000 for campaign expenses during the campaign pursuant to § 7555 Title 15 of the Delaware Code.

If the campaign subsequently receives or expends more than \$2,000 (including any contributions or expenditures by the Candidate), the candidate must notify the Office of the State Election Commissioner within seven days of the receipt or expenditure which brings the total to more than \$2,000. The Candidate must then form a Committee and file all required reports with the Campaign Finance Section of the Office of the State Election Commissioner.

STATEMENT

With this Certification of Intention, I, _____,
TYPE OR PRINT CANDIDATE'S FULL LEGAL NAME

as a candidate for the office of _____,
NAME OF OFFICE

for _____, hereby certify under penalty of perjury,
NAME OF TOWN, OR MUNICIPALITY

that I do not intend to receive or expend more that \$2000 and I will comply with and adhere to the provisions mandated in Title 15, Section 7555 of the Delaware Code as they pertain to my tenure. I also certify that all information I provide herein is true and complete.

CANDIDATE SIGNATURE

DATE

ADDRESS

PHONE NUMBER



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

Campaign Finance Statement of Organization Instructions



Candidate Committees for Municipal Candidates (Non Wilmington)

April 3, 2007

CF009 CFS11105700101

**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 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
1107 N. West Street, Suite 100
Dover, DE 19904

Please note that **EXES 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 Candidates, Committees, Political Parties and Political Action Committees. Candidates who intend to run for an Office with a salary of at least \$1,000 and who plan to, receive, or expend 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 no file 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, enter 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 address 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 Street:

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.

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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.

DRAFT



STATE OF DELAWARE
COMMISSIONER OF ELECTIONS
WITHDRAWAL FORM

I, _____, hereby withdraw as a candidate for
(Print or Type Name of Candidate)

Office: _____

I request my Candidate Campaign Finance Committee be inactivated. YES NO
(If zero balance)

(Signature of Candidate)

Sworn to and subscribed before me this

_____ Day of _____ 2 _____

Notary Public or Election Officer

-----For Office Use Only-----

Received by: _____ Date: _____



CITY OF MILFORD CANDIDATE PACKET

	Date Received/Initials
1) City of Milford Candidate Information/Filing Deadlines	_____
2) Eligibility Requirements	_____
3) Acknowledgment of Candidacy & Receipt of Documents	_____
4) City of Milford Nominating Petition	_____
5) Notice of Special Voter Registration Times	_____
6) State of Delaware Municipal Candidate Instructions	_____
7) Campaign Finance Form Explanation	_____
8) Campaign Finance Certificate of Intention	_____
9) Campaign Finance Statement of Organization Instructions	_____
10) Campaign Finance Statement of Organization	_____
11) Candidate Withdrawal Form	_____
12) Summary of Documents	_____