

STATE OF DELAWARE COMMISSIONER OF ELECTIONS WITHDRAWAL FORM

١,		, 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: _____