



STATE OF DELAWARE
OFFICE OF THE STATE ELECTION COMMISSIONER
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)

I acknowledge I will not be eligible to file as a Write-In Candidate for this office.

(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: \_\_\_\_\_