

STATE OF DELAWARE COMMISSIONER OF ELECTIONS WITHDRAWAL FORM

I, (Print or Type Name of C	, nereby withdraw	as a candidate for	
(Print or Type Name of C	Januluale)		
Office:			
l request my Candidate Campaigi (If zero balance)	n Finance Committee be inac	ctivated. □ YES □ NO	
	(Signature of Ca	(Signature of Candidate)	
	Sworn to and subscribe	Sworn to and subscribed before me this	
	Day of	22	
	Notary Public or	Notary Public or Election Officer	
For Office	ce Use Only		
Pagaiyad by:	Date:		