CANDIDATE PETITION

Notes: *- All information on this form becomes a public record upon receipt by the Supervisor of Elections.*
- It is a crime to knowingly sign more than one petition for a candidate. [Section 104.185, Florida Statutes]
- If all requested information on this form is not completed, the form will not be valid as a Candidate Petition form.

I, _____ the undersigned, a registered voter
(print name as it appears on your voter information card)

in said state and county, petition to have the name of _____

placed on the Primary/General Election Ballot as a: [*check/complete box, as applicable*]

☐ Nonpartisan ☐ No party affiliation ☐ _____ Party candidate for the office of

_____
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YY) or Voter Registration Number	Address

City	County	State	Zip Code

Signature of Voter	Date Signed (MM/DD/YY) [*to be completed by Voter*]

Rule 1S-2.045, F.A.C. DS-DE 104 (Eff. 09/11)