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 affiliationParty candidate for the office of				
(insert title of office and include district, circuit, group, seat number, if applicable)				
Date of Birth or Voter Regis (MM/DD/YY)	tration Number	Address		
City	County	S	tate	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)				