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 Robert People

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

☐ Nonpartisan ☐ No party affiliation ☑ Democratic Party candidate for the office of

U.S. House of Representatives, Florida District 15

(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*]