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

(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)**