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 or Voter Registration Number (MM/DD/YY) Address	
City County State	te Zip Code
Signature of Voter	Date Signed (MM/DD/YY) [to be completed by Voter]

DS-DE 104 (Eff. 09/11)

Rule 1S-2.045, F.A.C.