

## 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

Zip Code

Signature of Voter

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

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Seminole

State  
FL

Zip Code

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