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Candidates may collect petitions to have their name placed on the ballot. Completing this form does NOT mean that you endorse the candidate or that you will vote for them, it just makes democracy more accessible for everyone.

Help get our campaign on the ballot by completing this form. Only complete, physical copies will be accepted.

EMAIL*:

PHONE NUMBER*:

INTERESTED IN VOLUNTEERING?* (CHECK FOR YES)

☐

*Optional information which will not be submitted with the petition below.

THANK YOU !

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 (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]