

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]

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

DS-DE 104 (Eff. 09/11)

Vote
**Jack
Porter.**

Jacqueline 'Jack' Porter
for Tallahassee City Commission, Seat 1

EMAIL ADDRESS

CELL PHONE NUMBER

**Please mail to:
Jack for Tallahassee
P.O. Box 884
Tallahassee, FL 32302
Thank you!**