Notes: - All information on this form becomes a public red - It is a crime to knowingly sign more than one peti	ATE PETITION spon receipt by the Supervisor of Elections. or a candidate. [Section 104.185, Florida Statutes] ed, the form will not be valid as a Candidate Petition form.
I,	the undersigned, a registered voter
(print name as it appears on your vote	rmation card)
in said state and county, petition to have the name of	
placed on the Primary/General Election Ballot as a: [check/d	ete box, as applicable]
□ Nonpartisan □ No party affiliation □	Party candidate for the office of
(insert title of office and include	ot, circuit, group, seat number, ii applicable)
Date of Birth or Voter Registration Number (MM/DD/YY)	dress
City	State Zip Code
Signature of Voter	Date Signed (MM/DD/YY) [to be completed by Voter] DS-DE 104 (Eff. 09/1

This petition should be printed, signed and dated, and sent to: Mike Thomas Campaign P.O. Box 410406 Melbourne, FL 32941

** Postage will be treated as an "in kind" contribution

** Due to redistricting, any registered voter in the state of Florida can sign a (Senate) candidate petition regardless of your district.