

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 Michael Thomas

placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

☐ Nonpartisan ☐ No party affiliation ☒ Republican _____ Party candidate for the office of

Florida State Senate, District 17

(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]