

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 Bill Posey
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
U.S. House of Representatives, Florida District 8
(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]
---------------------------	---

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 Bill Posey
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
U.S. House of Representatives, Florida District 8
(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]
---------------------------	---