

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

Nonpartisan No party affiliation N/A Party candidate for the office of
Supervisor of Elections
(insert title of office and include district, circuit, group, seat number, if applicable)

<input checked="" type="checkbox"/> Date of Birth (MM/DD/YY)	<input checked="" type="checkbox"/> Voter Registration Number	<input checked="" type="checkbox"/> Address	
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County LEON	<input type="checkbox"/> State FL	<input checked="" type="checkbox"/> Zip Code
<input checked="" type="checkbox"/> Signature of Voter		<input checked="" type="checkbox"/> 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, X _____ 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 Mark Earley
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan No party affiliation N/A Party candidate for the office of
Supervisor of Elections
(insert title of office and include district, circuit, group, seat number, if applicable)

<input checked="" type="checkbox"/> Date of Birth (MM/DD/YY)	<input checked="" type="checkbox"/> Voter Registration Number	<input checked="" type="checkbox"/> Address	
<input checked="" type="checkbox"/> City	<input type="checkbox"/> County LEON	<input type="checkbox"/> State FL	<input checked="" type="checkbox"/> Zip Code
<input checked="" type="checkbox"/> Signature of Voter		<input checked="" type="checkbox"/> Date Signed (MM/DD/YY) [to be completed by Voter]	