

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]

This form can be filled online with your name, your voter ID OR date of birth, your address, and the date of your signature.

You can find your Voter ID at this website:
<https://registration.elections.myflorida.com/en/CheckVoterStatus/Index>

Please print out and sign using your same signature as on your Voter ID. Only original copies are valid

Please return your petition to:

Committee to Elect Carolynn Zonia
P.O. Box 1089
Santa Rosa Beach, FL 32459

Thank You!!

You can follow us on Facebook: <https://www.facebook.com/Zonia850Strong>
Sign up for our emails at: www.Zonia4SD2.com