

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

Nonpartisan No party affiliation Democratic Party candidate for the office of

State Representative, District 97

(Insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth or Voter Registration Number
(month/day/year)

Street Address

City

County

State

Zip Code

Signature of Voter

Date Signed (month/day/year)
[to be completed by Voter]