

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 Allison B. Campbell

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

Nonpartisan No party affiliation XXXXXXXXXXXXXXXXXXXXXXXXXXXX Party candidate for the office of

School Board, District 1

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

Date of Birth
(MM/DD/YY)

or Voter Registration Number

Address

City

County

MARION

State

FL

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)

[to be completed by Voter]