

# Deborah Poulalion for Supervisor of Elections, Seminole County



**“Please sign my petition to help me get on the ballot.”**

**—Deborah**

- Full-time data analyst
- Master’s degree in mass communication
- Committed to being neutral and nonpartisan
- Seminole County resident 30 years

Donate online: [www.deb4elections.com](http://www.deb4elections.com)

Email: [info@deb4elections.com](mailto:info@deb4elections.com)

Interested in volunteering

## What Is a Candidate Petition?

To meet requirements to run for office, Deborah will either need to pay a **\$9,024 fee** or collect **3,416 signatures** on candidate petition forms by **May 13, 2024 (noon)**.

Any registered voter in Seminole County can sign the petition, regardless of party affiliation. Signing the petition doesn’t require you to vote for the Candidate. The Candidate’s party affiliation (Democrat) is marked on the form, as required by law.

Mail\* completed petitions and/or donations to

**Deborah Poulalion Campaign**

**P.O. Box 521662**

**Longwood, FL 32750-1662**

*\*To be valid, petitions must be submitted on paper with original ink signature.*

## Please provide your contact information to receive campaign updates (optional):

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Paid for and approved by Deborah Poulalion, Democrat, for Seminole County Supervisor of Elections

## 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 Deborah Poulalion  
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

Seminole County Supervisor of Elections

(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

**Seminole**

State

**FL**

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)  
[to be completed by Voter]