

Deborah Poulalion for Supervisor of Elections, Seminole County



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

—Deborah

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

Email: info@deb4elections.com

Donate online: www.deb4elections.com

Interested in volunteering

What is a Candidate Petition?

To qualify to run, I either need to pay a **\$9,024 fee** or collect **3,416 signatures** by **May 13, 2024**.

Any registered voter in Seminole County can sign a candidate petition for me, regardless of party affiliation. Signing the petition doesn’t require you to vote for me. My party affiliation (Democrat) is marked on the form.

Mail* completed petitions to

Deborah Poulalion Campaign
P.O. Box 521662
Longwood, FL 32750-1662

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

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 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]

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

State

Zip Code

Signature of Voter

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, _____ 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

State

Zip Code

Signature of Voter

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