

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]

Please fill out and return via USPS to

Allek Pastrana for Congress
P.O. Box 780487
Orlando, FL 32878

WE NEED ORIGINAL COPIES, THEY CANNOT BE SCANNED
AND UPLOADED PER FLORIDA DEPARTMENT OF ELECTIONS