

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

☐ Nonpartisan ☐ No party affiliation ☒ Democrat Party candidate for the office of  
Congressional District 5  
(insert title of office and include district, circuit, group, seat number, if applicable)

<b>Date of Birth</b> or <b>Voter Registration Number</b> (MM/DD/YY) _____	<b>Address</b> _____
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<b>City</b> _____	<b>County</b> _____	<b>State</b> FL	<b>Zip Code</b> _____
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<b>Signature of Voter</b> _____	<b>Date Signed (MM/DD/YY)</b> [to be completed by Voter] _____
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Rule 1S-2.045, F.A.C.

DS-DE 104 (Eff. 09/11)

Information in the form above will be turned into your county Supervisor of Elections.

Information below the line is for the Rachel Grage for Congress campaign's use only.

For your petition to be valid, you must include your printed name, date of birth or voter registration number, residence address, city, county, state and Zip Code.

You must also sign and date the form.

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

☐ I will donate to Rachel's campaign!

☐ I will volunteer for Rachel's campaign!



Please return this full page to:

Rachel Grage for Congress

23 S. 30<sup>th</sup> St., Jacksonville Beach, FL 32250

Political advertisement paid for and approved by Rachel Grage for Congress