

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)

Date of Birth (MM/DD/YY) or Voter Registration Number _____	Address _____
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City _____	County _____	State FL	Zip Code _____
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Signature of Voter _____	Date Signed (MM/DD/YY) [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
3948 3rd St. South, PO Box 233
Jacksonville Beach, FL 32250-5847