

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 Eunice Garbutt
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

State Representative

(Insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth or Voter Registration Number
(month/day/year)

Street Address

City

County

State

FL

Zip Code

Signature of Voter

Date Signed (month/day/year)
[to be completed by Voter]

Rule 1S-2.045, F.A.C.

DS-DE 104 (Eff. 10/10)

Information in the form above will be turned into your county Supervisor of Elections.
Information below the line is for the Eunice Garbutt campaign's use only.

You must be registered to vote in Florida to sign this petition. You can be any party affiliation. 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.

Completed petitions should be mailed to: Eunice Garbutt
P. O. Box 1084
Ocoee, FL, 34761

If you have any questions, please call (407) 434-9466 or email info@EuniceGarbutt.com
Visit our website at: www.EuniceGarbutt.com

Email Address

Phone Number

I will donate to Eunice's Campaign!

I will volunteer for Eunice's Campaign!

Political advertisement paid for and approved by Eunice Garbutt, Democrat, for State Representative