

BYRON DONALDS

REPUBLICAN FOR STATE REPRESENTATIVE

PLEASE RETURN ORIGINAL
COMPLETED PETITION TO:
Byron Donalds Campaign
14642 Indigo Lakes Circle
Naples, Florida 34119
info@byrondonalds.com
239-821-9084
www.byrondonalds.com

Check here to volunteer!

Email _____

Cell Phone _____

Paid by Byron Donalds, Republican, for State Representative

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 Byron Donalds
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan No party affiliation Republican Party candidate for the office of

State Representative, District 80

(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]