

I want to: Donate, Volunteer or Learn about Candidate Heggstad- **Scan Code**



EMAIL*:

PHONE NUMBER *:

Interested In Volunteering? * (Check for Yes)

☐

*Optional information will not be submitted with the petition below

1. Print form

2. Fill out completely: Voter name, Date of Birth, Address, Signature and Date Signed

3. Mail to:

Heggstad for Congress

10890 Skylark Manor CT, Jacksonville FL 32257

Paid for by The Heggstad for Congress Campaign Committee

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, <input type="text"/>		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 <u>Mark Heggstad</u>			
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]			
<input type="checkbox"/> Nonpartisan <input type="checkbox"/> No party affiliation <input checked="" type="checkbox"/> Democrat Party candidate for the office of			
<u>Florida 5th Congressional District</u>			
(insert title of office and include district, circuit, group, seat number, if applicable)			
Date of Birth (MM/DD/YY) <input type="text"/>		or Voter Registration Number <input type="text"/>	
Address <input type="text"/>			
City <input type="text"/>	County <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Signature of Voter <input type="text"/>		Date Signed (MM/DD/YY) [to be completed by Voter] <input type="text"/>	
Rule 1S-2.045, F.A.C.		DS-DE 104 (Eff. 09/11)	