

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 3733 University Blvd. West
Suite 212F
Jacksonville, FL 32217

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, 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 Mark Heggstad
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

U.S. Representative

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

Date of Birth (MM/DD/YY) or Voter Registration Number

Address

City

County

State FL

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)
[to be completed by Voter]