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 <b>Erin Grall</b>						
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]						
☐ Nonpartisan ☐ No party affiliation						
State Representative Dist. 54						
(insert title of office and include district, circuit, group, seat number, if applicable)						
Date of Birth or Voter Registration Number (MM/DD/YY)						
City	State Zip Code					
	Florida					
Signature of Voter	Date Signed (MM/DD/YY) [to be completed by Voter]					
Rule 1S-2.045, F.A.C.	DS-DE 104 (Eff. 09/11)					

I would like to volunteer. My email address is

- It is a crime	to knowingly sign more	es a public rec e than one peti	DIDATE PETITI  cord upon receipt by the Stition for a candidate. [Se  mpleted, the form will no	Supervisor of ection 104.18.	5, Florida S	
					the under	signed, a registered voter
	(print name as it appea	rs on your vote	er information card)			
said state and count	y, petition to have the n	ame of	rin Grall			
Nonpartisan No	(insert title of offi	Represe	ntative Dist. 54 e district, circuit, group, se	eat number, il		candidate for the office of
City		County		State		Zip Code
Signature of Vote	r					d (MM/DD/YY) leted by Voter]
le 1S-2.045, F.A.C.						DS-DE 104 (Eff. 09