

Mail to: 3597 Froude St. North Port FL 34286  
Be sure to print your name on top!

### 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 Alice White  
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan  No party affiliation  Democratic Party candidate for the office of

Sarasota County Commission District 5  
(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

Zip Code

Signature of Voter

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