

CANDIDATE PETITION

Note:

- All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.
- Under Florida law, it is a first degree misdemeanor, punishable as provided in s. 775.082 or s. 775.08, Florida Statutes, to knowingly sign more than once a petition or petitions for a candidate, a minor political party, or an issue. [Section 104.185, Florida Statutes]
- If all requested information on this form is not completed, the form will not be effective as a Candidate Petition Form.

I, _____ the undersigned, a registered voter

(Please print name as it appears on voter information card)

in said state and county, petition to have the name of **BILL SEGAL**

placed on the Primary / General Election Ballot as a: Party _____
(Name of political party)

Nonpartisan No Party Affiliation (formerly independent)

Candidate for the office of: **ORANGE COUNTY MAYOR**
(Include district, circuit, group, seat number, if applicable)

Date of Birth or Voter Registration Number	Residence Address
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City	County	State	Zip Code
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Signature of Voter	Date Signed (to be completed by Voter)
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DS-DE 104 (Eff. 10/07)

REQUEST FOR ABSENTEE BALLOT

Per Section 101.62, Florida Statutes, I am requesting an absentee ballot for all elections through the next two regularly scheduled general elections.

Name: _____ Date of Birth: ___/___/___ Phone: _____
(PLEASE PRINT) (OPTIONAL)

Residence Address: _____ Mailing Address (if different): _____

VOTER SIGNATURE: _____ DATE: _____

ATTENTION: All information must be completed. Your absentee ballot request form will not be processed if incomplete.

Note: This form is only a request for an absentee ballot. After your Supervisor of Elections receives and processes this form, your absentee ballot will be mailed to you. You must return the completed absentee ballot to the Supervisor of Elections.

Information in the form above will be turned into your county Supervisor of Elections.
Information below the line is for the Bill Segal for Mayor campaign's use only.

For your petition to be valid, you must include your printed name, date of birth or voter registration number, residence address, city, county, state and Zip Code. You must also sign and date the form.

Completed petitions should be mailed to:

Bill Segal Campaign Headquarters
1177 Louisiana Avenue #207
Winter Park, FL 32789

If you have any questions, please call 407-629-4224

Email Address _____ Phone Number _____

I will donate to Bill Segal's campaign! I will volunteer for Bill Segal's campaign!