

# 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. 775.083, Florida Statutes, to knowingly sign more than one petition 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 Thomas Doolan

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

Nonpartisan  No Party Affiliation (formerly independent)

Candidate for the office of: U.S. Representative Florida 5th Congressional District  
(Include district, circuit, group, seat number, if applicable)

Date of Birth or Voter Registration Number	Residence Address
--	-------------------

City	County	State FL	Zip Code
------	--------	-------------	----------

Signature of Voter	Date Signed (to be completed by Voter)
--------------------	--

DS-DE 104 (Eff.10/07)

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: Doolan For Congress  
P.O. 27  
Mascotte, FL 34753

If you have any questions, please call (352) 227-1365.

Information in will be submitted to your respective Supervisor of Elections.  
Information below is for the Doolan For Congress campaign's use only.

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Issues that you would like to see addressed  
in this campaign: \_\_\_\_\_

Paid for by Doolan For Congress