Candidate Petition Form Instructions

1. Print name as it appears on your voter information card.

2. Leave the next three lines with information pertaining to Willie as is. No need to edit this information.

3. Date of Birth OR Voter Registration Number; one or the other.

4. Address information (note they ask for “county” not “country”).

5. Sign and date.

Once completed, please mail the petition to:

Willie Montague for Congress
P.O. Box 3682
Orlando, FL 32802

We must get the original copy by mail. Scanned or photocopied versions will not be accepted.

You can also make copies and get others to sign. A signer can live anywhere in the state of Florida, and it doesn’t matter what party affiliation.

Please email any questions to connect@teamwillie.com.

Thank you!
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 ____________________________ placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan ☐ No party affiliation ☑ Republican ☐ Party candidate for the office of

U.S. Congress District 10

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

Date of Birth or Voter Registration Number

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Voter Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(MM/DD/YY)</td>
<td></td>
</tr>
</tbody>
</table>

Address

City: ____________________________ County: ____________________________ State: ____________________________ Zip Code: ____________________________

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)