

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 Clayton James Schock

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

Nonpartisan No Party Affiliation (formerly independent)

Candidate for the office of: United States Representative District 20
(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)

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: Clayton Schock for Congress
P.O. Box 452464
Sunrise, FL 33345

If you have any questions, Please call (954) 224-6717

Information will be submitted to your respective Supervisor of Elections.
Information below is for Clayton Schock for Congress campaign's use only.

Email Address : _____

Phone Number: _____

Issues that you would like to see addressed
In this campaign:
