

# 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 Jim Piccillo

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: United States House of Representatives, Florida District 05  
(Include district, circuit, group, seat number, if applicable)

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

Information in the form above this line will be turned into your county Supervisor of Elections.  
Information below this line is for the exclusive use of the Jim Piccillo for Congress campaign's only.

For your petition to be valid you must include your full 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: Jim Piccillo for Congress  
7810 Land O Lakes Blvd  
Suite 335  
Land O Lakes, FL 34639

Please call (813) 929-9659 with any questions.

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

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

I will donate to Jim's campaign!

I will volunteer for Jim's campaign!

Paid for by Jim Piccillo for Congress