

## 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 **Tom Keen**  
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan  No party affiliation  **Democratic** Party candidate for the office of

**Florida State Representative District 35**

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

Date of Birth or Voter Registration Number  
(MM/DD/YY)

Address (no P.O. boxes)

City

County

State

**FL**

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)  
[to be completed by Voter]



Return to: **Tom Keen for Florida**  
P.O. Box 782193 - Orlando, FL 32878  
**www.KeenForFlorida.com**

Email Address

Cell Phone Number

Political advertisement paid for and approved  
by Tom Keen, Democrat for Florida House of  
Representatives District 35