

CANDIDATE PETITION

(Any Sarasota County Registered Voter Can Sign This Petition)

Note: - 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
(Please print name as it appears on voter information card)

in said state and county, petition to have the name of BARBARA FORD-COATES
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

SARASOTA COUNTY TAX COLLECTOR

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

Date of Birth or Voter Registration Number (month/day/year)		Street Address	
City	County SARASOTA	State FLORIDA	Zip Code
Signature of Voter		Date Signed (month/day/year) [to be completed by Voter]	

Rule 1S-2.045, F.A.C.

DS-DE 104(Eff. 10/10)

MAIL TO: FORD-COATES CAMPAIGN
4833 RIVERWOOD AVE, SARASOTA FL 34231

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