

## Tappie A. Villane

## Santa Rosa County Supervisor of Elections

6495 Caroline Street Ste F Milton FL 32570-4592 www.VoteSantaRosa.com

## \*\*\* Unofficial \*\*\* 2018 Offices up for Election and Petition Requirements

Phone: (850) 983-1900 Fax: (850) 983-1829

The deadline to submit petitions is:

Noon, April 2, 2018 – Judicial

Noon, May 21, 2018 – Statewide, Multi-County, County, District and City

| Name of Office   | Petitions<br>Required |  |
|--|-----------------------|--|
| County Offices   |                       |  |
| County Commissioner, Districts 2 and 4                         | 1,309                 |  |
| School Board Members, Districts 1, 3 and 5                     | 1,309                 |  |
|  |                       |  |
| Blackwater Soil & Water Conservation District Seats 1, 3 & 5   | 25                    |  |
| Avalon Beach Volunteer Fire Protection District Seats 1, 3 & 5 | 25                    |  |
| Holley Navarre Fire Protection Seats 1, 3, 4 & 5               | 25                    |  |
| Midway Fire District Seats 2 & 4                               | 25                    |  |
|  |                       |  |

## **Petition Facts**

- Per Florida Statues 99.095 petition figures are based on at least 1% of the total number of registered voters of that geographical area as of the book closing figures from the last general election
- Special District Offices need only 25 valid petitions.

| 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   | Party candidate for the office of                 |  |
| (insert title of office and include district, circuit, group, seat numb  | er, if applicable)                                |  |
| Date of Birth or Voter Registration Number (MM/DD/YY)  |   |  |
| City County State  | e 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)                             |  |

Please be advised that the candidate is responsible for filing the latest version of forms.

Always check the Division of Election's website.

You may find the PDF version that contains fields that may be filled in by candidate at the link below:

http://dos.myflorida.com/media/693291/dsde104.pdf

\*You may fill in the fields that are repetitive such as Candidate's Name, Office, County and State.

\*You may also make corrections the voter listed to any field <u>except</u> to their signature and the date signed.

\*Make sure the correct and only one of the party boxes are checked. If a voter writes their party for a nonpartisan office, you may cross through, initial and mark the correct (nonpartisan) box.