

Please **completely fill out the petition on the first page**, and then sign and date all other petitions on the following pages. We will fill in your address information on the following petitions if you do not have time to do so yourself, but we cannot sign or date for you.

THERE ARE TWO PETITIONS ON EACH FOLLOWING PAGES SO PLEASE BE SURE TO **SIGN AND DATE BOTH.**

Mail to Rebekah's campaign office for sorting and submission to each county's Supervisor of Elections Office.

Petitions should be mailed in no later than **May 5, 2022** to ensure enough time to be received, sent and verified by the state.

DO NOT PRINT double-sided, please. You do not need to include this instruction page with your packet.

Thank you all so much!

Rebekah

Mail to:
Rebekah Jones Campaign
PO BOX 1259
Gulf Breeze, FL 3256

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 Nancy S. Pierson
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 House of Representatives, District 23
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth or Voter Registration Number (MM/DD/YY)	Address
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City	County	State FLORIDA	Zip Code
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Signature of Voter	Date Signed (MM/DD/YY) [to be completed by Voter]
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CANDIDATE PETITION

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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 Juan Paredes
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
United States House of Representatives, Florida
(insert title of office and include district, circuit, group, seat number, if applicable)

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

City	County	State FLORIDA	Zip Code
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Signature of Voter	Date Signed (MM/DD/YY) [to be completed by Voter]
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CANDIDATE PETITION

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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 Carolynn Zonia
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan No party affiliation _____ Party candidate for the office of
Florida Senate, District 2
(insert title of office and include district, circuit, group, seat number, if applicable)

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

Address

City

County

State

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)

CANDIDATE PETITION

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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 Christine Olivo
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
US HOUSE OF REPRESENTATIVES, FLORIDA
(insert title of office and include district, circuit, group, seat number, if applicable)

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

Address

City

County

State

Florida

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)

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I, _____ the undersigned, a registered voter
(print name as it appears on your voter information card)

Gavin Scott Brown

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]

DEMOCRATIC

Nonpartisan No party affiliation _____ Party candidate for the office of

UNITED STATES HOUSE OF REPRESENTATIVES, FLORIDA

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

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

Address

City

County

State
FLORIDA

Zip Code

Signature of Voter

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

CANDIDATE PETITION

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I, _____ the undersigned, a registered voter
(print name as it appears on your voter information card)

KIMBERLY WALKER

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]

DEMOCRATIC

Nonpartisan No party affiliation _____ Party candidate for the office of

UNITED STATES HOUSE OF REPRESENTATIVES, FLORIDA

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

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

Address

City

County

State
FLORIDA

Zip Code

Signature of Voter

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

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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 JACK ACHENBACH
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
US HOUSE OF REPRESENTATIVES, FLORIDA

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

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

Address

City

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State

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Zip Code

Signature of Voter

Date Signed (MM/DD/YY)
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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 Andrea Doria Kale
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
US HOUSE OF REPRESENTATIVES, Florida

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

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

Address

City

County

State

FLORIDA

Zip Code

Signature of Voter

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

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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 Wells
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
US House of Representatives, Florida 03
(insert title of office and include district, circuit, group, seat number, if applicable)

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

Address

City

County

State

FLORIDA

Zip Code

Signature of Voter

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

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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 ALLEK PASTRANA
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
US HOUSE OF REPRESENTATIVES, FLORIDA
(insert title of office and include district, circuit, group, seat number, if applicable)

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

Address

City

County

State

FLORIDA

Zip Code

Signature of Voter

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

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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 Angel Montalvo
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
US House of Representatives, Florida 27

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

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

Address

City

County

State

FLORIDA

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)

[to be completed by Voter]

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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 Danielle Dodge
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
US HOUSE OF REPRESENTATIVES, FLORIDA

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

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

Address

City

County

State

FL

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)

[to be completed by Voter]

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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 Joanne R Terry
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
United States House of Representatives, Florida District 08
(insert title of office and include district, circuit, group, seat number, if applicable)

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

Address

City

County

State

FLORIDA

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)
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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 Robert Millwee
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
United States House of Representatives, Florida, District 23
(insert title of office and include district, circuit, group, seat number, if applicable)

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

Address

City

County

State

FLORIDA

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)
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