Notes: - All information on this form becomes a public record upon receipt by the Supervisor of - It is a crime to knowingly sign more than one petition for a candidate. [Section 104.16] - If all requested information on this form is not completed, the form will not be valid as	85, Florida Statutes]
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	//cNeil
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]	
□ Nonpartisan □ No party affiliation ☑ □ Democrat	Party candidate for the office of
Leon County Sheriff	
(insert title of office and include district, circuit, group, seat number, i	f applicable)
Date of Birth or Voter Registration Number (MM/DD/YY)  Address	
City County Leon 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)

	CAND	IDATE PETITION	) N	
es: - All information on this				ons.
<ul> <li>It is a crime to knowing</li> <li>If all requested informa</li> </ul>	y sign more than one pet	ition for a candidate. [S	Section 104.185, Flor	ida Statutes] lidate Petition form
- 1) all requestea injorma	ion on this form is not co	mpieiea, ine jorm wili n		ndersigned, a registered vote
(print name	as it appears on your you	ter information card)		<b>_</b> g,g
(print name as it appears on your voter information card) said state and county, petition to have the name of			Walter McNeil	
aid state and county, petition to sed on the Primary/General Ele				
sed on the Primary/General Eli	culon ballot as a. [Check/	сотрівів вох, аз арріїся	anie]	
Nonpartisan 🔲 No party affili	ation 🗸	Democrat	Par	ty candidate for the office o
		County Sheriff		
(ingo)	t title of office and include		eat number if applies	able)
(IIISEI	t title of office and include	s district, circuit, group, s	eat number, it applies	
Date of Birth or Voter (MM/DD/YY)	Registration Number	Address		
City	County		State	Zip Code
		Leon	FL	
Signature of Voter			Date Signed (MM/DD/YY) [to be completed by Voter]	