

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 YVONNE HAYES HINSON
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 20

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

Date of Birth (MM/DD/YY) or Voter Registration Number <input type="text"/>	Address <input type="text"/>
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City <input type="text"/>	County <input type="text"/>	State FL	Zip Code <input type="text"/>
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Signature of Voter <input type="text"/>	Date Signed (MM/DD/YY) [to be completed by Voter] <input type="text"/>
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