

Hi, I would like to thank you for taking the time to download, fill out, & mail this form back to me! Together we can regain control of our House and with it our Government!

All Florida Registered Voters qualify to fill out this Candidate Petition regardless of the District they live in.

Thank you,

## Mark Christopher Garrett

U.S. House of Representatives FL., District 2

P.S. Grassroots campaigns are exclusively funded by everyday people like yourself. If you are able to, please Donate to Help us spread Freedom, Equality, & Justice for all!

Please print out and fill in required information.

Mail Completed Candidate Petition to:

Mark Christopher Garrett Candidate for United States Representative P.O. Box 335 Fountain Florida 32438

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 Mark Christopher Garrett	
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]	
□Nonpartisan ✓ No party affiliation □ U.S. Representative, Florida District 2	Party candidate for the office of
(insert title of office and include district, circuit, group, seat number, if	applicable)
Date of Birth or Voter Registration Number (MM/DD/YY)	
City County State	Zip Code
	Date Signed (MM/DD/YY) [to be completed by Voter]
Rule 1S-2.045, F.A.C.	DS-DE 104 (Eff. 09/11)