



From the Desk of  
**Mark Christopher Garrett**  
United States Representative  
Candidate 2022, Florida District 2

Hi, I would like to thank you for taking the time to download, fill out this form & mail it back to me!

Together we can regain control of our House and with it our Government!

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  \_\_\_\_\_ Party candidate for the office of

U.S. Representative, Florida 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]