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) Jan Schneider 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 U.S. Representative -- Congressional District 16 (insert title of office and include district, circuit, group, seat number, if applicable) Date of Birth **Voter Registration Number Address** (MM/DD/YY) 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)

Notes: - All information on this form becomes a publi- It is a crime to knowingly sign more than one If all requested information on this form is no	e petition for a candidate. [Section 104	4.185, Florida Statutes]
I,		the undersigned, a registered voter
(print name as it appears on you in said state and county, petition to have the name of	ur voter information card) Jan Schneider	
placed on the Primary/General Election Ballot as a: [ch	neck/complete box, as applicable]	
Nonpartisan No party affiliation ✓ Democ		Party candidate for the office of
U.S. Representative Congres	ssional District 16	
(insert title of office and inc	clude district, circuit, group, seat numbe	er, if applicable)
Date of Birth or Voter Registration Number (MM/DD/YY)	Address	
City	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)