

David Reeves Fairey
Florida State Representative Candidate for District 73

- Please fill out the blank spaces in the petition below completely – leave nothing blank!
- You must be a registered voter in Florida’s 73th State Representative District.
- The box marked “county” must say “Sarasota” or “Manatee”. Other counties or “USA” will not be valid.
- Yes, Republican, third party, and NPA voters can sign this petition. “Democratic” refers to David’s party affiliation, not yours. Please don’t cross it out.

CANDIDATE PETITION			
<i>Notes:</i> - 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 David Reeves Fairey		_____	
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]			
<input type="checkbox"/> Nonpartisan	<input type="checkbox"/> No party affiliation	<input checked="" type="checkbox"/> Democratic	_____ Party candidate for the office of
Florida State Representative, District 73			
(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]	
_____		_____	
Rule 1S-2.045, F.A.C.		DS-DE 104 (Eff. 09/11)	

Additionally, please let us know how to contact you:

Email Address: _____ Phone Number: _____

Check here if you can help out by volunteering.

Can we also count on you for a contribution?

\$10 \$20 \$50 \$100 \$250 \$500 \$1,000 Other: _____

Paid with: Cash (\$50 max) Check Credit Card (ActBlue)

Employer: _____ Occupation: _____

Employment information required from donors. If retired or unemployed, please indicate.