

CANDIDATE PETITION

Note:

- All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.
- Under Florida law, it is a first degree misdemeanor, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes, to knowingly sign more than one petition for a candidate, a minor political party, or an issue. [Section 104.185, Florida Statutes]
- If all requested information on this form is not completed, the form will not be effective as a Candidate Petition Form.

I, _____ the undersigned, a registered voter
(Please print name as it appears on voter information card)

in said state and county, petition to have the name of Robert M. Neeld
placed on the Primary / General Election Ballot as a: Party Democratic
(Name of political party)

Nonpartisan No Party Affiliation (formerly independent)

Candidate for the office of: United States House of Representatives, Florida's 14th Congressional District
(Include district, circuit, group, seat number, if applicable)

| | |
|--|--------------------------|
| Date of Birth or Voter Registration Number | Residence Address |
|--|--------------------------|

| | | | |
|-------------|---------------|--------------|-----------------|
| City | County | State | Zip Code |
|-------------|---------------|--------------|-----------------|

| | |
|---------------------------|---|
| Signature of Voter | Date Signed (to be completed by Voter) |
|---------------------------|---|

DS-DE 104 (Eff.10/07)

Information in the form above will be delivered to your county Supervisor of Elections.
Information below the line is for the Robert M. Neeld for Congress campaign's use only.

For your petition to be valid, you must include your printed name, date of birth or voter registration number, residence address, city, county, state and ZIP code. You must also sign and date the form.

Your contribution of \$10.00 along with this form will help defray the costs of reproduction and certification. Completed petitions should be mailed to:
Robert M. Neeld for Congress
P. O. Box 101508
Cape Coral, FL 33910-1508

Please refer any questions to Robert M. Neeld at 239-549-7232 or contact him at NeeldRM@aol.com.

Your e-mail address: _____

Your telephone number: _____

Paid for by Robert M. Neeld for Congress, Robert M. Neeld Treasurer