

# Seminole County Democratic Candidates - Petition Packet

If you want to help Democratic candidates get on the ballot and save money, please complete this petition packet.

**What are Candidate Petitions?** To qualify to run, candidates either need to pay a filing fee – which can range from a few thousand dollars to \$10,000 – or collect candidate petitions. Any registered voter in that candidate’s district can sign a candidate petition for them, regardless of party affiliation.

**Which petitions in the packet should I sign?** Everyone in Seminole County can sign for Pastrana and Poulalion. To determine which Florida house district to sign for, check your voter record at <https://www.voteseminole.gov/my-voter-record>. Or you can sign all petitions, and we will only turn in the applicable ones for processing.

**How do I turn in petitions?** Place them in the drop box at the SemDems office anytime at 250 S. Ronald Reagan Blvd., Suite 114, Longwood, FL 32750. Additional blank forms may also be available for pick up at the box at the front door. For more information see [www.semdems.com/hours](http://www.semdems.com/hours).

## Optional: Provide your contact information to receive the SemDems Newsletter

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Paid by the Seminole County Democratic Party, not authorized by any candidate or candidate committee.

## 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 \_\_\_\_\_ Deborah Poulalion  
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan  No party affiliation  \_\_\_\_\_ Democratic Party candidate for the office of

\_\_\_\_\_ Seminole County Supervisor of Elections  
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YY)	<input type="radio"/> or <input type="radio"/> Voter Registration Number	Address	
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City	County	State FL	Zip Code
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Signature of Voter	Date Signed (MM/DD/YY) [to be completed by Voter]
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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 ALLEK PASTRANA  
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan  No party affiliation  DEMOCRATIC Party candidate for the office of

UNITED STATES HOUSE OF REPRESENTATIVES, FLORIDA CONGRESSIONAL DISTRICT 7

(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

FL

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)  
[to be completed by Voter]

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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 Sarah Henry  
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan  No party affiliation  Democrat Party candidate for the office of

Florida House of Representatives, District 38

(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

Seminole

State

FL

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)  
[to be completed by Voter]

**CANDIDATE PETITION**

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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 NATE DOUGLAS  
placed on the Primary/General Election Ballot as a: [check/complete box, as applicable]

Nonpartisan  No party affiliation  DEMOCRAT Party candidate for the office of  
FLORIDA REPRESENTATIVE, DISTRICT 37  
(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  
FLORIDA

Zip Code

Signature of Voter

Date Signed (MM/DD/YY)  
[to be completed by Voter]