

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 **ROB FELTNER**

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

Nonpartisan No party affiliation **REPUBLICAN** Party candidate for the office of

COUNTY COMMISSION, DISTRICT 4

(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth (MM/DD/YY) or Voter Registration Number	Address
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City	County BREVARD	State FLORIDA	Zip Code
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Signature of Voter	Date Signed (MM/DD/YY) [to be completed by Voter]
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**Kindly send completed petition to:
Rob Feltner Campaign
5978 Newbury Circle
Melbourne, FL 32940**

Thank you for your consideration of my candidacy! ~Rob