<b>Notes:</b> - All information on this form beco - It is a crime to knowingly sign mo - If all requested information on th	ore than one petition for a candidate.	the Supervisor of Elections.
I,		the undersigned, a registered voter
(print name as it appoint said state and county, petition to have the	ears on your voter information card) e name of ROBERT G. LANE	
placed on the Primary/General Election Bal	lot as a: [check/complete box, as app	licable]
□ Nonpartisan ☑ No party affiliation □		Party candidate for the office of
(insert title of o	ffice and include district, circuit, group	o, seat number, if applicable)
Date of Birth or Voter Registrat (MM/DD/YY)	ion Number Address	
City	County	State Zip Code FLORIDA
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)