					ı	he under	signed, a registered vote
	(pri	nt name as it appears	on your vo	ter information card)			
said state and county, petition to have the name of Felicia Shuman Newkirk							
ced on the F	Primary/Ger	neral Election Ballot a	s a: [check	complete box, as application	able]		
Date of Bi		(insert title of office Voter Registration		e district, circuit, group, Address	seat number, if ap	plicable)	
(

DS-DE 104 (Eff. 09/11)

Rule 1S-2.045, F.A.C.