



**PLEASE RETURN ORIGINAL
COMPLETED PETITION TO:**

Bob Rommel
7633 Mulberry Lane
Naples, FL 34114
Bob@BobRommel.net
239-821-2297
www.BobRommel.net

Check here to volunteer!

Email _____

Cell Phone _____

Paid by Bob Rommel, Republican, for State Representative

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 Bob Rommel
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
State Representative, District 106
(insert title of office and include district, circuit, group, seat number, if applicable)

Date of Birth or Voter Registration Number (MM/DD/YY)	Address
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City	County Collier	State FL	Zip Code
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Signature of Voter

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