		the	e undersigned, a registered vote	
(print name of	s it appears on your voter information car			
aid state and county, petition to h		u)		
3.1	ion Ballot as a: [check/complete box, as	applicable]		
	Ion Ballot as a. [check/complete box, as	applicable		
Nonpartisan 🔲 No party affiliati	F	Party candidate for the office of		
		Newiff		
(:	Indian River County S			
(insert t	tle of office and include district, circuit, g	roup, seat number, if appi	icable)	
Date of Birth or Voter Re (MM/DD/YY)	gistration Number Address			
City	County	State	Zip Code	
ony	Indian River	FL		
Signature of Voter	Date	Date Signed (MM/DD/YY)		
			[to be completed by Voter]	

	0,2	0	1	5	L	,	1
- If all requested infor	mation	n on this form i	s not	completed,	the form will not be v	alid as a Candidate	Petition form.

I,		the undersigned, a registered voter
(print name	as it appears on your voter information card	(t
in said state and county, petition to	have the name of Milo Thornton	
	ection Ballot as a: [check/complete box, as a	applicable]
Nonpartisan No party affili	Party candidate for the office of	
	Indian River County S	heriff
(inser	t title of office and include district, circuit, gro	oup, seat number, if applicable)
Date of Birth or Voter (MM/DD/YY)	Registration Number Address	
City	County Indian River	State Zip Code FL
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/-