

Allek Pastrana for U.S. House of Representatives, FL CD7



“Please sign my petition to help me get on the ballot. It is not an endorsement or vote for.”

—Allek

- Committed on fixing the economy.
- Committed on women’s rights.
- Committed on common sense legislation.
- Husband, father, brother to 3 younger sisters

Donate online: www.voteallek.com

Email: campaign@voteallek.com

Interested in volunteering

What Is a Candidate Petition?

To meet requirements to run for office, Allek will either need to pay a **\$10,440 fee** or collect **5,711 signatures** on candidate petition forms by **March 25, 2024 (noon)**.

Any registered voter in Seminole County and part of Volusia County can sign the petition, regardless of party affiliation. Signing the petition doesn’t require you to vote for the Candidate. The Candidate’s party affiliation (Democrat) is marked on the form, as required by law.

Mail* completed petitions and/or donations to

Allek Pastrana for Congress

P.O. Box 621295

Oviedo, FL 32762

**To be valid, petitions must be submitted on paper with original ink signature.*

Please provide your contact information to receive campaign updates (optional):

Email address: _____ Phone #: _____

Paid for and approved by Allek Pastrana for Congress

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

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

UNITED STATES HOUSE OF REPRESENTATIVES, FLORIDA CONGRESSIONAL DISTRICT 7

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

Date of Birth or Voter Registration Number
(MM/DD/YY)

Address

City

County

State

FL

Zip Code

Signature of Voter

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

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