

**DECLARATION OF CANDIDACY
PARTY PRIMARY ELECTION FOR DISTRICT OFFICE
Judge of the Court of Appeals**

To be filed with the Board of Elections of the most populous county or part county of the district
not later than 4 p.m. of the 90th day before the day of the primary election.
Revised Code 3513.05, .07, .08, .09, .10, .191, 3501.38

**NOTE – THE CANDIDATE MUST FILL IN, SIGN AND DATE THIS DECLARATION
BEFORE PETITIONS ARE CIRCULATED.**

I, _____, the undersigned, hereby declare under penalty
(Name of Candidate)
of election falsification that my voting residence address is _____,
(Street and Number, if any, or Rural Route Number)
_____, Ohio _____, and I am a qualified elector.
(City or Village) (Zip Code)

I hereby declare that I desire to be a candidate for nomination to the office of Judge of the Court of
Appeals as a member of the _____ Party from the _____ District for the:
(Number of District)

(check one box and fill in the appropriate date) full term commencing _____, or
 unexpired term ending _____, at the primary election to be held on the
_____.

Dated this _____ day of _____.

(Signature of Candidate)

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

PETITION FOR CANDIDATE

(This petition shall be circulated only by a member of the same political party as stated above by the candidate)

We, the undersigned qualified electors of the State of Ohio, whose voting residence is in the county,
city, village, or township, set opposite our names, and members of the _____ Party,
hereby certify that _____, whose declaration of candidacy is filed
(Name of Candidate)
herewith, is in our opinion, well qualified to perform the duties of the office or position to which the
person desires to be elected.

**Signatures on this petition should be from only one county and must be written in ink. Signatures on this
petition shall be of persons who are of the same political party as stated above by the candidate.**

SIGNATURE	VOTING RESIDENCE ADDRESS STREET AND NUMBER	CITY, VILLAGE, OR TOWNSHIP	COUNTY	DATE OF SIGNING
1.				
2.				
3.				
4.				
5.				
6.				

SIGNATURE	VOTING RESIDENCE ADDRESS STREET AND NUMBER	CITY, VILLAGE, OR TOWNSHIP	COUNTY	DATE OF SIGNING
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

CIRCULATOR STATEMENT – Must be completed and signed by circulator.

I, _____, declare under penalty of election falsification that I reside
 (Printed Name of Circulator)
 at the address appearing below my signature; that I am a member of the _____ Party;
 that I am the circulator of the foregoing petition containing _____ signatures; that I witnessed
 (Number)
 the affixing of every signature; that all signers were to the best of my knowledge and belief qualified to sign; and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

 (Signature of Circulator)

 (Permanent residence address)

 (City or Village, State and Zip Code)

County Board of Elections
 Form 2-FJ – Declaration of Candidacy of

Candidate for _____

Filed _____

Certificate of Validity
 REVISED CODE 3501.11

We, the undersigned members of the Board of Elections of this county, certify that we have reviewed and examined the foregoing petition and find it to be sufficient and valid, and caused our signatures and official seal to be

Affixed at _____, Ohio,
 This _____ day of _____,

Chairperson _____

Member _____

Member _____

Member _____

Member _____

Director _____ (seal)