

**ATTORNEY-IN-FACT AUTHORIZATION  
EXECUTED BEFORE A NOTARY PUBLIC**

R.C. 3501.382(A)(1)(a) & (F), 3501.011

**Notice: The powers granted by this document are limited. You may revoke this attorney-in-fact authorization if you later wish to do so.**

I, \_\_\_\_\_, by reason of disability, am unable to physically sign  
(Name of Voter Granting Authority)

my name and hereby appoint:

\_\_\_\_\_  
(Name of Attorney-In-Fact)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Residence Address)

\_\_\_\_\_  
(Ohio Supreme Court Registration Number  
(If applicable))

\_\_\_\_\_  
(City, State and Zip)

a legally competent resident of this state who is 18 years of age or older, as my attorney-in-fact to act for me in any lawful way with respect to the following subject:

Sign my name as a candidate, signer, or circulator on a declaration of candidacy and petition, nominating petition, other petition, or other documents under Title XXXV of the Revised Code at my direction and in my presence.

The form of signature my attorney-in-fact will use when signing my name is:

\_\_\_\_\_  
(Form of signature Attorney-In-Fact will use for Voter)

A photocopy of my attorney-in-fact's driver's license or state identification card issued under section 4507.50 of the Revised Code is attached to this notarized form.

Completed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
**Voter's Mark (if Voter is able to make a mark)**

**STATEMENT OF NOTARY PUBLIC**

Sworn to and acknowledged before me by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_  
(Print Name of Voter Granting Authority) (Day)

\_\_\_\_\_, \_\_\_\_\_ in the City/Village of \_\_\_\_\_, County of \_\_\_\_\_,  
(Month) (Year)

State of Ohio.

SEAL

\_\_\_\_\_  
Signature of Notarial Officer  
Notary Public for the State of Ohio  
My commission expires on \_\_\_\_\_.