

Statement of Person Challenged as to Party Affiliation (Primary)

R.C. 3513.19, .20

At the Primary Election held on the _____ day of _____ , _____ .
(Day) (Month) (Year)

I, _____ , of _____
(Name of Elector) (Street and Number, if any, or Rural Route and Number)

_____, _____ , hereby state, under
(Address, continued) (City, Village or Post Office)

penalty of election falsification, that I desire to be affiliated with and that I support the principles of the

_____ Party and wish to cast a ballot in the party's primary election this year.
(Political Party)

(Signature of Person Challenged)

(Address)

(City and ZIP)

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

We, the undersigned precinct election officials hereby _____ the
(enter either "accept" or "reject")
vote of the above named elector.

Precinct _____

Voting Location Manager

Precinct Election Official

Precinct Election Official

Precinct Election Official