

Declaration of Candidacy

Party Primary Election

For State Office - (other than Governor/Lieutenant Governor and Supreme Court)

To be filed with the Secretary of State not later than 4 p.m. of the 90th day before the primary election.

R.C. 3513.05, .07, .08, .09, .10, .191, 3501.38

Declaration of Candidacy

NOTE - The candidate must fill in, sign and date this declaration of candidacy before the signatures of electors are affixed.

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

I further declare that I desire to be a candidate for nomination to the office of _____
Office
 as a member of the _____ Party for the: **Check one** full term or unexpired term ending _____,
Political Party Unexpired Term Ending Date
 at the primary election to be held on the _____ day of _____, _____.
Day Month Year

I further declare that, if elected to this office or position, I will qualify therefor, and that I will support and abide by the principles enunciated by the _____ Party.
Political Party

Dated this _____ day of _____, _____.
Day Month Year _____
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
Political Party
 that _____, whose declaration of candidacy is filed herewith, is in our opinion,
Name of Candidate
 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 Street Number and Address	City, Village, or Township	County	Date of Signing
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Signature	Voting Residence Street Number and Address	City, Village, or Township	County	Date of Signing
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
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25.				
26.				
27.				
28.				

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Circulator Statement

Must be completed and signed by the circulator.

I, _____, declare under penalty of election falsification that I reside at the address
Printed Name of Circulator
 appearing below my signature; that I am a member of the _____ Party; that I am the circulator
Political Party
 of the foregoing petition containing _____ signatures; that I witnessed the affixing of every signature;
Number
 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.

Signature of Circulator

 Permanent Residence Address

City or Village State Zip Code

To be completed by the circulator, if applicable: Name and address of person or entity employing you to circulate this petition paper.

Print Name of Employer _____
Street Number and Address
(or rural route and number) _____
City or Village _____
State _____
Zip Code