

**DECLARATION OF CANDIDACY
PARTY PRIMARY ELECTION
For United States Senator**

To be filed with the Secretary of State not later than 4 p.m. of the 90th day before the primary election.
Revised Code 3513.05, .07, .08, .09, .10, .191, 3501.38

**NOTE – THE CANDIDATE MUST FILL IN, SIGN AND DATE THE STATEMENT OF CANDIDACY
BEFORE PETITIONS ARE CIRCULATED.**

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

I further declare that I desire to be a candidate for nomination to the office of United States Senator
as a member of the _____ Party for the: (check one) full term or
 unexpired term ending _____, at the primary election to be held on the _____
(Fill in the appropriate date)
day of _____.

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.

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 should 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.				
7.				

SIGNATURE	VOTING RESIDENCE ADDRESS STREET AND NUMBER	CITY, VILLAGE, OR TOWNSHIP	COUNTY	DATE OF SIGNING
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CIRCULATOR STATEMENT – Must be completed and signed by circulator.

I, _____, declare under penalty of election falsification that I reside at the
 (Printed Name of Circulator)
 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 the
 (Number)
 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.

 (Signature of Circulator)

 (Permanent residence address)

 (City or Village, State and Zip Code)