

**DECLARATION OF CANDIDACY  
PARTY PRIMARY ELECTION FOR DISTRICT OFFICE  
State Senator or State Representative**

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 90<sup>th</sup> 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 \_\_\_\_\_  
\_\_\_\_\_ as a member of the \_\_\_\_\_ Party from the  
\_\_\_\_\_ District for the: (check one)  full term or  
(Number of District) (State Representative or State Senate)

unexpired term ending \_\_\_\_\_, at the primary election to be held on  
the \_\_\_\_\_ day of \_\_\_\_\_.

I hereby declare that, if elected to this office or position, I will qualify therefor, and 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 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.				

SIGNATURE	VOTING RESIDENCE ADDRESS STREET AND NUMBER	CITY, VILLAGE, OR TOWNSHIP	COUNTY	DATE OF SIGNING
6.				
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-F – 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)