

# Nominating Petition and Statement of Candidacy

## For Governor and Lieutenant Governor

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

R.C. 3513.257, .261, .262; 3501.38

### Statement of Candidacy for Governor

**NOTE - Each candidate must fill in, sign and date this statement of candidacy before petitions are circulated.**

I, \_\_\_\_\_, the undersigned, hereby declare under penalty of election falsification that  
Name of Candidate for Governor  
 my voting residence address is \_\_\_\_\_, \_\_\_\_\_, Ohio \_\_\_\_\_.  
Street Number and Address (or rural route and number, if any) 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 Governor for the:

**Check one**  full term or  unexpired term ending \_\_\_\_\_, in the State of Ohio, at the general election  
Unexpired Term Ending Date  
 to be held on the \_\_\_\_\_ day of November, \_\_\_\_\_.  
Day Year

I further declare that I am an elector qualified to vote for the office I seek.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year \_\_\_\_\_  
**Signature of Candidate**

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

### Statement of Candidacy for Lieutenant Governor

**NOTE - Each candidate must fill in, sign and date this statement of candidacy before petitions are circulated.**

I, \_\_\_\_\_, the undersigned, hereby declare under penalty of election falsification that  
Name of Candidate for Lieutenant Governor  
 my voting residence address is \_\_\_\_\_, \_\_\_\_\_, Ohio \_\_\_\_\_,  
Street Number and Address (or rural route and number, if any) 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 Lieutenant Governor for the:

**Check one**  full term or  unexpired term ending \_\_\_\_\_, in the State of Ohio, at the general election  
Unexpired Term Ending Date  
 to be held on the \_\_\_\_\_ day of November, \_\_\_\_\_.  
Day Year

I further declare that I am an elector qualified to vote for the office I seek.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year \_\_\_\_\_  
**Signature of Candidate**

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

We hereby designate the persons named below as a committee to represent us:

| Name | Residence |
|------|-----------|
|      |           |
|      |           |
|      |           |
|      |           |
|      |           |

### Nominating Petition

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, hereby nominate \_\_\_\_\_ as a candidate  
Name of Candidate for Governor  
 for election to the office of Governor and \_\_\_\_\_ as a candidate for election  
Name of Candidate for Lieutenant Governor  
 to the office of Lieutenant Governor; to be jointly voted for at the next general election, and certify said persons are, in our opinion, well qualified to perform the duties of the office to which they jointly desire to be elected.

Signatures on this petition must be from only one county and must be written in ink.

| Signature | Voting Residence<br>Street Number and Address | City, Village, or<br>Township | County | Date of<br>Signing |
|-----------|---|-------------------------------|--------|--------------------|
| 1.        |   |                               |        |                    |
| 2.        |   |                               |        |                    |
| 3.        |   |                               |        |                    |
| 4.        |   |                               |        |                    |
| 5.        |   |                               |        |                    |
| 6.        |   |                               |        |                    |
| 7.        |   |                               |        |                    |
| 8.        |   |                               |        |                    |
| 9.        |   |                               |        |                    |
| 10.       |   |                               |        |                    |
| 11.       |   |                               |        |                    |
| 12.       |   |                               |        |                    |
| 13.       |   |                               |        |                    |
| 14.       |   |                               |        |                    |
| 15.       |   |                               |        |                    |
| 16.       |   |                               |        |                    |
| 17.       |   |                               |        |                    |
| 18.       |   |                               |        |                    |
| 19.       |   |                               |        |                    |
| 20.       |   |                               |        |                    |

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

**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 the circulator of the foregoing petition containing \_\_\_\_\_ signatures;  
Number  
 that I witnessed 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.

\_\_\_\_\_  
**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      City or Village      State      Zip Code  
(or rural route and number)