

Nominating Petition and Statement of Candidacy

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

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

R.C. 3513.257, .261, .262, .28; 3501.38

Statement of Candidacy

NOTE - The candidate must fill in, sign and date this statement 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
 for the: full term or unexpired term ending _____, at the general election to be held on
Unexpired Term Ending Date
 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

I, _____, hereby designate the persons named below as a committee to represent me:
Name of Candidate

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
Name of Candidate
 candidate for election to the office of _____ for the: full term or
Office
 unexpired term ending _____, to be voted for at the next general election, and certify said
Unexpired Term Ending Date
 person is, in our opinion, well qualified to perform the duties of the office or position to which the person desires to be elected.

Signature	Voting Residence Street Number and Address	City, Village, or Township	County	Date of Signing
1.				
2.				
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5.				
6.				

Signature	Voting Residence Street Number and Address	City, Village, or Township	County	Date of Signing
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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)