

NOMINATING PETITION AND STATEMENT OF CANDIDACY For United States Senator

To be filed with the office of the Secretary of State, not later than 4 p.m. of the day before the primary election.
Revised Code 3513.257, .261, .262, .28; 3501.38

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

STATEMENT OF CANDIDACY

I, _____, the undersigned, hereby declare under penalty of election
(Name of Candidate)
 falsification that my voting 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 for the
 (check one) full term, or unexpired term ending _____, at the general
(Fill in the appropriate date)
 election to be held on the _____ day of _____, _____.

I further declare that, if elected to this office, I will qualify therefore.

Dated this _____ day of _____, _____.

(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
(Name of Candidate)
 represent me:

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 for election to the office of _____ for the: (check one) full term, or unexpired term ending _____, to be voted for at the next general
(Fill in the appropriate date)
 election, and certify said person is, in our opinion, well qualified to perform the duties of the office to which the person desires to be elected.

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

	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.					
19.					
20.					
21.					
22.					
23.					
24.					

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 the circulator of the foregoing petition containing
 _____ signatures; that I witnessed the affixing of every signature; that all signers were to the best of
 (Number)

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.

<p>WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.</p>

 (Signature of Circulator)

 (Permanent residence address)

 (City or Village, State and Zip Code)