

**MINOR POLITICAL PARTY  
NOMINATING PETITION AND STATEMENT OF CANDIDACY  
FOR GOVERNOR AND LIEUTENANT GOVERNOR**

To be filed with the office of the Secretary of State not later than the 110 days before the day of the general election and not earlier than the date of filing of the minor party's formation petition.

Revised Code 3517.012, 3513.257, 3513.261, 3501.38

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

**STATEMENT OF CANDIDACY OF GOVERNOR**

I, \_\_\_\_\_, the undersigned, hereby declare under penalty of election  
(Name of Candidate for Governor)  
 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 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  
(Fill in the appropriate date)

general election to be held on the \_\_\_\_\_ day of November, \_\_\_\_\_.

I further declare that I am an elector qualified to vote for the office I seek, and I desire to be the nominee for the \_\_\_\_\_ Party.  
(Name of minor political party or prospective minor political party)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Candidate)

**STATEMENT OF CANDIDACY FOR LIEUTENANT GOVERNOR**

I, \_\_\_\_\_, the undersigned, hereby declare under penalty of election  
(Name of Candidate for Lieutenant Governor)  
 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 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,  
(Fill in the appropriate date)

at the general election to be held on the \_\_\_\_\_ day of November, \_\_\_\_\_.

I further declare that I am an elector qualified to vote for the office I seek, and I desire to be the nominee for the \_\_\_\_\_ Party.  
(Name of minor political party or prospective minor political party)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Candidate)

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

We hereby designate the persons named below 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 for election to the office of Governor and \_\_\_\_\_ as a candidate for election 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 ADDRESS STREET AND NUMBER	CITY, VILLAGE OR TOWNSHIP	COUNTY	DATE OF SIGNING
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

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

**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 \_\_\_\_\_  
(Number)  
 signatures; 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 and Zip Code)

**If applicable, name and address of person or entity employing this person to circulate this petition.**

\_\_\_\_\_  
(Print Name of Employer)

\_\_\_\_\_  
(Street and Number or Rural Route)

\_\_\_\_\_  
(City or Village, State and Zip Code)