

# 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.

R.C. 3517.012, 3513.257, 3513.261, 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  full term or  unexpired term ending \_\_\_\_\_, in the State of Ohio, at the general election  
one 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, and I desire to be the nominee for the  
\_\_\_\_\_  
Party.

Name of Minor Political Party or  
Prospective Minor Political Party

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  full term or  unexpired term ending \_\_\_\_\_, in the State of Ohio, at the general election  
one 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, and I desire to be the nominee for the  
\_\_\_\_\_  
Party.

Name of Minor Political Party or  
Prospective Minor Political Party

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 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.

Name of Candidate for Governor

Name of Candidate for Lieutenant Governor

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

Signature	Voting Residence Street Number and Address	City, Village, or Township	Zip Code	County	Date of Signing
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**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 \_\_\_\_\_ 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 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.

Printed Name of Circulator

Number

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 (or rural route and number)

City or Village

State

Zip Code