

**DECLARATION OF CANDIDACY  
NON-PARTISAN PRIMARY ELECTION  
FOR MEMBER OF A NEWLY FORMED GOVERNING BOARD  
OF AN EDUCATIONAL SERVICE CENTER**

To be filed with the Board of Elections of the county in which the educational service center's central administrative offices are located, not later than 4 p.m. of the 90<sup>th</sup> day before the primary election.

Revised Code 3501.38, 3513.254, 3513.255, 3513.256

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

I, \_\_\_\_\_, the undersigned, hereby declare under penalty  
(Name of Candidate)  
of election falsification that my voting residence address is \_\_\_\_\_,  
(Street and Number, if any, or Rural Route Number)  
\_\_\_\_\_, Ohio \_\_\_\_\_, and I am a qualified elector in the school district.  
(City or Village) (Zip Code)

I further declare that I desire to be a candidate for nomination to the office of Member of the  
Governing Board of the \_\_\_\_\_ Educational Service  
Center, for the: (check one)  2-year term,  4-year term, or  unexpired term ending  
\_\_\_\_\_ at the primary election to be held on the \_\_\_\_\_ day of  
(fill in the appropriate date)  
\_\_\_\_\_, \_\_\_\_\_.

I hereby declare that, if elected to this office or position, I will qualify therefor.

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

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

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

I, \_\_\_\_\_ hereby designate that persons named below as a committee to represent me:

NAME	RESIDENCE

**PETITION FOR CANDIDATE**

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 nomination to the office of MEMBER OF THE GOVERNING BOARD OF EDUCATIONAL SERVICE CENTER as listed above for the: (check one)  2-year term,  4-year term, or  unexpired term ending \_\_\_\_\_ to be voted for at the next primary  
(fill in the appropriate date)  
election, and certify said person is, in our opinion, well qualified to perform the duties of the office or position to which the person desires to be elected.

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

SIGNATURES	VOTING RESIDENCE ADDRESS STREET AND NUMBER	CITY, VILLAGE, OR TOWNSHIP	COUNTY	DATE OF SIGNING
1.				
2.				
3.				

SIGNATURES	VOTING RESIDENCE ADDRESS STREET AND NUMBER	CITY, VILLAGE, OR TOWNSHIP	COUNTY	DATE OF SIGNING
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

**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  
 (Number)  
 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.

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

\_\_\_\_\_  
 (Signature of Circulator)

\_\_\_\_\_  
 (Permanent residence address)

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

**County Board of Elections**  
 Form 2-X – Declaration of Candidacy of

Candidate for \_\_\_\_\_

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Filed \_\_\_\_\_, \_\_\_\_\_

**Certificate of Validity**  
 REVISED CODE 3501.11

We, the undersigned members of the Board of Elections of this county, certify that we have reviewed and examined the foregoing petition and find it to be sufficient and valid, and caused our signatures and official seal to be

Affixed at \_\_\_\_\_, Ohio,  
 This \_\_\_\_\_ day of \_\_\_\_\_,

Chairperson \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Member \_\_\_\_\_

Director \_\_\_\_\_ (seal)