Form No. 3-C Prescribed by Secretary of State (03-09)

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.
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 _____, 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 _____
for the: (check one) ☐ full term, or ☐ unexpired term ending _____, at the
(Fill in the appropriate date)
general election to be held on the _____ day of _____, _____.

I further declare that I am an elector qualified to vote for the office I seek.

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
(Fill in the appropriate date)
at the next general 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.					

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 _____ 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.
.

_____
(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)