

**DECLARATION OF CANDIDACY
PARTY PRIMARY ELECTION
For Governor and Lieutenant Governor**

To be filed with the Secretary of State not later than 4 p.m. of the 75th day before the primary election.
Revised Code 3513.04, .05, .07, .09, .10, .191, 3501.38

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

STATEMENT OF CANDIDACY FOR GOVERNOR

I, _____, *the undersigned, hereby declare under penalty of*
(Name of Candidate for Governor)
election falsification that my voting residence 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 as a member of the
_____ *Party for the* *full term; or* *unexpired term ending* _____
(Fill in the appropriate date)
at the primary election to be held on the _____ *day of* _____.

I further declare that, if elected to this office or position, I will qualify therefor, and that I will support and abide by the principles enunciated by the _____ *Party.*

Dated this _____ *day of* _____.

(Signature of Candidate)

STATEMENT OF CANDIDACY FOR LIEUTENANT GOVERNOR

I, _____, *the undersigned, hereby declare under penalty of*
(Name of Candidate for Lieutenant Governor)
election falsification that my voting residence 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 as a member of the _____ *Party for the* *full term; or* *unexpired term ending* _____
(Fill in the appropriate date)
at the primary election to be held on the _____ *day of* _____.

I further declare that, if elected to this office or position, I will qualify therefor, and that I will support and abide by the principles enunciated by the _____ *Party.*

Dated this _____ *day of* _____.

(Signature of Candidate)

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

PETITION FOR CANDIDATE

(This petition shall be circulated only by a member of the same political party as stated above by the 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, and members of the _____ *Party, hereby*
certify that _____,
(Names of Candidates)

whose declaration of candidacy is filed herewith, are in our opinion, well qualified to perform the duties of the office or position to which they jointly desire to be elected.

Signatures on this petition must be from only one county and must be written in ink. Signatures on this petition shall be of persons who are of the same political party as stated above by the candidate.

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.				
18.				

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 am a qualified
 (Printed Name of Circulator)

elector of the State of Ohio and reside at the address appearing below my signature; that I am a member of the _____ Party; 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 in this state)

 (City or Village and Zip Code)

<p>To be completed by circulator, if applicable: Name and address of person or entity employing you to circulate this petition paper.</p> <p>_____ (Print Name of Employer)</p> <p>_____ (Street and Number or Rural Route)</p> <p>_____ (City or Village and Zip Code)</p>
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