

# 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 4 p.m. of the day before the primary election.  
Revised Code 3513.257, .261, .262, 3501.38

**NOTE - EACH CANDIDATE MUST FILL IN, SIGN AND DATE THIS 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 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 election to the office of Governor for the  full term; or  
 unexpired term ending \_\_\_\_\_, in the State of Ohio, at the general election to be  
(Fill in the appropriate date)  
held on the \_\_\_\_\_ day of November, \_\_\_\_\_.

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

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 address is \_\_\_\_\_,  
(Street and Number, if any, or Rural Route Number)  
\_\_\_\_\_, Ohio \_\_\_\_\_;  
(City or Village) (Zip Code)

and I am a qualified elector. I further declare that I desire to be a candidate for election to the office of Lieutenant  
Governor for the  full term; or  unexpired term ending \_\_\_\_\_, in the State of Ohio, at the general  
(Fill in the appropriate date)  
election to be held on the \_\_\_\_\_ day of November, \_\_\_\_\_.

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.

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.					
18.					
19.					

**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 the circulator of the  
 foregoing petition containing \_\_\_\_\_ signatures; that I witnessed the affixing of every signature; that  
 (Number)  
 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><i>If applicable, name and address of person or entity employing this person to circulate this petition.</i></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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