

DECLARATION OF INTENT TO BE A WRITE-IN CANDIDATE

ALL OFFICES EXCEPT ANY FEDERAL OFFICE AND GOVERNOR AND LIEUTENANT GOVERNOR

(Revised Code 3513.041)

To be completed, signed by the candidate named herein, and filed with the appropriate county board of elections or, if the office is to be voted on statewide, the Secretary of State's Elections Division, not later than 4 p.m. of the 62nd day before the primary or general election, whichever is appropriate. Filing must be accompanied by the fees indicated in R.C. 3513.10.

I, _____, the undersigned, declare under penalty of
(Legal name of candidate)

election falsification that my qualifying voting residence address is _____,
(Street and number or Rural Route #)

_____, Ohio _____.
(City or Village) (Zip Code)

I possess the necessary qualifications to be a candidate for the office of _____ for
full term commencing _____, or unexpired term ending _____, in
(check one box and fill in the appropriate date):

the _____.
(Identify the State, district, county, etc. of the office)

I declare that I am an elector qualified to vote for the office I seek. I desire to be a write-in candidate for
(complete one of the following three options):

Nomination of the _____ Party at the primary election to be held on the
(Name of political party)
_____ day of _____, _____.
(Month) (Year)

Election at the general election to be held on the _____ day of _____, _____.
(Month) (Year)

Election to the office of member of county central committee of the _____ Party
(Name of political party)
at the primary election to be held on _____ day of _____, _____.
(Month) (Year)

X _____
(Signature of Candidate)

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