Form No. 2-A Prescribed by the Ohio Secretary of State (09-17)

Declaration of Candidacy and Petition

Party Primary Election

For Governor and Lieutenant Governor

To be filed with the Secretary of State not later than 4 p.m. of the 90th day before the primary election.

R.C. 3513.04, .05, .07, .09, .10, .191, 3501.38

Declaration of Candidacy for Governor

NOTE - Each candidate must fill in, sign and date this declaration of candidacy before the signatures of electors are affixed.

I, _____ (Name of Candidate for Governor), the undersigned, hereby declare under penalty of election falsification that my voting residence address is _____ (Street Number and Address (or rural route and number, if any)), _____ (City or Village), Ohio _____ (Zip Code). and I am a qualified elector.

I further declare that I desire to be a candidate for nomination to the office of Governor as a member of the _____ (Political Party) Party for the: **Check one** ☐ full term or ☐ unexpired term ending _____ (Unexpired Term Ending Date) at the primary election to be held on the _____ (Day) day of _____ (Month), _____ (Year).

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 _____ (Political Party) Party.

Dated this _____ (Day) day of _____ (Month), _____ (Year). _____

Signature of Candidate

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

Declaration of Candidacy for Lieutenant Governor

NOTE - Each candidate must fill in, sign and date this declaration of candidacy before the signatures of electors are affixed.

I, _____ (Name of Candidate for Lieutenant Governor), the undersigned, hereby declare under penalty of election falsification that my voting residence address is _____ (Street Number and Address (or rural route and number, if any)), _____ (City or Village), Ohio _____ (Zip Code), and I am a qualified elector.

I further declare that I desire to be a candidate for nomination to the office of Lieutenant Governor as a member of the _____ (Political Party) Party for the: **Check one** ☐ full term or ☐ unexpired term ending _____ (Unexpired Term Ending Date) at the primary election to be held on the _____ (Day) day of _____ (Month), _____ (Year).

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 _____ (Political Party) Party.

Dated this _____ (Day) day of _____ (Month), _____ (Year). _____

Signature of Candidate

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

Petition for Candidates

This petition shall be circulated only by a member of the same political party as stated above by the candidates.

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 _____ (Political Party) 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 to which they jointly desire to be elected.

Signatures on this petition should 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 candidates.

Signature	Voting Residence Street Number and Address	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 the circulator.

I, _____, declare under penalty of election falsification that I reside at the address
Printed Name of Circulator
appearing below my signature; that I am a member of the _____ Party; that I am the circulator
Political Party
of the foregoing petition containing _____ signatures; that I witnessed the affixing of every signature;
Number
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

_____ _____ _____
City or Village State Zip Code

To be completed by the circulator, if applicable: Name and address of person or entity employing you to circulate this petition paper.

Print Name of Employer	Street Number and Address (or rural route and number)	City or Village	State	Zip Code