

## Declaration of Candidacy Party Primary Election for District Office For Representative to Congress

To be filed with the Board of Elections of the most populous county or part county of the district not later than 4 p.m. of the 90<sup>th</sup> day before the primary election.

R.C. 3513.05, .07, .08, .09, .10, .191, 3501.38

### Declaration of Candidacy

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

I, \_\_\_\_\_, the undersigned, hereby declare under penalty of election falsification that  
Name of Candidate  
 my residence address is \_\_\_\_\_, \_\_\_\_\_, Ohio \_\_\_\_\_.  
Street Number and Address, if any, (or rural route and number) City or Village Zip Code

I further declare that I desire to be a candidate for nomination to the office of Representative to Congress as a member of the \_\_\_\_\_ Party from the \_\_\_\_\_ District for the:  full term or  unexpired term ending \_\_\_\_\_, at the primary election to be held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Political Party District Number Unexpired Term Ending Date Day 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 \_\_\_\_\_ Party.  
Political Party

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year \_\_\_\_\_  
**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 \_\_\_\_\_, whose declaration of candidacy is filed herewith, is in our opinion, well qualified to perform the duties of the office or position to which the person desires to be elected.  
Political Party Name of Candidate

**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 candidate.**

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.				

