Form No. 10-G. Prescribed by Secretary of State (10-2021)

ATTORNEY-IN-FACT AUTHORIZATION WITH PHYSICIAN STATEMENT ACKNOWLEDGED BEFORE AN ELECTION OFFICIAL

R.C. 3501.382(A)(1)(b) & (F), 3501.011

Notice: The powers granted by this document are limited. You may revoke this attorney-in-fact authorization if you later wish to do so.

I, _____ by reason of disability, am unable to
(Name of Voter Granting Authority)
physically sign my name and hereby appoint:

_____ _____
(Name of Attorney-In-Fact) (Date of Birth)

_____ _____
(Residence Address) (Ohio Supreme Court Registration Number (If Applicable)

_____
(City, State and ZIP)

a legally competent resident of this state who is 18 years of age or older, as my attorney-in-fact to act for me in any lawful way with respect to the following subject:

Sign my name as a candidate, signer, or circulator on a declaration of candidacy and petition, nominating petition, other petition, or other documents under Title XXXV of the Revised Code at my direction and in my presence.

The form of signature my attorney-in-fact will use when signing my name is:

_____
(Form of signature Attorney-In-Fact will use for Voter)

A photocopy of my attorney-in-fact's driver's license or state identification card issued under section 4507.50 of the Revised Code is attached to this form.

Completed this the _____ day of _____ , _____ _____
(Day) (Month) (Year) **Voter's Mark (if Voter is able to make a mark)**

Acknowledged before _____
(Printed Name of Election Official)

PHYSICIAN'S STATEMENT

I, _____ hereby state that _____ .
(Name of Licensed Physician) (Name of Voter Granting Authority)
is disabled, and by reason of that disability, is physically unable to sign his/her name to petitions or other election documents.

_____
(Signature of Licensed Physician)

_____
(Business Address)

_____
(City, State and ZIP Code)

_____
(Telephone Number)