Form No. 2-F Prescribed by the Ohio Secretary of State (12/2024)

Declaration of Candidacy

Party Primary Election for District Office

For State Senator or State Representative

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 90th day before the primary election.

R.C. 3513.05, .07, .08, .09, .10, .191, 3501.38, 3513.06

Declaration of Candidacy

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

I, _____ ,
Name of Candidate (include all prior names used in the past 5 years, excluding marriage name changes)

the undersigned, hereby declare under penalty of election falsification that my voting residence address is

_____ , _____ , Ohio _____ , and I am a qualified elector.
Street Number and Address (or rural route and number, if any) City or Village Zip Code

I further declare that I desire to be a candidate for nomination to the office of _____
Office

as a member of the _____ Party from the _____ District for the: **Check one** ☐ full term or ☐ unexpired
Political Party District Number

term ending _____ , at the primary election to be held on the _____ day of _____ , _____ .
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.				

Signature	Voting Residence Street Number and Address	City, Village, or Township	County	Date of Signing
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

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