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

Declaration of Candidacy

Party Primary Election

For Member of State Central Committee to be Elected

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

R.C. 3513.05, .07, .09, .10, .191, 3501.38, 3517.03, 3513.262, 3513.06

The controlling committee of each major political party or organization is the state central committee consisting of two members, one a man and one a woman, representing each senatorial district in the state, as the outgoing committee determines. The candidate must fill in and sign the declaration of candidacy before obtaining signatures on the petition. No less than 5 nor more than 15 signatures must be obtained. Each signer must be a member of the same political party as the candidate and must be a qualified elector of the state senatorial district the candidate wishes to represent on the committee.

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 election to the office of Member of the State Central Committee as a member of the _____ Party from the _____ Senate District, at the primary election to be held on the _____ day of _____ , _____ .
Political Party District Number 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
Political Party
that _____ , whose declaration of candidacy is filed herewith, is in our opinion,
Name of Candidate
well qualified to perform the duties of the office or position to which the person desires 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 candidate.

Signature	Voting Residence Street Number and Address	City, Village, or Township	County	Date of Signing
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Signature	Voting Residence Street Number and Address	City, Village, or Township	County	Date of Signing
9.				
10.				
11.				
12.				
13.				
14.				
15.				

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