Form No. 3-B Prescribed by the Ohio Secretary of State (12/2024)

Nominating Petition and Statement of Candidacy

For Governor and Lieutenant Governor

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

R.C. 3513.257, .261, .262, 3501.38, 3513.271

Statement of Candidacy for Governor

NOTE - Each candidate must fill in, sign and date this statement of candidacy before petitions are circulated.

I, _____ ,
Name of Candidate for Governor (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 Governor for the:

Check one ☐ full term or ☐ unexpired term ending _____ , in the State of Ohio, at the general election
Unexpired Term Ending Date

to be held on the _____ day of November, _____ .
Day | Year

I further declare that I am an elector qualified to vote for the office I seek.

Dated this _____ day of _____ , _____ . _____
Day | Month | Year | **Signature of Candidate**

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

Statement of Candidacy for Lieutenant Governor

NOTE - Each candidate must fill in, sign and date this statement of candidacy before petitions are circulated.

I, _____ ,
Name of Candidate for Lieutenant Governor (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 Lieutenant Governor for the:

Check one ☐ full term or ☐ unexpired term ending _____ , in the State of Ohio, at the general election
Unexpired Term Ending Date

to be held on the _____ day of November, _____ .
Day | Year

I further declare that I am an elector qualified to vote for the office I seek.

Dated this _____ day of _____ , _____ . _____
Day | Month | Year | **Signature of Candidate**

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

We hereby designate the persons named below as a committee to represent us:

Name	Residence

Nominating Petition

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, hereby nominate _____ as a candidate
Name of Candidate for Governor

for election to the office of Governor and _____ as a candidate for election
Name of Candidate for Lieutenant Governor

to the office of Lieutenant Governor; to be jointly voted for at the next general election, and certify said persons 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 must be from only one county and must be written in ink.

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.				
19.				
20.				

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 the circulator of the foregoing petition containing _____ signatures;
Number
that I witnessed the affixing of every signature; 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