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

Nominating Petition and Statement of Candidacy

For District Office

For Representative to Congress

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

R.C. 3513.257, .261, .262, .28, 3501.38, 3513.271

Statement of Candidacy

NOTE - The candidate must fill in, sign and date this statement 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 residence address is

_____ , _____ , Ohio _____ .
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 Representative to Congress for the:

Check one ☐ full term or ☐ unexpired term ending _____ , from the _____ District of Ohio, at
Unexpired Term Ending Date District Number

the general election to be held on the _____ day of _____ , _____ .
Day Month Year

I further declare that, if elected to this office, I will qualify therefor.

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

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

I, _____ , hereby designate the persons named below as a committee to represent me:
Name of Candidate

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
Name of Candidate

candidate for election to the office of Representative to Congress in the _____ District of Ohio, for the:
District Number

Check one ☐ full term or ☐ unexpired term ending _____ , to be voted for at the next general election, and certify said person is, in our opinion, well qualified to perform the duties of the office or position to which the person desires to be elected.
Unexpired Term Ending Date

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

Signature	Voting Residence Street Number and Address	City, Village, or Township	County	Date of Signing
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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