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

# Nominating Petition and Statement of Candidacy

## For Municipal Office

**For use in cities or any village with a population of 2,000 or more**

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

*R.C. 3501.38, 3513.261, 3513.262, 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 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 _____ in
Office

the Municipality of _____ for the:
Name of Municipality

**Check one** ☐ full term or ☐ unexpired term ending _____ , in _____ County, Ohio at
Unexpired Term Ending Date

the general election 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**

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

| Name | Residence |
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## 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 _____ in the Municipality of
Office

_____ for the: **Check one** ☐ full term or ☐ unexpired term ending _____ ,
Name of Municipality | Unexpired Term Ending Date

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.

**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. | | | | |

| Signature | Voting Residence Street Number and Address | City, Village, or Township | County | Date of Signing |
|---|---|---|---|---|
| 6. | | | | |
| 7. | | | | |
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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