Form No. 4-A Prescribed by the Ohio Secretary of State (04/2025)

Petition to Form a Minor Political Party

R.C. 3517.01, 3517.012, 3501.38

This petition must be signed by qualified electors equal in number to at least one percent (1%) of the total number of votes cast for governor or nominees for presidential electors at the most recent election for such office. The petition must be signed by not fewer than 500 qualified electors from each of at least a minimum of one-half of the congressional districts (CD) in the state.

Declaration

We, the undersigned, hereby declare our intention to organize a political party which shall be known as the

_____ Party, and that it is our intention to participate as a political party in
Name of Minor Political Party

the next general election that occurs more than 125 days after the date of filing.

We hereby designate the persons named below as a committee to be regarded as filing this petition:

Name	Residence

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	CD# (Congressional District)	Date of Signing
1.					
2.					
3.					
4.					
5.					
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18.					
19.					
20.					

Signature	Voting Residence Street Number and Address	City, Village, or Township	County	CD# (Congressional District)	Date of Signing
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
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43.					

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