Form No. 6-M Prescribed by Ohio Secretary of State (05/2026)

Petition for an Election on the Question "Shall the County Budget Commission consist of two additional members to be elected from the county?"

To be filed with the Board of Elections no later than 4 p.m. of the 90th day before the general election.

R.C. 3501.38, 5705.27

To the Board of Elections of _____ County, Ohio:

We, the undersigned, qualified electors of _____ County, Ohio, respectfully petition that you submit to the electors of said county, at the general election to be held on the _____ (Day) day of November, _____ (Year), the question:

"Shall the county budget commission consist of two additional members to be elected from the county?"

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.					
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10.					
11.					
12.					
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14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					

	Signature	Voting Residence, Street Number and Address	City, Village or Township	County	Date of Signing
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
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36.					
37.					
38.					
39.					
40.					
41.					
42.					

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.

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

_____
Signature of Circulator

_____
Permanent Residence Address

_____ _____ _____
City or Village State Zip Code