CERTIFICATION FORM

State Issue Petition Filed August 5, 2008

Proposed Initiated Statute
Paid Sick Leave for Ohio Employees
(Healthy Families Act)

On behalf of the _____ County Board of Elections, I hereby certify that we have examined the enclosed part-petitions. The numbers of valid and invalid signatures on the part-petitions for the proposed referendum are as follows:

	PETITIONS	SIGNATURES
1. Number of valid part-petitions	_____	
Number of **valid** signatures		_____
Number of **invalid** signatures		_____
2. Number of invalid part-petitions	_____	
Number of signatures on invalid part-petitions		_____
3. **Total** number of ***part–petitions*** received (valid and invalid)	_____	
4. **Total** number of ***signatures*** on part-petitions (valid and invalid)...		_____

Signed: _____
Director

_____
Date

Petitions must be received by the Secretary of State's office no later than September 5, 2008

Keep a copy of your completed Certification Form for your files.