

ATTORNEY-IN-FACT AUTHORIZATION EXECUTED BEFORE A NOTARY PUBLIC

R.C. 3501.382(A)(1)(a) & (F), 3501.011

Notice: The powers granted by this document are limited. You may revoke this attorney-in-fact authorization if you later wish to do so.

I, _____ by reason of disability, am unable to
(Name of Voter Granting Authority)

physically sign my name and hereby appoint:

(Name of Attorney-In-Fact)

(Date of Birth)

(Residence Address)

(Ohio Supreme Court Registration Number (If Applicable))

(City, State and ZIP)

a legally competent resident of this state who is 18 years of age or older, as my attorney-in-fact to act for me in any lawful way with respect to the following subject:

Sign my name as a candidate, signer, or circulator on a declaration of candidacy and petition, nominating petition, other petition, or other documents under Title XXXV of the Revised Code at my direction and in my presence.

The form of signature my attorney-in-fact will use when signing my name is:

(Form of signature Attorney-In-Fact will use for Voter)

A photocopy of my attorney-in-fact's driver's license or state identification card issued under section 4507.50 of the Revised Code is attached to this notarized form.

Completed this the _____ day of _____,
(Day) (Month) (Year)

Voter's Mark (if Voter is able to make a mark)

STATEMENT OF NOTARY PUBLIC

Sworn to and acknowledged before me by _____ on the _____ day of _____
(Print name of voter granting authority) (Day)

_____, _____ in the City/Village of _____, County of _____,
(Month) (Year) (City/Village) (County)

State of Ohio.

SEAL

Signature of Notarial Officer
Notary Public for the State of Ohio

My commission expires on _____.