

City-wide Election Area Commission Candidate Petition

TIMELINE	
JUNE 1	Candidate packets released
JUN 1 – AUG 15	AC candidate signature collection period
AUGUST 15	Completed petition packets due to Area Commission
AUG 15 – AUG 26	AC Elections Committees certify completed candidate packets
*AUG 27	***City-Wide Elections held 10am – 2pm ***
SPT 1 – SPT 30	Certify results during September AC meeting; Submit & process appointment forms
SPT 1 – SPT 30	New commissioners meet with Liaison
SPT 1 – DEC 31	City-Wide commissioner training offered
SPT 1 – DEC 31	Zoning training offered
JAN 1	New Commissioner appointment terms begin

Instructions

1. Complete the *Candidate Profile*.
2. Acquire appropriate number of signatures from residents within your area commission's boundaries.
3. **To be eligible for participation in the August 27th election, all items must be submitted to _____ at _____ on or before the deadline of August 15th, by 5pm.**

Candidate Profile

Area Commission for which you are applying: _____

How many meetings have you attended? _____

Have you informed the commission of your intention to apply? Yes No

Are you applying to be re-appointed to a seat that you currently hold? Yes No

*Name: _____ Date: _____

*Home Address: _____

*City / Township: _____ *Zip Code: _____

*Email Address: _____ *Home Phone: _____

*Cell Phone: _____ Work Phone: _____

Neighborhood: _____



City-wide Election Area Commission Petition Signature Form

I, (name of candidate) _____, hereby declare under penalty of election falsification, that my primary residential address is (address of candidate) _____, Columbus, Ohio, _____, and I am a qualified candidate for the Office of Commissioner for (name of Area Commission) _____.

We, the undersigned, declare we are 18 years of age or older and are residents within the (name of Area Commission) _____ boundaries; and do hereby certify that the above listed candidate, whose declaration of candidacy is filed here within, is in our opinion, well qualified to perform the duties of the Office of Commissioner for the (name of Area Commission) _____, in the City of Columbus, County of Franklin and the State of Ohio.

***The below form must be filled out and signed using ink*

#	Printed Name	Address	Signature	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				



#	Printed Name	Address	Signature	Date
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				



#	Printed Name	Address	Signature	Date
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				



#	Printed Name	Address	Signature	Date
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				



#	Printed Name	Address	Signature	Date
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				

