

**POWER OF ATTORNEY
EXECUTED BEFORE A NOTARY PUBLIC**

R.C. 3501.382 (A)(1)(a)

Notice: The powers granted by this document are limited. You may revoke this power of attorney if you later wish to do so.

I, _____, by reason of disability, am unable to sign my name and hereby appoint:

_____	_____
Name of Attorney in fact	Date of Birth
_____	_____
Residence Address	Ohio Supreme Court Registration Number (If applicable)

City 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 XVIII 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:

_____.

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.

Signed this _____ day of _____.

Your Signature or Mark

JURAT OF NOTARY PUBLIC

Sworn to and acknowledged before me by _____ on the _____ day of _____
Print Name of Grantor

_____, _____, in the city/village of _____,

county of _____, state of Ohio.

SEAL

Signature of Notarial Officer
Notary Public for the State of Ohio

My commission expires on _____.