

**REGISTRATION FORM FOR
ANY PERSON WHO WILL RECEIVE, OR EXPECTS TO RECEIVE,
COMPENSATION FOR ASSISTING ANY OTHER PERSON TO REGISTER TO VOTE**
Section 3503.29 of the Revised Code of Ohio

Please print clearly or type (* Indicates a required field):

* Name _____

* Permanent address _____

* Date of birth _____

Phone number _____

E-mail address _____

Name and address of person, group, organization, office or entity providing compensation

* Counties in which you will register voters:

All 88 counties

Selected counties:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature of Registrant

Date Signed

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

**Before registering any elector, you must file your completed original registration with:
Ohio Secretary of State – Elections Division, 180 E. Broad Street, 15th floor, Columbus OH 43215**