AFFIRMATION OF 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:

I, _____ (full name), *declare under penalty of election falsification that my permanent address is* _____ (street address), _____ (city or village), _____ (state) _____ (zip code). *My date of birth is* _____ (month/day/year).

I have registered with the Ohio Secretary of State's office in accordance with Ohio Revised Code section 3503.29(C)(1), and have completed that office's online training program required by Ohio Revised Code section 3503.29(C)(2), as a person who will receive, or expects to receive, compensation this year for providing, assisting in completing, or returning any voter registration form to or on behalf of another person.

I expect to receive compensation for registering voters this year in the following counties:

☐ All 88 counties

☐ Selected counties:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I further declare that I will follow all applicable laws of Ohio while registering voters in this state. I will return any properly completed registration form in the time prescribed by law to a county board of elections or the secretary of state's office, and not to any other person, group, organization or entity.

I acknowledge that I must submit a single copy of this affirmation with each set of voter registration forms entrusted to me that I return one time to any county board of elections or the office of the secretary of state.

_____ 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 affirmation with: Ohio Secretary of State – Elections Division, 180 E. Broad Street, 15th floor, Columbus OH 43215

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