

County \_\_\_\_\_

# **INITIATIVE PETITION**

Amendment to the Constitution

Proposed by Initiative Petition

To be submitted directly to the electors

## **Amendment**

TITLE: None of the Above ("NOTA") ballot option

### **SUMMARY**

An element that formed the basis of the Ohio State government is the principle of the consent of the governed. Ohioans freedom to consent means that Ohioans should have the option to withhold their consent. Withholding consent is not the same as not voting. This initiative would:

1. Allow Ohioans the ability to withhold their consent for all primary elections for all state and county central committee positions, state officers, the General Assembly, all county prosecutors, common pleas court judges, appellate court judges, and Ohio Supreme Court Justices
2. Provide for a "None of the Above" ballot option for the aforementioned elections.
3. Provide for a special election to occur within ninety days from an election where the "None of the Above" option received the most votes.
4. Prevent any candidate that received less votes than the "None of the Above" option from competing in the special election held for that office.

### **COMMITTEE TO REPRESENT THE PETITIONERS**

The following persons are designated as a committee to represent the petitioners in all matters relating to the petition or its circulation:

1. Conrad Allen 941 E. 6th St., Ottawa, Ohio 45875
2. Kelly Kohls 4255 Nicholson Rd. Clarksville, Ohio 45113
3. Thomas R. Zawistowski, 2549 Canfield Road, Akron, Ohio 44312 - Summit County
4. Kirsten Hill 44905 N Ridge Amherst, Ohio 44001
5. Edward M. Dean 7594 Mapleway Drive Olmsted Falls, Ohio 44138

**NOTICE**

**Whoever knowingly signs this petition more than once: except as provided in section 3051.382 of the Revised Code, signs a name other than one's own on this petition; or sign this petition when not a qualified voter, is liable to prosecution.**

**MUST USE THE MOST RECENT ADDRESS ON FILE WITH THE BOARD OF ELECTIONS**

*(Sign with ink. Your name, residence, and date of signing must be given)*

| Signature | County | Township | Rural Route or Other Post Office Address | Mo/Day/Yr |
|-----------|--------|----------|--|-----------|
|-----------|--------|----------|--|-----------|

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)

(Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

| Signature | County | City or Village | Street and Number Ward/Precinct | Mo/Day/Yr |
|-----------|--------|-----------------|---------------------------------|-----------|
| 1.        |        |                 |                                 |           |
| 2.        |        |                 |                                 |           |
| 3.        |        |                 |                                 |           |
| 4.        |        |                 |                                 |           |
| 5.        |        |                 |                                 |           |
| 6.        |        |                 |                                 |           |
| 7.        |        |                 |                                 |           |
| 8.        |        |                 |                                 |           |
| 9.        |        |                 |                                 |           |
| 10.       |        |                 |                                 |           |
| 11.       |        |                 |                                 |           |
| 12.       |        |                 |                                 |           |
| 13.       |        |                 |                                 |           |
| 14.       |        |                 |                                 |           |

**MUST USE THE MOST RECENT ADDRESS ON FILE WITH THE BOARD OF ELECTIONS**  
*(Sign with ink. Your name, residence, and date of signing must be given)*

| Signature | County | Township | Rural Route or Other Post Office Address | Mo/Day/Yr |
|-----------|--------|----------|--|-----------|
|-----------|--------|----------|--|-----------|

(Voters who do not live in a municipal corporation should fill in the information called for by headings printed above.)  
 (Voters who reside in municipal corporations should fill in the information called for by headings printed below.)

| Signature | County | City or Village | Street and Number Ward/Precinct | Mo/Day/Yr |
|-----------|--------|-----------------|---------------------------------|-----------|
| 15.       |        |                 |                                 |           |
| 16.       |        |                 |                                 |           |
| 17.       |        |                 |                                 |           |
| 18.       |        |                 |                                 |           |
| 19.       |        |                 |                                 |           |
| 20.       |        |                 |                                 |           |
| 21.       |        |                 |                                 |           |
| 22.       |        |                 |                                 |           |
| 23.       |        |                 |                                 |           |
| 24.       |        |                 |                                 |           |
| 25.       |        |                 |                                 |           |
| 26.       |        |                 |                                 |           |
| 27.       |        |                 |                                 |           |
| 28.       |        |                 |                                 |           |
| 29.       |        |                 |                                 |           |
| 30.       |        |                 |                                 |           |

## **FULL TEXT OF THE AMENDMENT**

**Be it resolved by the people of the State of Ohio: That the Constitution of the State of Ohio be amended as follows, to read as follows:**

### **None of the Above Provision**

In all primary elections for all state and county central committee positions, for all state officers, the General Assembly, all county prosecutors, common pleas court judges, appellate court judges, and Ohio Supreme Court Justices, voters shall be provided with the option of voting for "None of the Above".

Votes cast for the "None of the Above" option shall be tallied and listed in official election results. If the "None of the Above" option receives a winning number of votes, a special election will occur within 90 days. No candidate that received fewer votes than the "None of the Above" option in an election shall participate in the resulting special election for the same office.

## STATEMENT OF CIRCULATOR

I, \_\_\_\_\_, declare under penalty of election falsification that I am the circulator of the foregoing petition paper containing the signatures of \_\_\_\_\_ electors, that the signatures appended hereto were made and appended in my presence on the date set opposite of each respective name, and are the signatures of the persons whose names they purport to be or of attorneys in fact acting pursuant to the section 3501.382 of the Revised Code, and that the electors signing this petition did so with the knowledge of the contents of the same. I am employed to circulate this petition

by \_\_\_\_\_

(Name and address of employer.) (The preceding sentence shall be completed as required by section 3501.38 of the Revised Code ***if the circulator is being employed to circulate the petition.***)

I further declare under penalty of election falsification in accordance with section 3501.38 of the Revised Code that I witnessed the affixing of every signature to the foregoing petition paper, that all signers were to the best of my knowledge and belief qualified to sign, and that every signature is to the best of my knowledge and belief the signature of the person whose signature it purports to be or of an attorney in fact acting pursuant to section 3501.382 of the Revised Code.

---

*Signature of Circulator*

---

*Address of circulator's permanent residence in this state. House Number and Street, Road or Rural Rt.*

---

*City, Village or Township.*

*State.*

*Zip Code*

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