

Far West Side Area Commission Candidate Profile Form

Instructions:

1. Complete this form **(Candidate Profile Form)** and the narrative expressing the relevant experience you will bring to the Area Commission. Please use additional sheets of paper if needed.
2. Complete the **Petition for Candidate Seeking Nomination**, collect, and submit a minimum of 25 valid signatures using the **Nomination Signature Form**. You may make additional copies of this form.
3. Submit a signed copy of the **Statement of Understanding and Agreement Form**.
4. Email entire packet (items 1-3) to farwestsidecbus.elections@gmail.com by 5 p.m. on **June 27, 2025**.

CANDIDATE INFORMATION	
How many FWSAC meetings have you attended?	
Have you informed the Commission of your intention to apply?	
Are you applying to be re-elected to a seat that you currently hold?	
Name:	
Home Address:	
Home Phone:	
Cell Phone:	
Email:	
<p>Why do you want to serve on the Area Commission? What experience, if any, do you have relevant to the role?</p> <p>Please write legibly in the space provided or attach a typed document to this petition. (Please note, if you are selected, this bio will be submitted with your appointment form to Columbus City Council and the Mayor's Office and will become public record).</p>	

**Petition for Candidate Seeking Nomination
to the Far West Side Area Commission**
(To be filed with the FWSAC Elections and Appointments Committee)

WE, THE UNDERSIGNED QUALIFIED ELECTORS OF THE FAR WEST SIDE AREA, CITY OF COLUMBUS, COUNTY OF FRANKLIN, AND THE STATE OF OHIO, HEREBY PRESENT FOR A PLACE UPON THE BALLOT:

(Candidate Name)

AN ELECTOR OF SAID AREA, WHOSE RESIDENCE IS:

(Candidate Address)

(Candidate Contact Information Email)

(Candidate Phone Number)

AS A CANDIDATE SEEKING NOMINATION FOR THE OFFICE OF COMMISSIONER FOR THE FAR WEST SIDE AREA COMMISSION, TO BE VOTED FOR AT THE ELECTION NEXT HEREAFTER TO BE HELD.

EACH SIGNER HERETO, HEREBY PLEDGES TO SUPPORT AND VOTE FOR THE CANDIDATE WHOSE NAME IS HEREIN PRESENTED FOR A PLACE UPON THE BALLOT, AND STATES THAT HE/SHE/THEY HAS/HAVE SUBSCRIBED TO NO MORE THAN ONE NOMINATION FOR EACH OF THE PLACES TO BE FILLED.

Far West Side Area Commission Nomination Signature Form

Instructions:

1. Please use ink.
2. Valid Signees must live within the Far West Side Area Commission Boundaries.
3. Signees are **not** required to be registered to vote.
4. Signees must be 18 years of age or older.
5. Applicants must return a minimum of **25** valid signatures by **June 27, 2025** in order to be placed on the **August** Far West Side Area Commission election ballot with the election to be held on **August 26, 2025**.

	Name	Signature	Home Address	Date
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**Far West Side Area Commission
Nomination Signature Form**

	Name	Signature	Home Address	Date
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Far West Side Area Commission
Statement of Understanding and Agreement

I hereby state that I have completely read and fully understand the duties and responsibilities of a member of the Far West Side Area Commission, as described in the bylaws of said Commission.

I further agree to comply with all Articles and bylaws, with the special attention to Article IV, Section 6. I understand that my failure to attend the required number of meetings may result in my disqualification for continued membership on this Commission.

Printed name

Signature

Date