



J. KENNETH BLACKWELL
Ohio Secretary of State

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DIRECTIVE NO. 2006-61

September 7, 2006

To: **ALL COUNTY BOARDS OF ELECTIONS**

STATE BOARD OF EDUCATION AND COUNTY COURT JUDGE CANDIDATES

Enclosed are the candidate report forms for State Board of Education and County Court Judge, to be completed **only** by those boards that:

- ◆ are the most populous for the State Board of Education [Districts 2, 3, 4, 7 and 8], or
- ◆ have expiring or unexpired terms for county court judge.

Please *fax* (614-752-4360) the completed forms to Denise Sherrod by **September 15**

WRITE-IN CANDIDATES

Please report all valid write-in candidates on the enclosed form to our office by **September 15**. Please *fax* (614-752-4360) the form to Denise Sherrod. **All Boards must fax us a completed form.**

REMINDER

If you have not already done so, please provide to Denise Sherrod *via fax* (614-752-4360) **no later than September 15** the following information for each independent candidate who has filed with your office:

- ◆ candidate's name,
- ◆ candidate's address,
- ◆ office sought and, if applicable, term commencing date.

If you have any question regarding this directive, please contact the Elections Division at (614) 466-2585.

Sincerely,

A handwritten signature in black ink that reads "Monty Lobb".

Monty Lobb
Assistant Secretary of State

Return by September 15 to Denise Sherrod *via fax* (614-752-4360).

COUNTY COURT JUDGE

_____ COUNTY

Full Term Commencing _____ or Unexpired Term Ending _____

District _____ or Area _____
(if applicable)

Candidate Name _____

Street Address _____

City _____ Zip _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Full Term Commencing _____ or Unexpired Term Ending _____

District _____ or Area _____
(if applicable)

Candidate Name _____

Street Address _____

City _____ Zip _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Date

Director

Return by September 15 to Denise Sherrod via fax (614-752-4360)

STATE BOARD OF EDUCATION

_____ COUNTY

District _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Date Director

Return by September 15 to Denise Sherrod via fax (614-752-4360)

WRITE-IN CANDIDATES

_____ COUNTY

WE HAVE **NO** WRITE-IN CANDIDATES

Office Sought _____

District or Term commencing (if applicable) _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Office Sought _____

District or Term commencing (if applicable) _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Office Sought _____ Zip _____

District or Term commencing (if applicable) _____

Candidate Name _____

Street Address _____

City _____ Zip _____

Date Director