

# Notice of Appointment or Amendment of Observer(s) at Precincts on Election Day

*print clearly  
fill out both sides  
fields 1, 2 & 3*

R.C. 3505.21

Lawful appointing authorities may appoint one observer to each precinct on Election Day. The Notice of Appointment must be filed with the Board of Elections not less than 11 days before Election Day.

Any Notice of Amendment to the original appointment must be filed by 4 p.m. on the day before Election Day. Please indicate substitutions underneath the original appointee's name.

## Specify Appointing Authority, Sign and Date

Required

You must choose **ONE** of these options.

1

Today's Date 

M	M	/	D	D	/	Y	Y	Y	Y
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The Central Committee Chairperson and Secretary of the name of county or state  
name of political party Party,

▶ **REQUIRED** signatures of party Central Committee Chairperson **AND** Secretary

\_\_\_\_\_ Chairperson

\_\_\_\_\_ Secretary

**OR**

The undersigned group of five or more candidates,

▶ **REQUIRED ALL** signatures of members of group of five or more candidates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **OR**

The undersigned duly recognized committee "supporting" or "opposing"  
the following ballot issue name of ballot issue  
name of committee if applicable

▶ **REQUIRED** signatures of **ALL** members of duly recognized committee supporting or opposing a ballot issue

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Specify Appointment

Required

2

hereby appoint the following person(s) to observe in name of count County for the election to be held on

Date of Election 

M	M	/	D	D	/	Y	Y	Y	Y
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**Specify Name and Address of Observer(s) as well as Precinct(s) of Observation on Election Day**

Required

**3**

Name and Address	Precinct(s)
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment
Name: _____	Precinct(s) _____
Address: _____	_____
_____	<input type="checkbox"/> Substitution/Amendment