

Appointment of Chairperson to the Board of Elections

_____, Ohio _____, _____

The _____ County Board of Elections met on the _____ day of _____, _____ and selected as Chairperson of the Board of Elections:

- Mr. _____
- Mrs. _____
- Ms. _____

Political Affiliation

- Democrat
- Republican

Street and Number or Rural Route

City or Village

Zip Code

Date of Birth: _____

Residence Telephone: _____

Office Telephone: _____

Effective date of appointment: _____

Appointed to succeed: _____ *(please check one below)*

- Retired _____ (Date)
- Resigned _____ (Date)
- Deceased _____ (Date)

Send to:

Secretary of State
180 E. Broad St., 15th Fl.
Columbus, OH 43215
Attn: **Myra Hawkins**

Director