

Recommendation for Appointment as a Member of Board of Elections (Full Term or Unexpired Term)

The Chairperson and Secretary of the Party Executive Committee of the party and county named below certify that a meeting of the Executive Committee, held on the day shown below, it was resolved by a majority vote of the members that the individual so listed is an elector qualified and competent to perform the duties of such office, be and is hereby recommended for appointment as a member of the board of elections for the term as shown.

County Name	<input type="text"/>	If the person appointed is succeeding another individual, please complete the shaded section below. Otherwise, leave blank.
Executive Committee Political Party	<input type="text"/>	
Executive Committee Meeting Date <small>(MM/DD/YYYY)</small>	<input type="text"/>	
Term Type	<input type="text"/>	
Term Dates	<input type="text"/>	
<div style="border: 1px solid red; background-color: #e0ffff; padding: 5px;"> <p>Appointed to Succeed <input type="text"/></p> <p>The former member: _____</p> <p>Date of position vacancy <small>(MM/DD/YYYY)</small> <input type="text"/></p> </div>		

Appointee Name, Residence Address, and Other Information

Courtesy Title	<input type="text"/>	Street Address	<input type="text"/>
First Name	<input type="text"/>	City	<input type="text"/>
Middle Name	<input type="text"/>	State	<input type="text"/>
Last Name	<input type="text"/>	Zip Code	<input type="text"/>
Suffix	<input type="text"/>	Home Phone <small>(Numbers and hyphens only)</small>	<input type="text"/>
Date of Birth <small>(MM/DD/YYYY)</small>	<input type="text"/>	Cell/Mobile Phone <small>(Numbers and hyphens only)</small>	<input type="text"/>
Political Party Affiliation	<input type="text"/>	Office Phone <small>(Numbers and hyphens only)</small>	<input type="text"/>
		Email Address	<input type="text"/>

Mailing Address Information

Do you receive your mail at an address which is different than the residence address provided above? If yes, please provide your mailing address in the space provided below.

Chair and Secretary Information

Provide the information for the chair and the secretary of the executive committee named above.

Chairperson Full Name

Secretary Full Name

Street Address

Street Address

City

City

State

State

Zip Code

Zip Code

Instructions for Submission

The chairperson and the secretary of the executive committee must sign the form. The signed and completed form must then be transmitted to the Ohio Secretary of State by **one of the following methods:**

Email to: MNewbern@ohiosecretaryofstate.gov

Mail to: Ohio Secretary of State
Attn: Myra Newbern, Elections Division
PO Box 2828
Columbus, OH 43216

Chair Signature **(Required)**

Secretary Signature **(Required)**