Form No. 303 (06-15)

Appointment of Director or Deputy Director to the Board of Elections

_____, Ohio _____, _____

The _____County Board of Elections met on the _____ day of

_____, _____ and selected as ☐ Director ☐ Deputy Director 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: _____

Office Phone: _____

Residence Phone: _____

Cell Phone: _____

Effective date of appointment: _____

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

☐ Retired_____ ☐ Resigned_____ ☐ Deceased_____
(Date) (Date) (Date)

Send to:

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

_____
Director