DIRECTIVE 2008-84
September 8, 2008

TO: ALL COUNTY BOARDS OF ELECTIONS
MEMBERS, DIRECTORS, AND DEPUTY DIRECTORS

RE: Candidates for State Board of Education, County Court Judge and Write-ins

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 1,5,6,9,10, and 11], or
- have expiring or unexpired terms for county court judge**.**

Please send the completed form to Denise Sherrod by **September 15, 2008,** via e-mail (dsherrod@sos.state.oh.us) or **fax** (614-752-4360)**.**

WRITE-IN CANDIDATES

Please report all certified write-in candidates on the enclosed form to the Secretary of State's office by **September 15, 2008.** Please send the completed forms to Denise Sherrod via e-mail (dsherrod@sos.state.oh.us) or fax (614-752-4360)**. All Boards must complete this form** even if your board has not received any declarations of intent to be a write-in candidate**.**

We appreciate your prompt attention and cooperation in reporting your candidates. If you have any questions regarding this directive, please contact one of the election administrators at (614) 466-2585.

Sincerely,

Jennifer Brunner

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

Please send the completed form to Denise Sherrod by **September 15, 2008** via e-mail (dsherrod@sos.state.oh.us) or 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

Please send the completed forms to Denise Sherrod by **September 15, 2008** via e-mail (dsherrod@sos.state.oh.us) or 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

Please send the completed form to Denise Sherrod by **September 15, 2008** via e-mail (dsherrod@sos.state.oh.us) or fax (614-752-4360)**.**