

Notice of Appointment or Amendment of Observer(s) at an In-Person Absentee Voting Location

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

R.C. 3505.21

Lawful appointing authorities may appoint one observer to an In-Person Absentee Voting Location. The Notice of Appointment must be filed with the Board of Elections prior to the start of In-Person Absentee voting.

Any Notice of Amendment to the original appointment must be filed no later than 4 p.m. the day before observation. Please indicate substitutions, along with the date the substitute will observe, underneath the original appointee's name.

**Specify
Appointing
Authority, Sign
and Date**

Required

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

Today's Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The Central Committee Chairperson and Secretary of the _____ Party,

▶ **REQUIRED** signatures of party Central Committee Chairperson **AND** 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 _____
the following ballot issue _____

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

**Specify
Appointment**

Required

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hereby appoint the following person(s) to observe at the _____
County Board of Elections **In-Person Absentee Voting Location** for the
election to be held on

Date of Election

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WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Specify Name and Address of Observer(s) as well as Date(s) of Observation at an In-Person Absentee Voting Location

Required

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

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