

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Adams</u>	Election Date: <u>11/7/23</u>	Date Incident Identified: <u>11/7/23</u>
Person Completing Report	Name & Title <u>Brandon Brenize, IT Assistant Director</u>	Phone/Email [REDACTED]
Voting System Name: <u>ES+S DS200 scanner and tabulator</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Pollworker was not able to power on DS200. The screen would turn on for a few seconds. Power button turned green for a few seconds, then turn back off/red.</u>		
Time span of the malfunction: <u>45 minutes</u>	Source(s) who reported the malfunction to the county: <u>Mark Wilson (Judge of Election)</u>	
Location (note all affected precincts): <u>Menallen Township</u>	Voting System Component(s) and Model(s) affected: <u>ES+S DS200</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>32</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>County staff tried resolving the issue over phone. County staff told pollworkers to check all power cables and try turning on/off DS200 scanner. Two County staff drove to polling place, swapped out scanner and brought back to office. The issue was the power button was stuck in scanner. We just pressed firmly on button to fix</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Angela N. Crouse
Signature of Chief Clerk
or Authorized Representative

Angela N. Crouse
Name of Chief Clerk
or Authorized Representative

11/7/23
Date

Voting System Malfunction Report

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County: <u>ALLEGHENY</u>	Election Date: <u>11/7/23</u>	Date Incident Identified: _____
Person Completing Report	Name & Title <u>DAVID VOYE DIV. MGR</u>	Phone/Email [REDACTED]
Voting System Name: <u>ELECTION SYSTEMS + SOFTWARE</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

David R. Voyer

Signature of Chief Clerk
or Authorized Representative

DAVID R. VOYE

Name of Chief Clerk
or Authorized Representative

12/7/23

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <i>Armstrong</i>	Election Date: <i>11-7-2023</i>	Date Incident Identified: <i>N/A</i>
Person Completing Report	Name & Title <i>James Webb Election Director</i>	Phone/Email 
Voting System Name: <i>Dominion</i>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <i>N/A</i>		
Time span of the malfunction: <i>N/A</i>	Source(s) who reported the malfunction to the county: <i>N/A</i>	
Location (note all affected precincts): <i>N/A</i>	Voting System Component(s) and Model(s) affected: <i>N/A</i>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <i>N/A</i> <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <i>N/A</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<i>James Webb</i> <i>11-7-2023</i> <i>James Webb</i>		

Voting System Malfunction Report

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County: Armstrong	Election Date: 11-7-2023	Date Incident Identified: N/A
Person Completing Report	<i>Name & Title</i> James Webb, Election Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters <input type="checkbox"/> Delayed the casting of ballots by <u>0</u> voters <input type="checkbox"/> Prevented the tabulation of <u>0</u> ballots <input type="checkbox"/> Delayed the tabulation of <u>0</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
There were no reportable malfunctions in Armstrong County.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Armstrong] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Aaron S Poole

 Name of Chief Clerk
 or Authorized Representative

1/31/2024

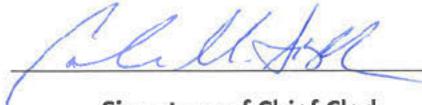
 Date

Voting System Malfunction Report

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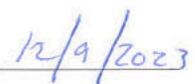
County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Colin Sisk, Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S EVS 6.0.1.0 – DS200 Precinct Scanners, Expressvote BMD, DS450 Central Tabulators		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<div style="border: 1px solid black; height: 100px;"></div>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Beaver] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



 Date

Voting System Malfunction Report

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County: <u>Bedford</u>	Election Date: <u>11/7/2023</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>BreAnn Shaffer / Asst. Director of Elections * Asst. Chief Clerk</u>	Phone/Email [REDACTED]
Voting System Name: <u>Dominion</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>None</u>		
Time span of the malfunction: <u>N/A</u>	Source(s) who reported the malfunction to the county: <u>N/A</u>	
Location (note all affected precincts): <u>N/A</u>	Voting System Component(s) and Model(s) affected: <u>N/A</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>N/A</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [<u>Bedford</u>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

BreAnn Shaffer Asst.
 Signature of Chief Clerk
 or Authorized Representative

BreAnn Shaffer Asst.
 Name of Chief Clerk
 or Authorized Representative

12/14/2023
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Berks	Election Date: 11/7/2023	Date Incident Identified: 11/7/2023
Person Completing Report	Name & Title Jeffrey Reichart Operations/Systems Manager	Phone/Email [REDACTED]
Voting System Name: ES&S 6.3.0.0		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 1) DS200 screen not working. 2) A. ExpressVote screen not responding correctly on 2 machines; B. ExpressVote not responding correctly to touch (2 separate machines at separate times). 3) Four precincts submitted reports that an ExpressVote machine was encountering multiple error messages. 4) Seven precincts submitted reports that an ExpressVote machine had repeated and frequent error messages, jams, or was not accepting ballots.		
Time span of the malfunction: 1) 1hr 2) A. 35 mins; B. 100 mins. 3) A. 35 mins; B. 31 mins; C. 54 mins; D. 94 mins. 4) A. 64 mins; B. 71 mins; C. 77 mins; D. 50 mins; E. 35 mins; F. 68 mins; G. 2 hours.	Source(s) who reported the malfunction to the county: Poll workers at these locations reported these malfunctions.	
Location (note all affected precincts): 1) Penn-1 2) A. Spring-12; B. Boyertown-1 3) A. Earl-1; B. Reading 15-3; C. Wernersville; D. Exeter-2 4) A. Lower Heidelberg-2; B. Robeson-1; C. Wyomissing-1; D. Reading 17-8; E. Spring-2; F. Cumru-3; G. Maxatawny-1	Voting System Component(s) and Model(s) affected: 1) DS200 2) ExpressVote 3) ExpressVote 4) ExpressVote	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>unknown</u> voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>39</u> ballots	1) There was a delay of 39 ballots inserted via the bypass tray, that were later scanned in after the machine was replaced. 2) Other machines were available for use until the affected machines were recalibrated. 3) Other machines were available for voters to use until affected machines could be addressed. 4) Other machines were available until the affected machines could be replaced.	
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
1) Bypass slot C was used until a technician could replace the DS200 machine. 2) For both A and B, a technician was able to recalibrate the affected machines. 3) For all cases, ExpressVote machines were cleaned and tested by technicians. 4) For all locations, the affected ExpressVote machines were replaced by technicians.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Steph M. Weaver
 Signature of Chief Clerk
 or Authorized Representative

Stephanie M. Weaver
 Name of Chief Clerk
 or Authorized Representative

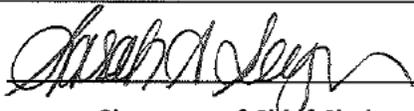
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 Date

Voting System Malfunction Report

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County: BLAIR	Election Date: 11/7/2023	Date Incident Identified: 11/7/2023
Person Completing Report	Name & Title Sarah Seymour, Election Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Express Vote machine would not take a blank ballot card into machine		
Time span of the malfunction: 8:07am -8:54am	Source(s) who reported the malfunction to the county: Esther Brooks – Judge of Election	
Location (note all affected precincts): Altoona 8 th Ward, Precinct 1	Voting System Component(s) and Model(s) affected: Express Vote – Ballot Marking device	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>1</u> voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
The County sent a rover to the precinct to troubleshoot the problem. At the same time, a new machine was dispatched to the precinct to be swapped out if needed. The new machine was set up and in working condition at the precinct.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Sarah A. Seymour

Name of Chief Clerk
or Authorized Representative

11-7-23

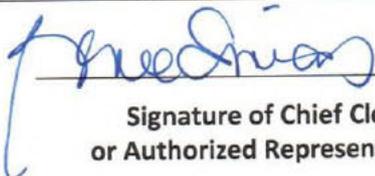
Date

Voting System Malfunction Report

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County: Bradford	Election Date: 11/07/2023	Date Incident Identified: 11/07/2023
Person Completing Report	<i>Name & Title</i> Renee Smithkors – Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Unisyn Open Elect 2.0		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Poll Workers overloaded the battery back up by plugging in the OVO, FVTs and the poll books all in the same area. Incident was originally reported that a Poll Worker spilled water on the equipment. That was not the case.		
Time span of the malfunction: 30 minutes	Source(s) who reported the malfunction to the county: Poll Worker	
Location <i>(note all affected precincts):</i> LeRoy Township	Voting System Component(s) and Model(s) affected: OVO, FVTs and Tenex Poll Book	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters <input type="checkbox"/> Delayed the casting of ballots by <u>0</u> voters <input type="checkbox"/> Prevented the tabulation of <u>0</u> ballots <input type="checkbox"/> Delayed the tabulation of <u>0</u> ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Office dispatched a County Rover and then Doug Beazer from Unisyn Voting Systems. Doug moved the FVTs and poll books to another plug and restarted the scanner. Issue was resolved.		
Poll Workers issued Provisional Ballots to voters instead of Emergency Ballots. All four ballots were fully counted.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative

11/14/2023

 Date

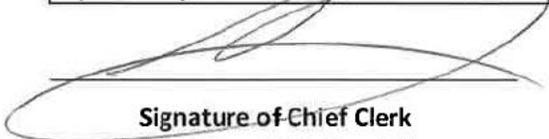
Voting System Malfunction Report

TLP: AMBER (When completed)

Reported Pursuant to Directive 2 of 2023

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County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Kelly Gale, Acting Director	<i>Phone/Email</i> <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: Clear Ballot		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> ClearCast Scanner – screen frozen on election management screen		
Time span of the malfunction: 2.75 hours	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> Middletown Twp Lower 13	Voting System Component(s) and Model(s) affected: ClearCast Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Techs traveled to the location. Machine was not recognizing the election on the USB. Machine was replaced and the logs will be reviewed by Clear Ballot. Voting was not interrupted due to a second machine available experiencing no issues.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Bucks] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		


 Signature of Chief Clerk
 or Authorized Representative

Coit Humphrey
 Name of Chief Clerk
 or Authorized Representative

12/28/2023
 Date

Voting System Malfunction Report

TLP: AMBER (When completed)

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County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Kelly Gale, Acting Director	<i>Phone/Email</i> <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: Clear Ballot		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> ClearCast Scanner – error code produced		
Time span of the malfunction:	Source(s) who reported the malfunction to the county: Poll Worker	
Location <i>(note all affected precincts):</i> New Britain Borough	Voting System Component(s) and Model(s) affected: ClearCast Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The county walked the poll worker through a reset. The error code cleared upon reboot. Voting was not interrupted due to a second machine available experiencing no issues.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Bucks] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

 _____ Signature of Chief Clerk or Authorized Representative	Gail Hunphreys _____ Name of Chief Clerk or Authorized Representative	12/28/2023 _____ Date
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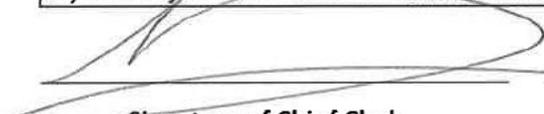
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County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Kelly Gale, Acting Director	<i>Phone/Email</i> <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: Clear Ballot		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> ClearCast Scanner – paper roll not advancing.		
Time span of the malfunction: 1.5 hours	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> Northampton Twp 9	Voting System Component(s) and Model(s) affected: ClearCast Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The county attempted to walk the poll worker through adjusting the paper roll. Techs traveled to the location and attempted to fix the paper roll. The printer malfunctioned and was unable to be repaired. The machine was replaced. Machine will be reviewed and tested by the manufacturer before being released back to Bucks County. Voting was not interrupted due to a second machine available experiencing no issues.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Bucks] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

 Signature of Chief Clerk or Authorized Representative	Gail Humphrey Name of Chief Clerk or Authorized Representative	12/28/2023 Date
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Voting System Malfunction Report

TLP: AMBER (When completed)

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County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Kelly Gale, Acting Director	<i>Phone/Email</i> <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: Clear Ballot		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> ClearCast Scanner – screen frozen		
Time span of the malfunction:	Source(s) who reported the malfunction to the county: Judge of Elections/Poll Worker	
Location <i>(note all affected precincts):</i> Bristol Twp 8-2, New Britain Twp West 2, Telford Borough, Falls Twp 4-1, Northampton Twp 8, Warwick Twp 5	Voting System Component(s) and Model(s) affected: ClearCast Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Screen was frozen and would not advance. Poll worker was talked through a reset and it was corrected upon reboot. The logs will be reviewed by Clear Ballot to research the anomaly. Voting was not interrupted due to a second machine available experiencing no issues.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Bucks] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

 Signature of Chief Clerk
 or Authorized Representative

Gail Humphreys

 Name of Chief Clerk
 or Authorized Representative

12/28/2023

 Date

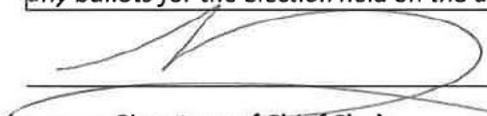
Voting System Malfunction Report

TLP: AMBER (When completed)

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Kelly Gale, Acting Director	<i>Phone/Email</i> <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: Clear Ballot		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> ClearCast Scanner – screen frozen.		
Time span of the malfunction: 3.5 hours	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> Bristol Twp 1-2	Voting System Component(s) and Model(s) affected: ClearCast Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The county attempted to walk the poll worker through a reboot over the phone and was unsuccessful. Techs traveled to the location to do another reboot. The frozen screen did not correct upon reboot. The machine was replaced. Clear Ballot will review the logs. Voting was not interrupted due to a second machine available experiencing no issues.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
or Authorized Representative

Gail Hunphreys

 Name of Chief Clerk
or Authorized Representative

12/28/2023

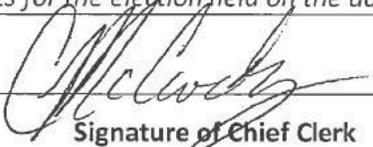
 Date

Voting System Malfunction Report

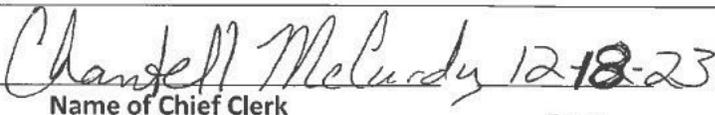
Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Butler	Election Date: 11/7/23	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Chantell McCurdy-Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (<i>note all affected precincts</i>):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) </div>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Butler] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative

12-18-23
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Lambria</u>	Election Date: <u>11/7/2023</u>	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> <u>Maryann Dillon, Director</u>	<i>Phone/Email</i> <div style="background-color: black; width: 100px; height: 15px;"></div>
Voting System Name: <u>ES 4 S</u>		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Maryann Dillon

**Signature of Chief Clerk
or Authorized Representative**

Maryann Dillon

**Name of Chief Clerk
or Authorized Representative**

12/20/23

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Cameron</u>	Election Date: <u>11/7/2023</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Annette Campbell Chief Clerk</u>	Phone/Email 
Voting System Name: <u>Express Vote Tabulators</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Cameron</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Annette Campbell

Signature of Chief Clerk
or Authorized Representative

Annette Campbell

Name of Chief Clerk
or Authorized Representative

12/19/2023

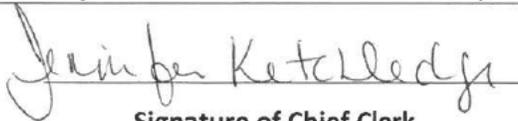
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Carbon	Election Date: 11/07/2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Jennifer Ketchledge/ Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion Voting System		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Carbon] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Signature of Chief Clerk
or Authorized Representative

Jennifer Ketchledge

Name of Chief Clerk
or Authorized Representative

12/18/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Beth Lechman, Director of Election	<i>Phone/Email</i> [REDACTED]@centrecountypa.gov
Voting System Name: Election Systems & Software – DS200 & ExpressVote		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Voters were getting an error of multiple sheets when ballot placed in the scanner. Could not process voted ballots.		
Time span of the malfunction: 20 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location <i>(note all affected precincts):</i> Precinct #17 State College Northeast Precinct #82 Union Borough	Voting System Component(s) and Model(s) affected: DS200	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>20</u> voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>20</u> ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
In precinct #17 – Voters were instructed to use the Emergency ballot bin for voted ballots and a new scanner was deployed to the voting precinct. Once the new scanner was in place voting as normal resumed. Ballots placed in the emergency bin were scanned at the end of the night. In precinct #82 – Rover(election technician) was able to reset the scanner and voting as normal resumed.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Beth A. Lechman

12/6/2023

**Signature of Chief Clerk
or Authorized Representative**

**Name of Chief Clerk
or Authorized Representative**

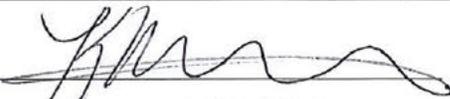
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Chester	Election Date: 11/07/2023	Date Incident Identified: 11/07/2023
Person Completing Report	<i>Name & Title</i> Karen Barsoum, Director	<i>Phone/Email</i> [REDACTED] [REDACTED]
Voting System Name: Election Systems & Software (ES&S)		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Late morning, ballots did not scan into the tabulator, technicians serviced the unit but quickly made the decision to swap the tabulator.		
Time span of the malfunction: 12:04PM (phone call came in to call center) – 13:12PM (machine replaced on site by technician).	Source(s) who reported the malfunction to the county: Judge of Elections of Precinct 581	
Location <i>(note all affected precincts):</i> Precinct 581 - Thornbury 2	Voting System Component(s) and Model(s) affected: DS200 tabulator	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u> 2 </u> ballots***		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. We do not have the exact number of voters who needed to utilize the emergency slot as these ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced.		
*** There were two ballots that were placed in the emergency slot that did move to the duplication process as the voters had removed the ballot stub unevenly which caused a cut in the timing mark. This delay in tabulation was related to human error, not machine malfunction.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

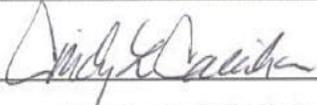
karen Barsoum, Director 11/2/2024
 Name of Chief Clerk
 or Authorized Representative Date

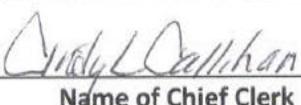
Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Clarion</u>	Election Date: <u>11/7/2023</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Cindy Callihan, Director</u>	Phone/Email 
Voting System Name: <u>Dominion</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>n/a</u>		
Time span of the malfunction: <u>n/a</u>	Source(s) who reported the malfunction to the county: <u>n/a</u>	
Location (note all affected precincts): <u>n/a</u>	Voting System Component(s) and Model(s) affected: <u>n/a</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<div style="border: 1px solid black; height: 60px;"></div>		
<div style="background-color: #e0e0e0; padding: 5px;"> Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) </div>		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Clarion</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative


 Name of Chief Clerk
 or Authorized Representative

12/20/23
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i>	<i>Phone/Email</i>
Voting System Name:		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots 		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Clearfield] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

 Signature of Chief Clerk
 or Authorized Representative


 Name of Chief Clerk
 or Authorized Representative
 Sue Payonk

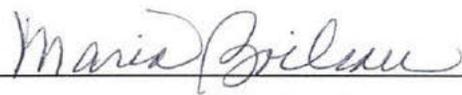
 Date
 12/18/23

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: CLINTON	Election Date: 11/7/2023	Date Incident Identified: 11/7/2023
Person Completing Report	<i>Name & Title</i> MARIA BOILEAU, DIRECTOR , VOTER REGISTRATION & ELECTIONS	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): EXPRESS POLL BOOKS TIME CHANGED DUE TO DAYLIGHT SAVINGS .		
Time span of the malfunction: POSSIBLY 5 MINUTES AT EACH PRECINCT; AS LONG AS IT TOOK TO CHANGE THE TIME	Source(s) who reported the malfunction to the county: COUNTY IT STAFF	
Location (note all affected precincts): THIS AFFECTED 30 OF THE 34 PRECINCTS	Voting System Component(s) and Model(s) affected: EXPRESS POLL BOOK VERSION 7.2.4.0	
Impact of the malfunction (check and provide numbers for all that apply): NONE OF THESE IMPACTS APPLY. THERE WERE NO DELAYS.		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
BECAUSE OF THE TIME ERROR IN THE PRIMARY, THE JUDGES OF ELECTIONS WERE PROVIDED INSTRUCTIONS TO CHECK & RECORD THE DATE AND TIME ON THE EXPRESS POLL BOOK. 8 PRECINCTS CORRECTED THE ISSUE PRIOR TO OPENING; RANDOMLY PRECINCTS REPORTED SEEING THE TIME CHANGE AND MADE THE CORRECTION WITHOUT A BREAK IN SERVICE. NO VOTER WAS DELAYED IN VOTING.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

MARIA BOILEAU

 Name of Chief Clerk
 or Authorized Representative

11/7/2023

 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Columbia</u>	Election Date: <u>Nov 7, 2023</u>	Date Incident Identified: <u>11/7/2023</u>
Person Completing Report	Name & Title <u>Matthew Repasky Elections Coord</u>	Phone/Email 
Voting System Name: <u>Unisyn Optical Scan</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Ballot jammed.</u>		
Time span of the malfunction: <u>5-7 min</u>	Source(s) who reported the malfunction to the county: <u>Judge of Election</u>	
Location (note all affected precincts): <u>Pine Twp</u>	Voting System Component(s) and Model(s) affected: <u>Unisyn Open Elect DVD</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ___ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>2</u> voters <input type="checkbox"/> Prevented the tabulation of ___ ballots <input type="checkbox"/> Delayed the tabulation of ___ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Judge was instructed to open the DVD Machine head and release the Jam. Jam was remove and voters continued to vote.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [<u> </u>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Matthew Repasky
 Name of Chief Clerk
 or Authorized Representative

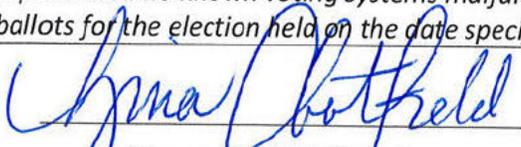
11/7/2023
 Date

Voting System Malfunction Report

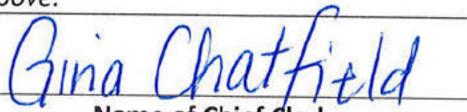
Reported Pursuant to Directive 2 of 2023

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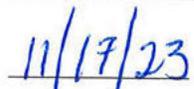
County: CRAWFORD	Election Date: Nov. 7, 2023	Date Incident Identified: Nov. 27, 2023
Person Completing Report	<i>Name & Title</i> Matthew Digiacomio, Voting System Specialist	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominon Voting Systems		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> The paper drawer on a printer got jammed		
Time span of the malfunction: It took about 1/2 hour to get them a new printer	Source(s) who reported the malfunction to the county: The judge of elections	
Location <i>(note all affected precincts):</i> East Mead Township	Voting System Component(s) and Model(s) affected: HP M402dne	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The printer still worked, but I sent a new one just to be safe. Voting was uninterrupted.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Crawford] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



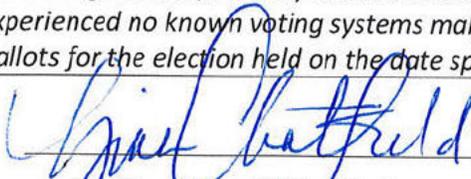
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: CRAWFORD	Election Date: Nov. 7, 2023	Date Incident Identified: Nov. 27, 2023
Person Completing Report	<i>Name & Title</i> Matthew Digiacomio, Voting System Specialist	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominon Voting Systems		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): One of our BMDs had a spot on the upper screen become non-responsive. I immediately sent a new machine to the precinct		
Time span of the malfunction: no more than 1/2 hour to get them a new machine	Source(s) who reported the malfunction to the county: The judge of elections	
Location (<i>note all affected precincts</i>): Cochranon Boro	Voting System Component(s) and Model(s) affected: Dominon ImageCast X	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
I sent a backup machine with a rover. Voting was uninterrupted as other ICX was working and it was early in the day so turnout was low at the time.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Crawford] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Cumberland	Election Date: November 7, 2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Bethany Salzarulo	<i>Phone/Email</i> [REDACTED]

Voting System Name: Elections Systems and Software Express Vote XL

Equipment Malfunction Description (*summarize and describe the nature of the incident here*):

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
--------------------------------------	--

Location (<i>note all affected precincts</i>):	Voting System Component(s) and Model(s) affected:
---	--

Impact of the malfunction (*check and provide numbers for all that apply*):

- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by ____ voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting (*this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts*):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Cumberland has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

<u>Bethany Sfle</u> Signature of Chief Clerk or Authorized Representative	<u>Bethany Salzarulo</u> Name of Chief Clerk or Authorized Representative	<u>12/1/23</u> Date
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Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Dauphin	Election Date: 11/7/23	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Chris Spackman, Deputy Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Dauphin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Christy E. Hochman

Signature of Chief Clerk
or Authorized Representative

Chris Spackman

Name of Chief Clerk
or Authorized Representative

11/28/23

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Delaware	Election Date: Nov. 7, 2023	Date Incident Identified: Not applicable
Person Completing Report	<i>Name & Title</i> James P. Allen, Elections Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Hart Verity 2.7.1		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (<i>note all affected precincts</i>): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots 		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
Delaware County trains and equips poll workers so that if a scanner fails to operate for a time, voting may continue uninterrupted using the auxiliary ballot box. Two precinct scanners were replaced on Election Day (at Chester City 11-6 and Norwood 4), and voting continued uninterrupted at both precincts. Per Directive 2 of 2023, these issues did not constitute voting-equipment malfunctions.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Delaware has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



James P. Allen,
Elections Director

12/21/2023

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election System & Software - ExpressVote Tabulator		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballot Cards were jamming behind the 123 Door on the Machine.		
Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Elk County Election Day Rover	
Location <i>(note all affected precincts):</i> Precinct 0302 - Fox #2	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine #2 of 5 Serial #EV0219332217	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<p>NO <input type="checkbox"/> Prevented the casting of ballots by ____ voters</p> <p>NO <input type="checkbox"/> Delayed the casting of ballots by ____ voters</p> <p>NO <input type="checkbox"/> Prevented the tabulation of ____ ballots</p> <p>NO <input type="checkbox"/> Delayed the tabulation of ____ ballots</p>		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The Election Day Rover was sent to assess the machine malfunction. They were able to correct the problem for the machine to operate. There are more than one voting machine in the precinct therefore the impact was minimum to the voters.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Kimberly S. Frey
Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey
Name of Chief Clerk
or Authorized Representative

11-23-23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election System & Software - ExpressVote Tabulators		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Side plug on Machine #3 is faulty did not work. Plugged directly into the wall outlet for the machine to work.		
Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Elk County Election Day Rover	
Location <i>(note all affected precincts):</i> Precinct 0302 - Fox #2	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine #3 of 5 Serial #EV219343495	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <input type="checkbox"/> NO Prevented the casting of ballots by ____ voters <input type="checkbox"/> NO Delayed the casting of ballots by ____ voters <input type="checkbox"/> NO Prevented the tabulation of ____ ballots <input type="checkbox"/> NO Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i> Machine was plugged directly into an outlet instead of being daisy changed to another voting machine. There are more than one voting machine in the precinct therefore there was no impact to the voters.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i> <input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Kimberly S. Frey
Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey
Name of Chief Clerk
or Authorized Representative

11-23-23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election System & Software - Express Vote Tabulator		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballot Cards were jamming behind the 123 Door on the Machine.		
Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Elk County Election Day Rover	
Location <i>(note all affected precincts):</i> Precinct - 0600 - Horton	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine 3 of 4 Serial #EVO219361515	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> NO Prevented the casting of ballots by ____ voters <input type="checkbox"/> NO Delayed the casting of ballots by ____ voters <input type="checkbox"/> NO Prevented the tabulation of ____ ballots <input type="checkbox"/> NO Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The Election Day Rover was sent to assess the machine malfunction. They were able to correct the problem for the machine to operate. There are more than one voting machine in the precinct therefore the impact was minimum to the voters.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Kimberly S. Frey
Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey
Name of Chief Clerk
or Authorized Representative

11-23-23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election System & Software - ExpressVote Tabulator		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballots were getting hung up in the ballot chute.		
Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Elk County Election Day Rover.	
Location <i>(note all affected precincts):</i> Precinct 1400 - S. Ridgway	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine 2 of 5 Serial #EV0219362471	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
NO <input type="checkbox"/> Prevented the casting of ballots by ____ voters NO <input type="checkbox"/> Delayed the casting of ballots by ____ voters NO <input type="checkbox"/> Prevented the tabulation of ____ ballots NO <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The Election Day Rover was sent to assess the machine malfunction. The ballots were jamming in the chute causing the machine to shut down. The ballots were cleared for the machine to work.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Kimberly S. Frey
Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey
Name of Chief Clerk
or Authorized Representative

11-23-23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election System & Software - ExpressVote Tabulator		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> The machine was plugged in however showing only running on battery. Malfunction with the plug.		
Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Elk County Election Day Rover	
Location <i>(note all affected precincts):</i> Precinct - 1400 - S. Ridgway	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine #5 of 5 Serial #EV0219362133	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <input type="checkbox"/> NO Prevented the casting of ballots by ____ voters <input type="checkbox"/> NO Delayed the casting of ballots by ____ voters <input type="checkbox"/> NO Prevented the tabulation of ____ ballots <input type="checkbox"/> NO Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i> The Election Day Rover was sent to assess the machine malfunction. The machine was unable to be used on Election Day. There is more than one machine assigned to a precinct, therefore the voters were not impacted concerning voting.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Kimberly S. Frey
Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey
Name of Chief Clerk
or Authorized Representative

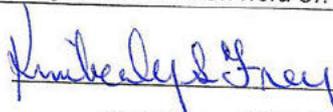
11-23-23
Date

Voting System Malfunction Report

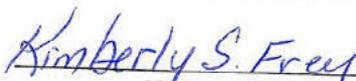
Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election System & Software - ExpressVote Tabulator		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballot Cards were jamming behind the 123 door on the machine.		
Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Election Day Poll Worker.	
Location <i>(note all affected precincts):</i> Precinct - 1500 Spring Creek	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine 2 of 2 Serial #EV0219367496	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <input type="checkbox"/> NO Prevented the casting of ballots by ____ voters <input type="checkbox"/> NO Delayed the casting of ballots by ____ voters <input type="checkbox"/> NO Prevented the tabulation of ____ ballots <input type="checkbox"/> NO Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i> The poll worker was able to correct the problem for the machine to operate. There are more than one voting machine in the precinct therefore the impact was minimum to the voters.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i> <input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election System & Software - ExpressVote Tabulator		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballot Cards were jamming behind the 123 door on the machine.		
Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Elk County Election Day Rover	
Location <i>(note all affected precincts):</i> Precinct 1701 - Johnsonburg 1st	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine 2 of 3 Serial #EV02199360609	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> NO Prevented the casting of ballots by ____ voters <input type="checkbox"/> NO Delayed the casting of ballots by ____ voters <input type="checkbox"/> NO Prevented the tabulation of ____ ballots <input type="checkbox"/> NO Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The Election Day Rover was sent to assess the machine malfunction. They were able to correct the problem for the machine to operate. There are more than on voting machine in the precinct there fore the impact was minimum to the voter.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Kimberly S. Frey
Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey
Name of Chief Clerk
or Authorized Representative

11-23-23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director	<i>Phone/Email</i> [REDACTED]

Voting System Name:
Election System & Software - ExpressVote Tabulator

Equipment Malfunction Description *(summarize and describe the nature of the incident here):*
Ballot Cards were jamming behind the 123 door on the machine.

Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Elk County Election Day Rover
--	---

Location <i>(note all affected precincts):</i> Precinct 1901 - St. Marys 1st	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine 3 of 4 Serial #EVO219343556
--	--

Impact of the malfunction *(check and provide numbers for all that apply):*

NO Prevented the casting of ballots by ____ voters
 NO Delayed the casting of ballots by ____ voters
 NO Prevented the tabulation of ____ ballots
 NO Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting *(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):*

The Election Day Rover was sent to assess the machine malfunction. They were able to correct the problem for the machine to operate. There are more than one voting machine in the precinct therefore the impact was minimum to the voters.

Declaration of no reportable malfunction *(only complete if you have nothing to report under Directive 2 of 2023)*

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Kimberly S. Frey
Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey
Name of Chief Clerk
or Authorized Representative

11-23-23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Elk	Election Date: 11/7/23	Date Incident Identified: 11/7/23
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election System & Software - ExpressVote Tabulator		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction: All Election Day	Source(s) who reported the malfunction to the county: Elk County Election Day Rover	
Location <i>(note all affected precincts):</i> Precinct - 1902 - St. Marys 2nd	Voting System Component(s) and Model(s) affected: Express Vote Tabulator Machine # 2 of 4 Serial # EV 0219343426	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> NO Prevented the casting of ballots by ____ voters <input type="checkbox"/> NO Delayed the casting of ballots by ____ voters <input type="checkbox"/> NO Prevented the tabulation of ____ ballots <input type="checkbox"/> NO Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The Election Day Rover was sent to assess the machine malfunction. They were able to correct the problem for the machine to operate. There are more than one voting machine in the precinct therefore the impact was minimum to the voters.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Kimberly S. Frey
Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey
Name of Chief Clerk
or Authorized Representative

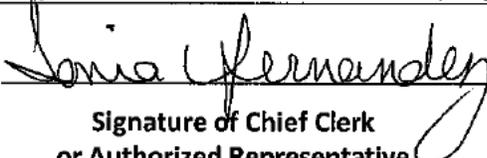
11-23-23
Date

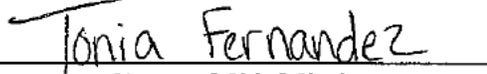
Voting System Malfunction Report

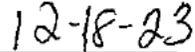
Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Tonla Fernandez	<i>Phone/Email</i> 
Voting System Name: Dominion		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None to report		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Erie] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative


 Name of Chief Clerk
 or Authorized Representative


 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: FAYETTE	Election Date: November 7, 2023	Date Incident Identified: November 7, 2023
Person Completing Report	<i>Name & Title</i> Marybeth Kuznik, Director of Elections, Fayette County	<i>Phone/Email</i> [REDACTED]

Voting System Name: DOMINION VOTING

Equipment Malfunction Description (*summarize and describe the nature of the incident here*):
Paper jam in scanner. Instructions on the machine said to shut down.

Time span of the malfunction: 10 minutes	Source(s) who reported the malfunction to the county: Adam Thompson, Judge of Election
Location (<i>note all affected precincts</i>): Georges Township 3	Voting System Component(s) and Model(s) affected: Dominion Precinct Scanner

Impact of the malfunction (*check and provide numbers for all that apply*):

- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by 7 voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting (*this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts*):

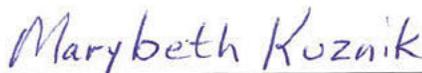
Sharon Becker attempted to free paper jam. When unsuccessful, and instruction on the machine to shut down appeared, Sharon called the Election Bureau for help. Judge returned to site during the call, and was able to finish helping the scanner to restart. All ballots were successfully scanned when the scanner was returned to working order.

Declaration of no reportable malfunction (*only complete if you have nothing to report under Directive 2 of 2023*)

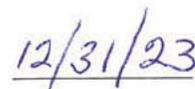
By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative



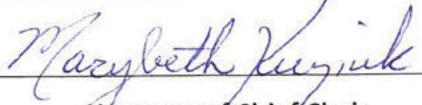
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

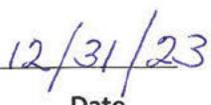
County: FAYETTE	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Marybeth Kuznik, Director of Elections, Fayette County	<i>Phone/Email</i> [REDACTED]
Voting System Name: DOMINION VOTING		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Paper jam		
Time span of the malfunction: 30 seconds	Source(s) who reported the malfunction to the county: Megan Bittinger, Judge of Election	
Location <i>(note all affected precincts):</i> Redstone Township 1	Voting System Component(s) and Model(s) affected: Dominion Precinct Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>1</u> voter <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Cleared the paper jam Pressed "cleared"		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Forest	Election Date: 11/7/2023	Date Incident Identified: 11/7/2023
Person Completing Report	Name & Title Jean Ann Hitchcock, Director of Elections	Phone/Email [REDACTED]
Voting System Name: ES&S DS200 and Express Vote		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply): N/A		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Forest] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Jean Ann Hitchcock

Signature of Chief Clerk
or Authorized Representative

Jean Ann Hitchcock

Name of Chief Clerk
or Authorized Representative

12-27-2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

TLP: AMBER (When completed)

Note, if you require additional space for any field, please attach a separate document to this Report

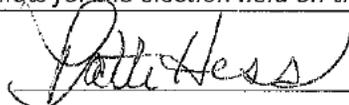
County: Franklin	Election Date: 11/7/2023				
Person Completing Report	<p><i>Name & Title</i></p> <p>Jean Byers, Deputy Chief Clerk</p> <p><i>Email:</i></p> <p>████████████████████</p> <p><i>Phone:</i> ██████████</p>				
Voting System Name: Election System & Software					
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): None					
Time span of the malfunction:	Source(s) who reported the malfunction to the county:				
Location (<i>note all affected precincts</i>):	Voting System Component(s) and Model(s) affected:				
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots 					
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):					
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)					
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Franklin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>					
Signature of Chief Clerk 	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; padding: 5px;">Name of Chief Clerk</td> <td style="width: 20%; padding: 5px;">Date</td> </tr> <tr> <td style="padding: 5px;">Carrie E. Gray, County Administrator</td> <td style="padding: 5px;">11/13/23</td> </tr> </table>	Name of Chief Clerk	Date	Carrie E. Gray, County Administrator	11/13/23
Name of Chief Clerk	Date				
Carrie E. Gray, County Administrator	11/13/23				

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: FULTON	Election Date: 11/07/2023	Date Incident Identified: N/A
Person Completing Report	Name & Title Patti Hess	Phone/Email [REDACTED]
Voting System Name: Hart		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): N/A		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Elections Director
or Authorized Representative

Patti Hess

Name of Elections Director
or Authorized Representative

12/28/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	Name & Title <i>Michael Boldrup Chairman, Election Board</i>	Phone/Email [REDACTED]
Voting System Name: <i>ES45</i>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <i>NONE</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [<i>Greene</i>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

[Signature]
 Signature of Chief Clerk
 or Authorized Representative

Michael Boldrup
 Name of Chief Clerk
 or Authorized Representative

12/19/2023
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Huntingdon</u>	Election Date: <u>11/7/23</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Andrea Riley Elections Coordinator</u>	Phone/Email 
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<div style="border: 1px solid black; height: 60px;"></div>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [<u>Huntingdon</u>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Heather Zeeman

Signature of Chief Clerk
or Authorized Representative

Heather Fellman

Name of Chief Clerk
or Authorized Representative

12/21/23

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Indiana</u>	Election Date: <u>11-7-23</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Robin Marzari, Chief Clerk</u>	Phone/Email [REDACTED]
Voting System Name: [REDACTED]		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [<u>Indiana</u>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Robin Marzari

Signature of Chief Clerk
or Authorized Representative

Robin Marzari

Name of Chief Clerk
or Authorized Representative

12-18-23

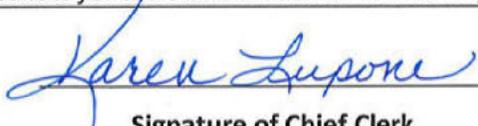
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Karen Lupone Elections Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> N/A		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Jefferson] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



**Signature of Chief Clerk
or Authorized Representative**

Karen Lupone, Chief Clerk/Director of Elections

**Name of Chief Clerk
or Authorized Representative**

12/18/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Juniata	Election Date: 11/7/2023	Date Incident Identified: n/a
Person Completing Report	Name & Title Eva M. Weyrich, Election Director	Phone/Email [REDACTED]
Voting System Name: DS200		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
N/A		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Juniata] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Eva M. Weyrich

12/15/2023

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Lackawanna	Election Date: November 7, 2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Elizabeth Hopkins, Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<div style="background-color: #cccccc; padding: 5px;"> Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) </div> <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of LACKAWANNA has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Elizabeth A. Hopkins
 Signature of Chief Clerk
 or Authorized Representative

Elizabeth A. Hopkins
 Name of Chief Clerk
 or Authorized Representative

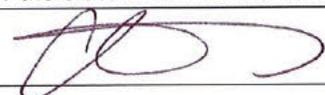
12-18-23
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: LANCASTER	Election Date: 11/7/2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Christa Miller, Chief Clerk Lancaster County Board of Elections	<i>Phone/Email</i> <div style="background-color: black; width: 100%; height: 20px;"></div>
Voting System Name: Hart InterCivic		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Lancaster has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

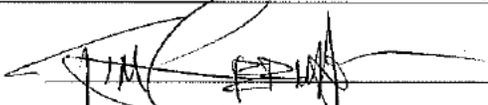
	<u>Christa Miller</u>	<u>11/15/23</u>
Signature of Chief Clerk or Authorized Representative	Name of Chief Clerk or Authorized Representative	Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: LAWRENCE	Election Date: 11/7 2023	Date Incident Identified: none
Person Completing Report	<i>Name & Title</i> Tim Germani / Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (<i>note all affected precincts</i>):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
<div style="background-color: #cccccc; padding: 5px;"> Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>) </div>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of</i> LAWRENCE <i>has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative

TIM GERMANI

 Name of Chief Clerk
 or Authorized Representative

12/20/2023

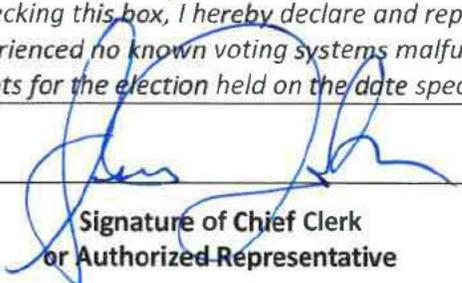
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>LEBANON</u>	Election Date: <u>11/7/23</u>	Date Incident Identified: <u>—</u>
Person Completing Report	Name & Title <u>Sean Drashin, Director</u>	Phone/Email 
Voting System Name: <u>ESS</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<p>Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)</p> <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>[Lebanon]</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Sean Drashin
 Name of Chief Clerk
 or Authorized Representative

12/19/23
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Lehigh	Election Date: 07NOV23	Date Incident Identified:
Person Completing Report	Name & Title TIM BENYO - CHIEF CLERK	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lehigh] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



TIMOTHY BENYO

27NOV23

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Luzerne</u>	Election Date: <u>11-7-23</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Eryn Harvey, Director</u>	Phone/Email 
Voting System Name: <u>Dominion Voting Systems</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>None</u>		
Time span of the malfunction: <u>N/A</u>	Source(s) who reported the malfunction to the county: <u>N/A</u>	
Location (note all affected precincts): <u>N/A</u>	Voting System Component(s) and Model(s) affected: <u>N/A</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>N/A</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>[Luzerne]</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Gunn Army
 Signature of Chief Clerk
 or Authorized Representative

Eryn Harvey
 Name of Chief Clerk
 or Authorized Representative

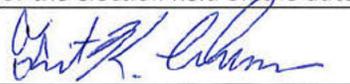
12-22-23
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Lycoming	Election Date: 11/7/2023	Date Incident Identified: 11/7/2023
Person Completing Report	Name & Title Forrest K. Lehman	Phone/Email [REDACTED]
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Precinct ballot scanner stopped accepting inserted ballots.		
Time span of the malfunction: 36 minutes	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Montoursville Borough 3rd Ward	Voting System Component(s) and Model(s) affected: ClearCast precinct scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>30</u> ballots	Affected voters were able to cast their ballots without delay and place them into an emergency ballot box to be tabulated later.	
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
The affected precinct scanner was cleaned and calibrated, and then observed to verify proper operation.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lycoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Forrest K. Lehman
 Name of Chief Clerk
 or Authorized Representative

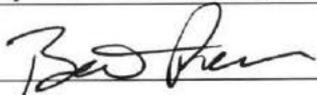
11/16/2023
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: McKean	Election Date: November 7 2023	Date Incident Identified: n/a
Person Completing Report	<i>Name & Title</i> Brett Perry, Elections Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: ExpressVote Tabulators		
Equipment Malfunction Description (summarize and describe the nature of the incident here): n/a		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [McKean] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Brett Perry

Name of Chief Clerk
or Authorized Representative

12/18/23

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: MERCER	Election Date: NOVEMBER 7, 2023	Date Incident Identified: NA
Person Completing Report	<i>Name & Title</i> THAD HALL, DIRECTOR	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> NA		
Time span of the malfunction: NA	Source(s) who reported the malfunction to the county: NA	
Location <i>(note all affected precincts):</i> NA	Voting System Component(s) and Model(s) affected: NA	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
NA		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [MERCER] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Thad Hall

Digitally signed by Thad Hall
Date: 2023.11.14 15:41:10 -0500

THAD HALL

11/14/2023

**Signature of Chief Clerk
or Authorized Representative**

**Name of Chief Clerk
or Authorized Representative**

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Mifflin	Election Date: November 7, 2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i>	<i>Phone/Email</i>
Voting System Name:		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Mifflin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Paula Hoffman

**Signature of Chief Clerk
or Authorized Representative**

Paula Hoffman

**Name of Chief Clerk
or Authorized Representative**

12-18-23

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Sara L May-Silfee, Director of Elections/Voter	<i>Phone/Email</i> [REDACTED] [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Monroe</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Sara L. May-Silfee

Signature of Chief Clerk
or Authorized Representative

Sara L. May-Silfee

Name of Chief Clerk
or Authorized Representative

11-16-2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Montgomery	Election Date: 11/07/2023	Date Incident Identified: 11/07/2023
Person Completing Report	Name & Title Jonathan Camacho Election Warehouse Supervisor	Phone/Email [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Paper Jam rendering Ballot Scanner temporarily inoperable.		
Time span of the malfunction: Approximately 10 minutes from time of call to use of Auxiliary bin in each instance.	Source(s) who reported the malfunction to the county: Poll Worker	
Location <i>(note all affected precincts):</i> Abington 1-3 Lansdale 1-3 East Norriton 2-3 Plymouth 2-3 Upper Dublin 5-2	Voting System Component(s) and Model(s) affected: ICP1 Ballot Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>54</u> voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Immediate use of Auxiliary Bin which takes approximately 1 minute to prepare. Replacement of the scanner with a backup scanner at a later point.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		


 Signature of Chief Clerk
 or Authorized Representative

FRANCIS DEAN
 Name of Chief Clerk
 or Authorized Representative

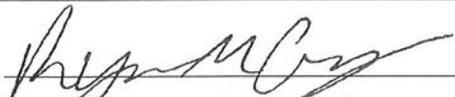
12-13-23
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: MONTOUR	Election Date: 7 NOVEMBER 2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i>	<i>Phone/Email</i>
Voting System Name:		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (<i>note all affected precincts</i>):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of</i> MONTOUR <i>has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative

RYAN M CRAIG

 Name of Chief Clerk
 or Authorized Representative

11 DECEMBER 2023

 Date



COUNTY OF NORTHAMPTON

OFFICE OF THE SOLICITOR

NORTHAMPTON COUNTY COURTHOUSE
669 WASHINGTON STREET
EASTON, PA 18042

MELISSA P. RUDAS

COUNTY SOLICITOR

BARBARA L. BALDO

FIRST ASSISTANT SOLICITOR

ASSISTANT SOLICITORS:

MICHAEL F. CORRIERE

MICHAEL J. VARGO

RICHARD E. SANTEE

TYREE A. BLAIR

JOSHUA D. SHULMAN

David M. Ceraul

February 15, 2024

Office of the Secretary
Commonwealth of Pennsylvania
ATTN: Jonathan M. Marks,
Deputy Secretary for Elections
And Commissions
401 North Street, Rm 302
Harrisburg PA 17120

**RE: County of Northampton November 7, 2023 Municipal Election
Superior Court Judge Retention Contest Labelling Issue**

Dear Mr. Marks:

During the November 7, 2023, Municipal Election, a clerical labelling issue was discovered which affected the questions for the two Superior Court Judges up for retention. This clerical labelling issue was not a machine malfunction. Please see the enclosed letter for more information regarding the issue.

Very Truly Yours,

Richard E. Santee
Assistant Solicitor

Enclosure



COUNTY OF NORTHAMPTON

OFFICE OF THE COUNTY EXECUTIVE
NORTHAMPTON COUNTY GOVERNMENT CENTER
669 WASHINGTON STREET
EASTON, PENNSYLVANIA 18042

LAMONT G. MCCLURE
NORTHAMPTON COUNTY EXECUTIVE

Phone: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

December 18, 2023

The Honorable Bryan Steil
Chairman
Committee on House Administration
1309 Longworth House Office Building
Washington, D.C. 20515-6157

Dear Representative Steil,

Northampton County's first priority is to ensure fair, accurate, and legal elections. We are extremely confident that we delivered on that priority during the Municipal General Election held on Tuesday, November 7th.

Investigate this voting machine error

As soon as the Northampton County Elections Office became aware of the issue on the morning of November 7th, Election Systems & Software (ES&S) and the Elections Office identified the problem, which was a clerical labeling error committed by an employee of ES&S. Specifically, while naming the titles for the Superior Court judicial retention ballot questions, the ES&S employee caused the ballot question titles containing the names of the two Superior Court Judges up for retention to be reversed on the printed ballot summary card. As a result, if a voter selected "no" for retention of Panella on the screen and "yes" for retention of Stabile, the ballot summary card appeared to show "no" for Stabile and "yes" for Panella. And if the voter selected "no" for retention of Stabile on the screen and "yes" for retention of Panella, the ballot summary card appeared to show "no" for Panella and "yes" for Stabile. If a voter voted "yes" in both races or "no" in both, this error would not have been apparent.

This was a critical error and should have been caught before the Municipal General Election. However, this clerical labeling issue attributable to human error did not impact either the voters' selections or the tabulated results for the Superior Court judicial retention ballot questions. Because the ExpressVote XL tabulators utilize the voters' selections summarized in the barcode and printed beneath the ballot question titles on the ballot summary card, which correspond to the selections of the voters on the ExpressVote XL summary screen, the selections printed on the ballot summary card accurately reflected the voters' intent. It was the contest titles for these two retention election ballot questions – not the voters' selections – that were reversed.

Release your findings to the public

Once the Northampton County Elections Office and ES&S identified the problem the morning of November 7th, the Elections Office followed guidance from the Pennsylvania Department of State.

The County has 156 cell phones solely for use at the precincts during Election Day. This allows the Elections Office to send text messages in the event of an emergency. The precincts were advised via text message to permit voting to continue. Poll workers were instructed to give voters the opportunity to vote by emergency ballot or provisional ballot.

The Elections Office also received a Court Order allowing each precinct to go back to voting on the machines because it was understood that votes would tabulate correctly at the end of Election Day.

To address the public and members of the media, County officials and a representative from ES&S held a [press conference](#) on the afternoon of November 7th. Northampton County is committed to transparency, integrity, and accountability. In order to keep the public informed, County officials sent press releases and communicated with members of the media on November 7th and the days following.

Ensure this voting machine malfunction does not repeat itself during next year's federal elections

ES&S has identified and accepted responsibility for their clerical error. Every year following the certification of votes, an audit is conducted to ensure the elections are 100% accurate. Thus far, Northampton County has not had any issues with our elections. This year's audit took place on Friday, November 24, 2023, at 10:00 a.m. The audit was open to the public and the media to attend. As expected, the audit results did not change. The results of both audits (the 2% Statistical Sample Audit and the Risk-Limiting Audit) matched the election results.

Northampton County has already begun evaluating its poll worker training and other pre-election processes to address issues that arose during the November 7, 2023 Municipal Election. The County is working diligently to implement stronger controls for our Logic & Accuracy Testing and our process with respect to emergency paper ballots are available at each precinct.

It is important to keep in mind that the issue that occurred during the November 7, 2023, Municipal Election was caused by a human error with respect to the programming of the contest title label on the paper record produced for the voter. The issue was not with the ES&S Express Vote XL voting system itself. A record was still created of the voter's selection, and that selection was adequately recorded.

The ES&S Express Vote XL voting system has been examined several times by the Pennsylvania Department of State and has been certified and recertified. Northampton County satisfied its obligation to select a voting system that is certified in conformity with the Pennsylvania Election Code and complies with the Help America Vote Act (HAVA).

Sincerely,



Lamont G. McClure
County Executive

cc: The Hon. Al Schmidt, Secretary of the Commonwealth

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Northampton	Election Date: 11/7/2023	Date Incident Identified: 11/7/2023
Person Completing Report	Name & Title Christopher Commini, Registrar	Phone/Email [REDACTED]
Voting System Name: ES&S ExpressVote XL		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Black screen w/backlight on A/C power – 3 machines		
Time span of the malfunction: Minimal until we could deliver replacements	Source(s) who reported the malfunction to the county: Judges of Election	
Location <i>(note all affected precincts):</i> Easton 3-4 Bethlehem Twp 3-4 Moore Twp - Beersville	Voting System Component(s) and Model(s) affected: ES&S ExpressVote XL	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Swapped out machines w/spare units. For Easton 3-4 and Bethlehem Twp. 3-4 there was minimal disruption as they each only had one machine. Moore Twp. – Beersville there wasn't any real disruption as they had two machines on site and were able to continue voting as we swapped out the problem machine.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Northampton has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



**Signature of Chief Clerk
or Authorized Representative**

Christopher M. Commini

**Name of Chief Clerk
or Authorized Representative**

12/19/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Northampton	Election Date: 11/7/2023	Date Incident Identified: 11/7/2023
Person Completing Report	<i>Name & Title</i> Christopher Commini, Registrar	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S ExpressVote XL		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Internal Memory Device Not Found		
Time span of the malfunction:	Source(s) who reported the malfunction to the county: Judge of Election	
Location <i>(note all affected precincts):</i> Bushkill Twp. - Clearfield	Voting System Component(s) and Model(s) affected: ES&S ExpressVote XL	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by _____ voters <input type="checkbox"/> Delayed the casting of ballots by _____ voters <input type="checkbox"/> Prevented the tabulation of _____ ballots <input type="checkbox"/> Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<p>Normal issue that occurs due to rough vibration during transport. Repaired in field by removing CFast Card Compartment with the Media Access Door Panel with a T-10 Security Bit Screwdriver. (Recommend for all tech rover on Election Day). Carefully remove the three T-10 Security Screws, reseal 4GB card in "Slot 2". Minimal disruption as the polling place was assigned two machines and voters could continue on one machine while other was repaired.</p>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Northampton has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Signature of Chief Clerk
or Authorized Representative

Christopher M. Commini

Name of Chief Clerk
or Authorized Representative

12/19/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Northumberland	Election Date: 11/7/2023	Date Incident Identified:
Person Completing Report	Name & Title Lindsay Phillips - Chief Registrar	Phone/Email [REDACTED]
Voting System Name: ES 45		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Anthony Phillips
Signature of Chief Clerk
or Authorized Representative

Lindsay Phillips
Name of Chief Clerk
or Authorized Representative

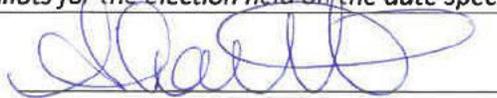
12/18/23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Sarah S. Geesaman, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: ClearBallot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Perry] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Shannon Hines

Name of Chief Clerk
or Authorized Representative

12/8/23

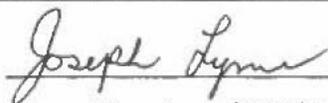
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Philadelphia	Election Date: November 7, 2023	Date Incident Identified: November 7, 2023
Person Completing Report	Name & Title Joseph Lynch, Executive Director	Phone/Email [REDACTED]
Voting System Name: Elections Systems and Software EVS 6300		
Equipment Malfunction Description (summarize and describe the nature of the incident here): See attached Exhibit A		
Time span of the malfunction: See attached Exhibit A	Source(s) who reported the malfunction to the county: See attached Exhibit A	
Location (note all affected precincts): See attached Exhibit A	Voting System Component(s) and Model(s) affected: See attached Exhibit A	
Impact of the malfunction (check and provide numbers for all that apply): See attached Exhibit A		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
See attached Exhibit A		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Joseph Lynch

Name of Chief Clerk
or Authorized Representative

1/5/2024

Date

**Voting System Malfunction Report: Exhibit A
Philadelphia County**

On November 7, 2023, Philadelphia County successfully conducted an election employing 3,500 Ballot Marking Devices (BMDs) and 12 central scanners. In total, 322,661 votes were received by all voting system components. For the entirety of election day in each division, at least one BMD was fully operable, and no voter was prevented from casting a ballot due to a voting system malfunction. Furthermore, no voting system malfunctions caused the tabulation of ballots to be prevented or delayed.

Listed below are any voting system malfunctions that may have caused a delay for voters. In all instances, voting by BMD was able to continue at the division and therefore the exact impacts in terms of number of voters delayed cannot be determined. The Philadelphia County Board of Elections has nonetheless reported these instances here in accordance with the Department of State’s Directive 2 of 2023.

Equipment Malfunction Description	Time Span of Malfunction	Source(s) Who Reported Malfunction	Location (Ward-Division)	Voting System Component(s) and Model(s) Affected	Impact of Malfunction	Action Taken
Media Access Door Alert	Approx. 2 Hours	Election Board Worker	02-11	Media Access Door	One BMD still operating so voting continued	Replaced BMD
Paper Path Module (PPM) Issue	Approx. 6.5 Hours	Election Board Worker	05-31	PPM	One BMD still operating so voting continued	Replaced BMD
PPM Issue	Approx 4.5 Hours	Election Board Worker	07-11	PPM	One BMD still operating so voting continued	Replaced BMD
BMD only running on battery power	Approx 1.5 Hours	Election Board Worker	08-24	Power	Affected BMD ran on battery power; other BMD was still operating so voting continued	Replaced BMD
BMD not charging; power depleted	Approx. 5 Hours	Election Board Worker	14-02	Power	One BMD still operating so voting continued	Replaced BMD
Blank Screen	Approx. 4 Hours	Election Board Worker	18-18	Undetermined	Two BMDs were still operating so voting continued	Replaced BMD
PPM Issue	Approx. 2 Hours	Election Board Worker	19-13	PPM	One BMD was still operating so voting continued	Replaced BMD

Equipment Malfunction Description	Time Span of Malfunction	Source(s) Who Reported Malfunction	Location (Ward-Division)	Voting System Component(s) and Model(s) Affected	Impact of Malfunction	Action Taken
PPM Issue	Approx. 2 Hours	Election Board Worker	23-10	PPM	One BMD was still operating so voting continued	Replaced BMD
Display Issue	Approx 30 Mins	Election Board Worker	23-17	Screen	One BMD was still operating so voting continued	Tech Dispatched and Resolved Issue
Blank Screen	Approx. 2 Hours	Technician	40-28	Undetermined	One BMD was still operating so voting continued	Replaced BMD
Error Message	Approx. 1 Hour	Election Board Worker	49-03	Undetermined	Two BMDs were still operating so voting continued	Replaced BMD
PPM Issue	Approx. 2 Hours	Election Board Worker	50-26	PPM	One BMD was still operating so voting continued	Replaced BMD
Unresponsive	Approx. 1 Hour	Election Board Worker	51-15	Undetermined	One BMD was still operating so voting continued	Tech Dispatched and Resolved Issue
Screen Calibration	Approx. 5 Mins	Election Board Worker	58-39	Screen	One BMD was still operating so voting continued	Resolved over the phone
PPM Issue	Approx. 2.5 Hours	Election Board Worker	62-02	PPM	One BMD was still operating so voting continued	Replaced BMD
Screen Calibration	Approx. 30 Mins	Election Board Worker	65-09	Screen	One BMD was still operating so voting continued	Tech Dispatched and Resolved Issue
PPM Issue	Approx 3.5 Hours	Election Board Worker	65-23	PPM	One BMD was still operating so voting continued	Replaced BMD
PPM Issue	Approx. 5 Hours	Election Board Worker	66-36	PPM	One BMD was still operating so voting continued	Replaced BMD

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: PIKE	Election Date: November 7, 2023	Date Incident Identified: NA
Person Completing Report	Name & Title Nadeen Manzoni	Phone/Email [REDACTED]
Voting System Name: Dominion ImageCast Precinct/Central/X		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>PIKE</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Nadeen Manzoni
Signature of Chief Clerk
or Authorized Representative

Nadeen Manzoni
Name of Chief Clerk
or Authorized Representative

12-19-23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: POTTER	Election Date: 11/07/2023	Date Incident Identified:
Person Completing Report	Name & Title CHARLIE BROWN- DIRECTOR	Phone/Email [REDACTED]
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<p>Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)</p> <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [POTTER] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Charlie Brown

Name of Chief Clerk
or Authorized Representative

12/27/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Albert L. Gricuski Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S DS200 SCANNER DS 450		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots 		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Schuylkill] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Albert L. Gricuski

Name of Chief Clerk
or Authorized Representative

12/6/23

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Snyder</u>	Election Date: <u>11/7/2023</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Devin Rhoads, Elections Dir.</u>	Phone/Email 
Voting System Name: <u>ES+S D200 → ES+S Express Vote</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>N/A</u>		
Time span of the malfunction: <u>N/A</u>	Source(s) who reported the malfunction to the county: <u>N/A</u>	
Location (note all affected precincts): <u>N/A</u>	Voting System Component(s) and Model(s) affected: <u>N/A</u>	
Impact of the malfunction (check and provide numbers for all that apply): <u>N/A</u>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>N/A</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Snyder</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Devin L. Rhoads
 Name of Chief Clerk
 or Authorized Representative

12/7/2023
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Somerset	Election Date: November 7, 2023	Date Incident Identified:
Person Completing Report	Name & Title Tina Pritts, Director of Voter Reg & Elections	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Somerset] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Tina Pritts

12/18/2023

**Signature of Chief Clerk
or Authorized Representative**

**Name of Chief Clerk
or Authorized Representative**

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>SULLIVAN</u>	Election Date: <u>11/7/2023</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>JENNIFER SPAKO - DIRECTOR</u>	Phone/Email [REDACTED]
Voting System Name: <u>CLEAR BALLOT</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>SULLIVAN</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Jennifer Spako
Signature of Chief Clerk
or Authorized Representative

Jennifer Spako
Name of Chief Clerk
or Authorized Representative

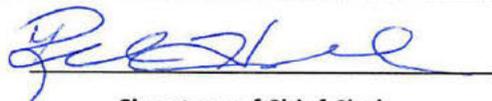
12/13/23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date: November 7, 2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> LeighAnna Overfield, Director of Elections/Voter Registrar	<i>Phone/Email</i> [REDACTED]
Voting System Name: Unisyn OpenElect FVT		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<p>Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)</p> <p><input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Susquehanna] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</p>		



Signature of Chief Clerk
or Authorized Representative

Rebekah Hubbard 12/11/2023

Name of Chief Clerk
or Authorized Representative

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Tlogu</u>	Election Date: <u>11/7/23</u>	Date Incident Identified: <u>11/7/23</u>
Person Completing Report	Name & Title <u>Eric Relell Rover</u>	Phone/Email 
Voting System Name: <u>DS200</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>would not take ballots</u>		
Time span of the malfunction: <u>8:30 - 9:30</u>	Source(s) who reported the malfunction to the county: <u>Poll worker</u>	
Location (note all affected precincts): <u>Putnam twp</u>	Voting System Component(s) and Model(s) affected: <u>DS200</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>7</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Replace DS200</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [<u>Tlogu</u>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Jamie Chambala
Signature of Chief Clerk
or Authorized Representative

Janice Chamberlain
Name of Chief Clerk
or Authorized Representative

11/8/2023
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Piase</u>	Election Date: <u>11/7/23</u>	Date Incident Identified: <u>11/7/23</u>
Person Completing Report	Name & Title <u>Matt Debra Rover</u>	Phone/Email 
Voting System Name: ExpressVote <u>ExpressVote</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>ExpressVote printing error</u>		
Time span of the malfunction: <u>8:00 - 8:30</u>	Source(s) who reported the malfunction to the county: <u>Poll worker</u>	
Location (note all affected precincts): <u>Lawrence Twp</u>	Voting System Component(s) and Model(s) affected: <u>ExpressVote</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ___ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>3</u> voters <input type="checkbox"/> Prevented the tabulation of ___ ballots <input type="checkbox"/> Delayed the tabulation of ___ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Opened up expressvote and cleaned the glass on Printer Worked fine after</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [_____] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Janice Chambolan

Signature of Chief Clerk
or Authorized Representative

Janice Chambolan

Name of Chief Clerk
or Authorized Representative

11/8/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: UNION	Election Date: 11-7-23	Date Incident Identified:
Person Completing Report	Name & Title GREGORY KATHERMAN	Phone/Email
Voting System Name: UNISYN		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

GREGORY KATHERMAN

Name of Chief Clerk
or Authorized Representative

12/28/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Venango	Election Date: 11/7/2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Sabrina Backer, Chief Clerk	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
<div style="border: 1px solid black; height: 100px;"></div>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Venango has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative

Sabrina S. Backer/Chief Clerk

 Name of Chief Clerk
 or Authorized Representative

11/9/2023

 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: WARREN	Election Date: 11/07/2023	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Krystle Ransom Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Warren] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Krystle Ransom
Signature of Chief Clerk
or Authorized Representative

Krystle Ransom
Name of Chief Clerk
or Authorized Representative

1-2-24
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: Washington	Election Date: NOVEMBER 7 2023	Date Incident Identified:
Person Completing Report	Name & Title Melanie Ostrander	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): No issues to report		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
[REDACTED]		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Washington</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

MELANIE R OSTRANDER

Name of Chief Clerk
or Authorized Representative

11/27/2023

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: <u>Wayne</u>	Election Date: <u>11-7-2023</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Cindy Furman Director of Elections</u>	Phone/Email [REDACTED]

Voting System Name: Clear Ballot

Equipment Malfunction Description (summarize and describe the nature of the incident here):

Time span of the malfunction:	Source(s) who reported the malfunction to the county:
-------------------------------	---

Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:
---	---

Impact of the malfunction (check and provide numbers for all that apply):

- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by ____ voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):

Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)

By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Wayne] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.

Cindy Furman
Signature of Chief Clerk
or Authorized Representative

Cindy Furman
Name of Chief Clerk
or Authorized Representative

11-28-23
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: westmorelandCounty	Election Date: November 7th, 2023	Date Incident Identified: November 7th, 2023
Person Completing Report	<i>Name & Title</i> Scott Ross - Director Information Systems	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election Systems and Software		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Power cord failure on a DS200. When the Field Tech arrived to check on the precinct they noticed that the device was running on battery backup.		
Time span of the malfunction: 15 minutes	Source(s) who reported the malfunction to the county: Field Tech	
Location <i>(note all affected precincts):</i> Municipality of Murrysville - East Murrysville	Voting System Component(s) and Model(s) affected: DS200	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>3</u> ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
The Field Tech replaced the power cord. The 3 voters waited until the Tech finished installing the replacement cord before scanning their ballots through the scanner.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative

12-21-2023

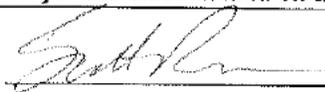
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: westmorelandCounty	Election Date: November 7th, 2023	Date Incident Identified: November 7th, 2023
Person Completing Report	Name & Title Scott Ross - Director Information Systems	Phone/Email [REDACTED]
Voting System Name: Election Systems and Software		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Voter had an issue while doing a write-in candidate. Device needed re-calibrated.		
Time span of the malfunction: 15 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): City of Latrobe 5th Ward	Voting System Component(s) and Model(s) affected: ExpressVote (BMD)	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 1 ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
A Field Tech was sent to recalibrate the device. In the mean time the voter was moved to another device so that they could vote since we deploy at least two ExpressVote(BMD) devices to all precincts.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Scott Ross

 Name of Chief Clerk
 or Authorized Representative

12-21-2023

 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County:	Election Date:	Date Incident Identified:
Person Completing Report	Name & Title Florence Kellett	Phone/Email [REDACTED]
Voting System Name: Clear Cast Model D by Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Wyoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Florence Kellett

Signature of Chief Clerk
or Authorized Representative

FLORENCE KELLETT

Name of Chief Clerk
or Authorized Representative

11-16-2023

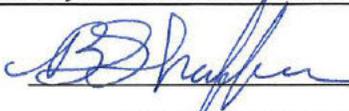
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

Note, if you require additional space for any field, please attach a separate document to this Report

County: York	Election Date: November 2023	Date Incident Identified: November 2023
Person Completing Report	Name & Title Bryan Sheaffer, Deputy Director of Elections and Voter Registration	Phone/Email [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> See attached.		
Time span of the malfunction: See attached.	Source(s) who reported the malfunction to the county: JOEs	
Location <i>(note all affected precincts):</i> See attached.	Voting System Component(s) and Model(s) affected: ICPs	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
See attached.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Signature of Chief Clerk
or Authorized Representative

Bryan Sheaffer

Name of Chief Clerk
or Authorized Representative

01/04/2023

Date

Precinct	Voting System Name	Equipment Malfunction Description	Time Span of the Malfunction	Impact of the Malfunction	Action Taken To Resolve the Malfunction/Ensure Continued Voting
Spring Garden Township 1	Dominion ImageCast Precinct.	Ballots inserted into the machine were periodically returned to the voter for ambiguous marks. This was the only ImageCast Precinct at the polling place.	Throughout the entire election day.	Delayed the casting of ballots by 10 voters.	A roving technician was dispatched to the precinct to clean the scanner with a cleaning sheet.
Penn Township 4	Dominion ImageCast Precinct.	One of the ImageCast Precincts at the polling place stopped working.	2 Hours.	Delayed the casting of ballots by approximately 10 voters.	A roving technician was able to replace the machine head. The precinct was also able to utilize the other ImageCast Precinct at the polling place to ensure continued voting.
Dover Borough	Dominion ImageCast Precinct.	Ballots inserted into the machine were periodically returned to the voter for ambiguous marks. This meant the ballot had to be reinserted multiple times or in a different orientation for it to be read by the machine. This was the only ImageCast Precinct at the polling place.	Throughout the entire election day.	Delayed the casting of ballots by approximately 30 voters.	A roving technician was dispatched to the precinct to clean the scanner with a cleaning sheet.
York Township 2-3	Dominion ImageCast Precinct.	A bad paper jam in the machine required the ImageCast Precinct to be shut down and the emergency ballot procedure to be initiated. This was the only ImageCast Precinct at the polling place.	8:16 to 8:58 am.	Delayed the casting of ballots by 24 voters.	A roving technician was dispatched to the precinct to replace the jammed machine head. The poll workers were then able to scan in the ballots that were in the emergency ballot slot.
Newberry Township 1	Dominion ImageCast Precinct.	Ballots inserted into the machine were being constantly returned to the voter for ambiguous marks.	5:30 to 7:00 pm	N/A	The precinct was able to utilize the other two ImageCast Precincts at the polling place to ensure no delays occurred in voting.
East Manchester Township	Dominion ImageCast Precinct.	Ballots inserted into the machine were being periodically returned to the voter for ambiguous marks. This meant the ballot had to be reinserted multiple times or in a different orientation for it to be read by the machine.	Throughout the entire election day.	Delayed the casting of ballots by approximately 100 voters	The precinct was able to utilize the other two ImageCast Precincts at the polling place to ensure continued voting.
Conewago Township 1	Dominion ImageCast Precinct.	Ballots inserted into the machine were being periodically returned to the voter for ambiguous marks. This meant the ballot had to be reinserted multiple times or in a different orientation for it to be read by the machine.	Throughout the entire election day until 4:45 pm.	Delayed the casting of ballots by approximately 8 voters.	A roving technician was dispatched to the precinct to clean the scanner with a cleaning sheet. This did not completely resolve the issue however. At around 4:45 pm, the precinct began to only utilize the other ImageCast Precinct at the polling place to ensure continued voting.
Manchester Township 1	Dominion ImageCast Precinct.	Ballots inserted into the machine were periodically returned to the voter for ambiguous marks. This meant the ballot had to be reinserted multiple times or in a different orientation for it to be read by the machine. This was the only ImageCast Precinct at the polling place.	Throughout the entire election day.	Delayed the casting of ballots by 20 voters.	The ballot had to be inserted in a different orientation or inserted multiple times for the scanner to properly scan the ballot & cast the vote.
Jacobus Borough	Dominion ImageCast Precinct.	Ballots inserted into the machine were periodically returned to the voter for ambiguous marks. This was the only ImageCast Precinct at the polling place.	Throughout the entire election day.	Delayed the casting of ballots by approximately 220 voters.	A roving technician was dispatched to the precinct to clean the scanner with a cleaning sheet. This did not completely resolve the issue so the machine head was replaced in the evening.
York Township 3-1	Dominion ImageCast Precinct.	Ballots inserted into the machine were periodically returned to the voter for ambiguous marks. This was the only ImageCast Precinct at the polling place.	Throughout the morning of election day until 10:30 am.	Delayed the casting of ballots by approximately 5 voters.	A roving technician was dispatched to the precinct to clean the scanner with a cleaning sheet.