


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>4/23/2024</u>	Date Incident Identified: <u>4/23/2024</u>
Person Completing Report	Name & Title <u>Angie Crouse, Director</u>	Phone/Email 
Voting System Name: <u>DS450 - high speed scanner</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Machine was powered on - Machine was throwing different error codes - Unable to use on Election Day</u>		
Time span of the malfunction: <u>7:00am - close</u>	Source(s) who reported the malfunction to the county: <u>Election office</u>	
Location (note all affected precincts): <u>County Election Office</u>	Voting System Component(s) and Model(s) affected: <u>DS450</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 ___ 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>Adams County has 2 DS450. One of them threw error codes immediately, we were not able to use the DS450 on Election Day.</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>Adams</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.		

Angie Crouse

Signature of Chief Clerk
or Authorized Representative

Angela N. Crouse

Name of Chief Clerk
or Authorized Representative

4/23/24

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: ALLEGANY	Election Date: 4/23/24	Date Incident Identified:
Person Completing Report	Name & Title DAVID VOYE Dir. Manager	Phone/Email [REDACTED]
Voting System Name: ESS - 4.3.0.0		
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 ALLEGANY 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. W...

Signature of Chief Clerk
or Authorized Representative

DAVID VOYE

Name of Chief Clerk
or Authorized Representative

4/27/24

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <u>Armstrong</u>	Election Date: <u>4/23/2024</u>	Date Incident Identified: <u>4/23/2024</u>
Person Completing Report	Name & Title <u>Jeff Jessell - County Tech</u>	Phone/Email [REDACTED]
Voting System Name: <u>Dominion ICP</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>The ICP scanner stop scanning Republican ballots with 63rd Leg. Dist. These were pre-printed ballots by a printer.</u>		
Time span of the malfunction: <u>1 hr</u>	Source(s) who reported the malfunction to the county: <u>Judge of Election</u>	
Location (note all affected precincts): <u>Sugarcreek</u>	Voting System Component(s) and Model(s) affected: <u>Dominion ICP scanner.</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input checked="" type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>0</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>Voters used ballots created from the ICP to cast ballots. Only pre-printed ballots were affected. The scanner was replaced and problem solved.</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.		


 Signature of Chief Clerk
 or Authorized Representative

Aaron S. Poole
 Name of Chief Clerk
 or Authorized Representative

5/6/2024
 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: Beaver	Election Date: April 23, 2024	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: 40px;"></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**

COLIN MICHAEL SISK

**Name of Chief Clerk
or Authorized Representative**


5/15/2024

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <u>Bedford</u>	Election Date: <u>4/23/2024</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Deb Brown Director of Elections</u>	Phone/Email 
Voting System Name: <u>Dominion</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>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.		

Debra Brown

Signature of Chief Clerk
or Authorized Representative

Debra Brown

Name of Chief Clerk
or Authorized Representative

5/1/24

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: Berks	Election Date: 4/23/24	Date Incident Identified: 4/23/24
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):*
The ExpressVote machines at the below listed precincts displayed error messages/alerts requiring attention from the poll workers.

Time span of the malfunction: Several minutes for each incident.	Source(s) who reported the malfunction to the county: poll workers
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Location <i>(note all affected precincts):</i> Amity 2, Amity 6, Birdsboro 1, Birdsboro 2, Centerport, Colebrookdale 1, Cumru 2, Cumru 6, Earl 2, Maidencreek 1, Mt Penn, N. Heidelberg, Oley 1, Penn, Reading 11-2, Reading 14-2, Reading 19-2, Robeson 4, Shillington 2, Shoemakersville, Spring 8, Washington 1, Wernersville, Wyomissing 1, Wyomissing 3	Voting System Component(s) and Model(s) affected: ExpressVote ballot marking devices
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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	<p>In all cases there were other Express Vote machines available for voters to utilize to ensure there was no impact to the flow of voters through the polling locations.</p>
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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):*

Prior to every election the machines are cleaned and for this election ES&S suggested that all new ballot stock be used. In the poll worker trainings the poll workers are trained to conduct a hard reset on the machines when they encounter these messages. After the machines were reset they were able to resume using them as normal. In Amity 6 and Wernersville the messages appeared several times and a technician replaced those machines.

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.

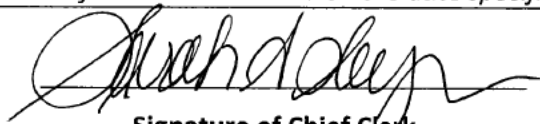
<p>Signature of Chief Clerk or Authorized Representative</p>	<p>Anne Norton</p> <p>Name of Chief Clerk or Authorized Representative</p>	<p>6/17/2024</p> <p>Date</p>
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Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <u>Blair</u>	Election Date: <u>4.23.24</u>	Date Incident Identified: <u>4.23.24</u>
Person Completing Report	Name & Title <u>Sarah Seymour Director of Elections</u>	Phone/Email [REDACTED]
Voting System Name: <u>ES+S</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Scanner would not scan ballot - no matter which way placed in scanner.</u>		
Time span of the malfunction: <u>7:11am - 7:58a.m</u> <u>1:15pm - 2:13p.m</u> <u>11:44am - 11:57am</u>	Source(s) who reported the malfunction to the county: <u>Judge of Election</u>	
Location (note all affected precincts): <u>Hollidaysburg Boro, Ward 6</u>	Voting System Component(s) and Model(s) affected: <u>DS200 Precinct Scanner</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>20</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>Scanner was swapped out 3 times. Voting continued by using the auxillary bin to hold voted ballots until could be scanned/tabulated. Office printed add'l ballots in case ballots were problem. Techs cleaned scanner - final scanner worked from 2:13pm to 8p.m. All ballots were tabulated.</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 [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

Sarah A. Seymour
 Name of Chief Clerk
 or Authorized Representative

5.01.24
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <u>Bradford</u>	Election Date: <u>4/23/24</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Renee Smithkors - Director</u>	Phone/Email <div style="background-color: black; width: 100%; height: 20px;"></div>
Voting System Name: <u>Unisyn Open Elect</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>N/A</u>		
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>Bradford</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.		

Renee Smithkors

 Signature of Chief Clerk
 or Authorized Representative

Renee Smithkors

 Name of Chief Clerk
 or Authorized Representative

5/22/2024

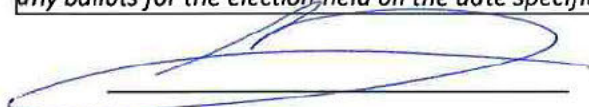
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Bucks	Election Date: 04/23/2024	Date Incident Identified:
Person Completing Report	Name & Title Charlene Maloney, Deputy Director	Phone/Email [REDACTED]
Voting System Name: Clear Ballot		
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):		
<div style="border: 1px solid black; height: 40px;"></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 [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.		



Signature of Chief Clerk
or Authorized Representative

Gail Humphrey

Name of Chief Clerk
or Authorized Representative

5/16/24

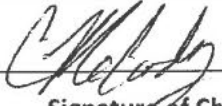
Date

Voting System Malfunction Report


Reported Pursuant to Directive 2 of 2023

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County: Butler	Election Date: 4/23/24	Date Incident Identified: 4/23/24
Person Completing Report	Name & Title Chantell McCurdy, Director of Elections	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> 7 scanners were intermittently rejecting ballots. 1 ExpressVote had an error message display twice throughout the day.		
Time span of the malfunction: 7am-8pm	Source(s) who reported the malfunction to the county: Judges of Election	
Location <i>(note all affected precincts):</i> Buffalo Twp 1, Center Twp 2, Jefferson Twp 2, Venango Twp, Harmony Boro, Harrisville Boro, Karns City Boro & Butler Twp 6 North	Voting System Component(s) and Model(s) affected: ES&S DS200 & ExpressVote	
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>35</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>		
Hard restarts were tried at all precincts. Out of an abundance of caution (and to reduce any more delays for voters), 5 of the scanners were replaced. The issue has been reported to ES&S.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<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


 Chantell McCurdy
 Name of Chief Clerk
 or Authorized Representative


5-28-24

 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <u>Cambria</u>	Election Date: <u>4-23-24</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Maryann Dillon, Director</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):		
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>Cambria</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.		

Maryann Dillon
 Signature of Chief Clerk
 or Authorized Representative

Maryann Dillon
 Name of Chief Clerk
 or Authorized Representative

4-26-24
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <u>Cameron</u>	Election Date: <u>4/23/24</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Misty K. Lupro Asst. Clerk</u>	Phone/Email [REDACTED]
Voting System Name: <u>ES+S Express Vote Tabulators</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>N/A</u>		
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.		

Misty K. Lupro
 Signature of Chief Clerk
 or Authorized Representative

Misty K. Lupro
 Name of Chief Clerk
 or Authorized Representative

5/16/24
 Date

Voting System Malfunction Report

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County: Carbon	Election Date: April 23, 2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Daphne C Gasker Assistant Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion Voting Systems		
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>		

Daphne C Gasker

Signature of Chief Clerk
or Authorized Representative

Daphne C Gasker

Name of Chief Clerk
or Authorized Representative

06/20/2024

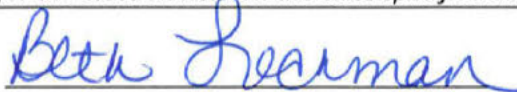
Date

Voting System Malfunction Report

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County: Centre	Election Date: 4/23/24	Date Incident Identified: 4/23/24
Person Completing Report	Name & Title Beth Lechman – Director of Election	Phone/Email [REDACTED] [REDACTED]
Voting System Name: Election Systems & Software ESS		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): The precinct ballot scanner locked up and wouldn't accept ballots. 15 voters were cast their ballots in the emergency bin.		
Time span of the malfunction: 2:50-3:30pm	Source(s) who reported the malfunction to the county: Judge of Election	
Location (<i>note all affected precincts</i>): Precinct # 52	Voting System Component(s) and Model(s) affected: Election Systems & Service – 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>15</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 scanner was reported to the Election Office. The rover in the field replaced the scanner with their spare they carry on Election Day. Once the scanner was replaced and reopened it worked appropriately until the polling location closed again.		
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

Director of Election

Name of Chief Clerk
or Authorized Representative

5/14/2024


Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2024

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

County: Chester	Election Date: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	Krista Kerr Deputy Director of Voter Services	[REDACTED]
Voting System Name: Election Systems & Software (ES&S)		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> ExpressVote was not calibrating on boot up. Recommended to replace machine.		
Time span of the malfunction: 7:49 AM (Phone call Into the Call Center) 8:06 AM (Resolved-Machine replaced by Technician)	Source(s) who reported the malfunction to the county: Robert Windol (Technician)	
Location <i>(note all affected precincts):</i> Precinct 43 – West Brandywine West	Voting System Component(s) and Model(s) affected: ExpressVote Ballot Marker	
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		
*** No impact to voters as this occurred during setup. ***		
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> ExpressVote Ballot Marker replaced by technician.		
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 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

	<u>Krista Kerr</u>	<u>6/14/2024</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 2024

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

County: Chester	Election Date: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	Krista Kerr Deputy Director of Voter Services	[REDACTED]
Voting System Name: Election Systems and Software (ES&S)		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): Ballots not scanning.		
Time span of the malfunction: 1:11 PM (<i>call into the call center</i>) 2:00 PM (<i>machine replaced onsite</i>)	Source(s) who reported the malfunction to the county: Libby Horwitz (<i>Tech Zone 2</i>)	
Location (<i>note all affected precincts</i>): Precinct 462- Phoenixville N-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 type="checkbox"/> Delayed the tabulation of ____ ballots		
** Emergency slot was available for all ballot voting if/when needed.		
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.		
**DS200 Tabulator replaced by technician.		
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 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Krista Kerr

 Name of Chief Clerk
 or Authorized Representative

6/14/2024

 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2024

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

County: Chester	Election Date: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	Krista Kerr Deputy Director Voter Services	[REDACTED]
- Voting System Name: Election Systems & Software (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Machine not accepting ballots.		
Time span of the malfunction: 11:18 AM (Phone call into the call center) 12:52 PM (Resolved-Machine replaced by Technician)	Source(s) who reported the malfunction to the county: Cathy Gomez (technician Zone 4)	
Location (note all affected precincts): Precinct 659 - Uwchlan-7	Voting System Component(s) and Model(s) affected: DS200 Tabulator	
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		
**Emergency slot was available for all ballot voting if/when needed.		
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):		
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. **DS200 Tabulator replaced by technician.		
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 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Krista Kerr

Name of Chief Clerk
or Authorized Representative

6/14/2024

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2024

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

County: Chester	Election Date: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	Krista Kerr Deputy Director of Voter Services	[REDACTED]
Voting System Name: <i>Election Systems and Software (ES&S)</i>		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> 7:33 am Machine required a hard reboot. Tech rebooted machine and it was working. Closed 8:20 am 9:49 am Machine not accepting ballots. 10:41 am Expressvote replaced by technician.		
Time span of the malfunction: 7:33 AM (Phone call into the call center) 10:41 AM (Resolved-Machine replaced by Technician)	Source(s) who reported the malfunction to the county: Mike Hott (Technician Zone 1)	
Location <i>(note all affected precincts):</i> Precinct 681- East Vincent	Voting System Component(s) and Model(s) affected: Express Vote Ballot Marker	
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		
** No delay was reported by JOE. Assistance and paper ballot were given to voter. **		
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> ExpressVote Ballot Marker replaced by technician.		
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 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Krista Kerr

Name of Chief Clerk
or Authorized Representative


6/14/2024

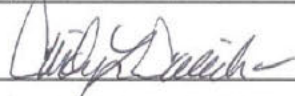
Date

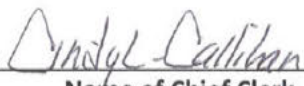
Voting System Malfunction Report

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>4/23/24</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: 100px; width: 100%;"></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>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

4-29-24
 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: CLEARFIELD	Election Date: APRIL 23, 2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Dawn Graham, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S DS 200 and ExpressVote		
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):		
<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 [] 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.		

Dawn E Graham

Dawn E Graham

5/28/2024

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

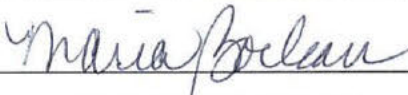
Date

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: CLINTON	Election Date: 4/23/2024	Date Incident Identified:
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 (<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>): 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 (<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 type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Clinton] 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

4/29/2024

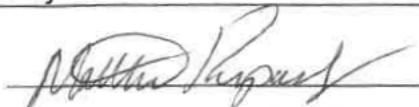
 Date

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: Columbia	Election Date: 4/23/24	Date Incident Identified: 4/23/24
Person Completing Report	Name & Title Matthew Repasky Elections	Phone/Email [REDACTED]
Voting System Name: Unisyn OVO		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Paper Jam		
Time span of the malfunction: 45-60 min	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Scott Top East	Voting System Component(s) and Model(s) affected: Unisyn OVO	
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>17</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):		
Tech went and unjammed the machine. Aux bin Ballots were run thru.		
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

Matthew Repasky
 Name of Chief Clerk
 or Authorized Representative

5-24-24
 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: <u>Columbia</u>	Election Date: <u>4-23-24</u>	Date Incident Identified: <u>4-23-24</u>
Person Completing Report	Name & Title <u>Matthew Repasky</u>	Phone/Email [REDACTED]
Voting System Name: <u>UniSyn Open Elect OVD</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Paper Jam</u>		
Time span of the malfunction: <u>30 min</u>	Source(s) who reported the malfunction to the county: <u>Poll Worker</u>	
Location (note all affected precincts): <u>Benton Borough</u>	Voting System Component(s) and Model(s) affected: <u>Open Elect OVD</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 ____ 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>Tech went to clear the Jam. Ballots were voted from the auxillary bin.</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.		

[Signature]
 Signature of Chief Clerk
 or Authorized Representative

Matthew Repasky
 Name of Chief Clerk
 or Authorized Representative

4-23-24
 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:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Matthew Repasky	<i>Phone/Email</i> [REDACTED]
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Unisyn Open Elect OVO		
Time span of the malfunction: 20 min	Source(s) who reported the malfunction to the county: Poll Worker	
Location (note all affected precincts): Scott Twp west	Voting System Component(s) and Model(s) affected: Open Elect OVO	
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 ____ 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):		
Tech went to Clear the Jam/Clean the machine. Ballots were Voted from the Auxillary Bin. Ballot was cleared from the Machine From May 16, 2023 that ballots had been going around.		
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

Matthew Repasky

 Name of Chief Clerk
 or Authorized Representative


4-23-24

 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: <u>Columbia</u>	Election Date: <u>4-23-24</u>	Date Incident Identified: <u>4-23-24</u>
Person Completing Report	Name & Title <u>Matthew Repasky</u>	Phone/Email 
Voting System Name: <u>Unisyn OVD</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Paper Jam 5:45</u>		
Time span of the malfunction: <u>20min</u>	Source(s) who reported the malfunction to the county: <u>Poll Worker</u>	
Location (note all affected precincts): <u>MT Pleasant Twp</u>	Voting System Component(s) and Model(s) affected: <u>OVD</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>11</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>Tech arrived and cleared the jam. Ballots and voters voted again.</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.		

Matthew Repasky
 Signature of Chief Clerk
 or Authorized Representative

Matthew Repasky
 Name of Chief Clerk
 or Authorized Representative

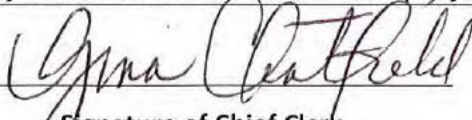
4-23-24
 Date

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: Crawford	Election Date: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	<i>Name & Title</i> Matthew Digiacomo, Voting System Specialist	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): Ballots would only scan if the QR code was on the left side of the page.		
Time span of the malfunction: Not quite sure when it started, but about 20 minutes after the precinct called	Source(s) who reported the malfunction to the county: Francis Wiederspan, one of our rovers	
Location (<i>note all affected precincts</i>): Rome Township	Voting System Component(s) and Model(s) affected: ICP (Image Cast Precinct)	
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>):		
With the ICP still reading ballots if the ballot was placed a particular way, it did not cause any delay in voting. However, we sent a new ICP unit to the precinct to make sure there were no further issues.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<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

Gina Chatfield
 Name of Chief Clerk
 or Authorized Representative

5.1.24
 Date

Voting System Malfunction Report

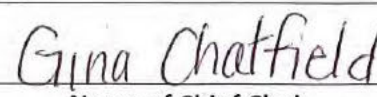
Reported Pursuant to Directive 2 of 2023

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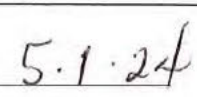
County: Crawford	Election Date: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	<i>Name & Title</i> Matthew Digiacomio, Voting System Specialist	<i>Phone/Email</i> <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> ICX was giving a "Card Reader Detached" error.		
Time span of the malfunction: A few minutes	Source(s) who reported the malfunction to the county: JOE	
Location <i>(note all affected precincts):</i> Wayne Twp	Voting System Component(s) and Model(s) affected: ICX	
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 knew the error right away. Had the judge reboot the ICX and it fixed the problem. There was no delay in voting as they had two other ICXs in working order and it happened during a very slow period for them.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<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



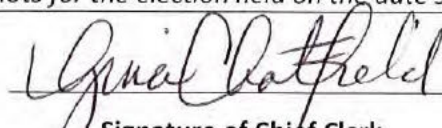
 Date

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: County	Election Date: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	<i>Name & Title</i> Matthew Digiacomio, Voting System Specialist	<i>Phone/Email</i> [REDACTED] [REDACTED]@crawford.pa.us
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Printer lost connection to the ICX.		
Time span of the malfunction: 15 minutes	Source(s) who reported the malfunction to the county: JOE	
Location <i>(note all affected precincts):</i> Venango Boro	Voting System Component(s) and Model(s) affected: HP 402dne and ICX	
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>		
Sent a rover with new printer but turns out the problem was fixed with a reboot. Thankfully, it was a slow period and there was no delay in voting with another machine in operation.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<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

Gina Chatfield

 Name of Chief Clerk
 or Authorized Representative

5.1.24

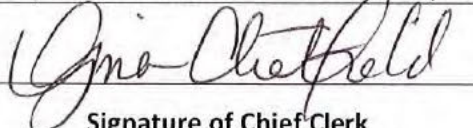
 Date

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: County	Election Date: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	<i>Name & Title</i> Matthew Digiacomio, Voting System Specialist	<i>Phone/Email</i> [REDACTED] [REDACTED]@crawford.pa.us
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> A paper jam occurred and ICP shut down.		
Time span of the malfunction: 10 minutes	Source(s) who reported the malfunction to the county: JOE	
Location <i>(note all affected precincts):</i> East Fairfield Twp	Voting System Component(s) and Model(s) affected: ICP	
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>4</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>		
Had to walk the JOE through repowering up the machine and making sure polls opened properly. I also sent a rover to clean the machine even though polls would only be open another 30 minutes or so. JOE said the machine was sporadically jamming, but she did not call me sooner. She also said it did not affect voting other than having to shake the machine every now and then.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<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

Gina Chatfield
 Name of Chief Clerk
 or Authorized Representative

5.1.24
 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: Cumberland	Election Date: April 23, 2024	Date Incident Identified: N/A
Person Completing Report	Name & Title Bethany Salzarulo, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Elections Systems and Software Express Vote XL		
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 [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.</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: <u>Dauphin</u>	Election Date: <u>04/23/24</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Christopher Spackman, Director</u>	Phone/Email 
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 [] 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.		

Christopher Spackman

Signature of Chief Clerk
or Authorized Representative

Christopher T Spackman

Name of Chief Clerk
or Authorized Representative

06/17/24

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:	Election Date:	Date Incident Identified:
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>		
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>		
Delaware County employs contingencies that allow for voting to continue in a power outage or a scanner malfunction or failure, as well as the capacity to print replacement (or additional) ballot supplies onsite in the precinct or at our central offices. To that end, voting continued uninterrupted at a building with two Delaware County precincts that experienced a mid-day power outage that lasted more than an hour.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input 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>		



 or Authorized Representative

James P. Allen, Elections Director

 Name of Chief Clerk
 or Authorized Representative

3 May 2024

 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: April 23, 2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Kimberly S. Frey, Director Election/Voter Registration	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S Express Vote Tabulators and DS200		
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 [ELK] 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

5-6-2024

 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: 04/23/2024	Date Incident Identified:
Person Completing Report	Name & Title Tonia Fernandez, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Dominion Democracy Suite		
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 [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.		

Tonia Fernandez
 Signature of Chief Clerk
 or Authorized Representative

Tonia Fernandez
 Name of Chief Clerk
 or Authorized Representative

5-10-23
 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: FAYETTE	Election Date: APRIL 23, 2024	Date Incident Identified: n/a
Person Completing Report	Name & Title Marybeth Kuznik, Director of Elections & Voter Reg.	Phone/Email [REDACTED]
Voting System Name: Dominion		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NONE REPORTED		
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 0 voters <input type="checkbox"/> Delayed the casting of ballots by 0 voters <input type="checkbox"/> Prevented the tabulation of 0 ballots <input type="checkbox"/> Delayed the tabulation of 0 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 [Fayette] 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.		

Marybeth Kuznik
 Signature of Chief Clerk
 or Authorized Representative

Marybeth Kuznik
 Name of Chief Clerk
 or Authorized Representative

6/13/2024
 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>Forest</u>	Election Date: <u>4-23-24</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>JeanAnn Hitchcock Director</u>	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):		
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.		

JeanAnn Hitchcock
Signature of Chief Clerk
or Authorized Representative

JeanAnn Hitchcock
Name of Chief Clerk
or Authorized Representative

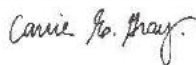
4-25-2024
Date

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> Susan Christophel Deputy Chief Clerk/Election Director	<i>Phone/Email</i> [REDACTED] [REDACTED]@franklincountypa.gov
Voting System Name: Election Systems and Software		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballots would not scan. Tech from ES&S was sent to precinct. The Precinct Counter scanner was not working properly and he replaced the unit.		
Time span of the malfunction: 10:36a to 12:30p	Source(s) who reported the malfunction to the county: Andrea Frey, Judge of Election	
Location <i>(note all affected precincts):</i> Mercersburg Precinct	Voting System Component(s) and Model(s) affected: DS 200	
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>15</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>		
Ballots were put into the emergency bin. The tech cleaned and calibrated the machine before replacing it with a back up unit. He then ran the ballots from the emergency bin through the scanner.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<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>		

 <hr style="width: 80%; margin: 0 auto;"/>	Carrie E. Gray <hr style="width: 80%; margin: 0 auto;"/>	May 9, 2024 <hr style="width: 80%; margin: 0 auto;"/>
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>Fulton</u>	Election Date: <u>4/23/2024</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Laurel M. Griest - Director of Elections</u>	Phone/Email [REDACTED]
Voting System Name: <u>HART</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>FULTON</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.		

Laurel M. Griest

Signature of Chief Clerk
or Authorized Representative

Laurel M. Griest

Name of Chief Clerk
or Authorized Representative

5/13/2024

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>GREENE</u>	Election Date: <u>04/23/2024</u>	Date Incident Identified: <u>04/23/2024</u>
Person Completing Report	Name & Title <u>JOSEPH LEMLEY - Elect. Dir.</u>	Phone/Email [REDACTED]
Voting System Name: <u>EXPRESS VOTE (EVO218421955)</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>STOPPED WORKING 3X - WOULD NOT TAKE ACTIVATION CARDS, REBOOT HELPED. AFTER 2 HRS HAPPENED AGAIN BUT WOULD NOT RESPOND TO REBOOT.</u>		
Time span of the malfunction: <u>APPROX. 3 HRS TOTAL</u>	Source(s) who reported the malfunction to the county: <u>PRECINCT JUDGE</u>	
Location (note all affected precincts): <u>CUMBERLAND - NEMACOLIN</u>	Voting System Component(s) and Model(s) affected: <u>EV 0218421955</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>4</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>HAVE TRIED TO REPLICATE THE PROBLEM INHOUSE. THIS MACHINE WILL BE SENT TO ES+S FOR THEIR GROUP TO LOOK OVER THE DEVICE.</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.		

[Signature]
 Signature of Chief Clerk
 or Authorized Representative


J. Lemley - Elec. Dir.
 Name of Chief Clerk
 or Authorized Representative

5/9/24
 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: <u>Huntingdon</u>	Election Date: <u>4/23/24</u>	Date Incident Identified: <u>4/23/24</u>
Person Completing Report	Name & Title <u>Penny Cerowick (JOE)</u>	Phone/Email 
Voting System Name: <u>ES+S</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>DS200 wouldn't turn on.</u>		
Time span of the malfunction: <u>6:30am - 9:30am approx.</u>	Source(s) who reported the malfunction to the county: <u>Judge of Election</u>	
Location (note all affected precincts): <u>Cass 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 ____ ballots number unknown		
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>Sent our ES+S Rep out to troubleshoot machine and when he couldn't fix it he came back and got a spare and took to that precinct.</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>[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 Fellman

Signature of Chief Clerk
or Authorized Representative

Heather Fellman

Name of Chief Clerk
or Authorized Representative

5/7/24

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: Indiana	Election Date: April 23, 2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Robin Maryai, Chief Clerk	<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):		
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 [Indiana] 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


Robin Maryai
 Name of Chief Clerk
 or Authorized Representative

4-30-24
 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: <u>Jefferson</u>	Election Date: <u>4/23/24</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Karen Lupone</u>	Phone/Email 
Voting System Name:		
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 [] 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.		

Karen Lupone
Signature of Chief Clerk
or Authorized Representative

Karen Lupone
Name of Chief Clerk
or Authorized Representative


5-9-2024
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: April 23, 2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Eva M. Weyrich, Election Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: DS200		
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 [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.</i>		



**Signature of Chief Clerk
or Authorized Representative**

Eva M. Weyrich

**Name of Chief Clerk
or Authorized Representative**

5/2/2024

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: 4/23/2024	Date Incident Identified:
Person Completing Report:	Name & Title: Elizabeth Hopkins, Director	Phone/Email: [REDACTED]
Voting System Name: ES95		
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 <u>Lockawanna</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.		

Elizabeth Hopkins
Signature of Chief Clerk
or Authorized Representative

Elizabeth Hopkins
Name of Chief Clerk
or Authorized Representative

4/26/2024
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>Lancaster</u>	Election Date: <u>4/23/24</u>	Date Incident Identified: <u> </u>
Person Completing Report	Name & Title <u>Christa Miller, Chief Clerk</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>Hart Verity</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>Lancaster</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]
Signature of Chief Clerk
or Authorized Representative

Christa Miller
Name of Chief Clerk
or Authorized Representative


4/30/24
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: LAWRENCE	Election Date: 4/23/2024	Date Incident Identified: N/A
Person Completing Report	Name & Title: TIM GERMANI DIRECTOR OF ELECTIONS	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 [] 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

TIM GERMANI

 Name of Chief Clerk
 or Authorized Representative


5/6/2024

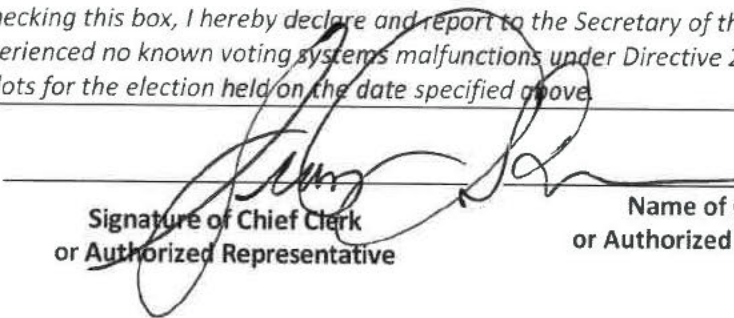
 Date

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>4/23/24</u>	Date Incident Identified: <u>4/23/24</u>
Person Completing Report	Name & Title <u>Sean Drasher / Dir</u>	Phone/Email 
Voting System Name: <u>ESS</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>MACHINE FAILED TO BOOT UP / KROLE</u>		
Time span of the malfunction: <u>6:15 AM</u>	Source(s) who reported the malfunction to the county: <u>JOE</u>	
Location (note all affected precincts): <u>Not recorded</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 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 ____ ballots <u>NO ISSUES AFFECTED VOTING</u>		
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>Prior to open of poll, one ExpressVote did not boot. It was replaced prior to polls opened.</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>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

Name of Chief Clerk or Authorized Representative

4/21/24
 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: Lehigh	Election Date: 23APR24	Date Incident Identified: 23APR24
Person Completing Report	Name & Title Tim Benyo Chief Clerk - Lehigh County Election Board	Phone/Email [REDACTED]
Voting System Name: ES&S Electionware (DS200, Expressvote, DS450 & DS850)		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): DS200 stopped scanning 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>): Lower Macungie 5th District	Voting System Component(s) and Model(s) affected: ES&S 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> 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 (<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>):		
Replaced DS200 with reserved backup DS200		
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 [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.		



Signature of Chief Clerk
or Authorized Representative

Tim Benyo

Name of Chief Clerk
or Authorized Representative

08MAY24

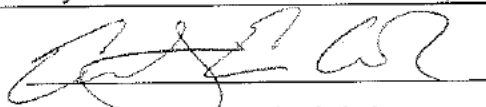
Date

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: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	Name & Title Emily Cook - Acting Director	Phone/Email [REDACTED]
Voting System Name: Dominion Voting Systems, Inc		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Imagecast X ballot marking device was not working it would not boot properly, screen went blank and would not restart		
Time span of the malfunction: UNKNOWN	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Jeddo Borough	Voting System Component(s) and Model(s) affected: Imagecast X (ICX) Ballot Marking Device	
Impact of the malfunction (check and provide numbers for all that apply): 23 voters came to that precinct. None were prevented from voting.		
<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):		
Poll workers were instructed to use the other ICX's for that precinct and continue voting, if necessary to use emergency ballots. A technician was dispatched to that location, but was unable to fix the machine. It was returned to the Bureau to be fixed.		
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

Emily Cook

Name of Chief Clerk
or Authorized Representative

6-5-2024

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: 4/23/2024	Date Incident Identified: 4/23/2024
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): ClearCast precinct scanner displayed a shutdown screen after opening the polls on the device.		
Time span of the malfunction: 0645-0715	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Loyalsock Township Precinct 6	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 checked="" type="checkbox"/> Delayed the casting of ballots by <u>4</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):		
Precinct scanner was evaluated and rebooted, then observed by BOE staff to verify voters were able to insert ballots normally.		
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

4/30/2024

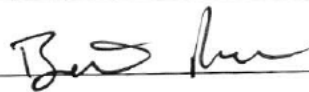
Date

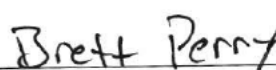
Voting System Malfunction Report

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: April 23 2024	Date Incident Identified: N/A
Person Completing Report	Name & Title Brett Perry Elections Director	Phone/Email [REDACTED]
Voting System Name: ES&S Expressvote Tabulators		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None		
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 [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


 Name of Chief Clerk
 or Authorized Representative

5/31/24
 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: MERCER	Election Date: APRIL 23, 2024	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: 2024.06.06 11:44:55 -04'00'

THAD HALL

06/06/2024

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>Mifflin</u>	Election Date: <u>4-23-24</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Paula Hoffman - Director</u>	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):		
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>[Mifflin]</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.		

Paula Hoffman

Signature of Chief Clerk
or Authorized Representative

Paula Hoffman

Name of Chief Clerk
or Authorized Representative


5-22-24

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: <u>Monroe</u>	Election Date: <u>4-23-2024</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Sara L. May-Silfee</u>	Phone/Email 
Voting System Name: <u>Clear Cast & Clear Access</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 <div style="text-align: right; font-size: 2em;"><u>N/A</u></div>		
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>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

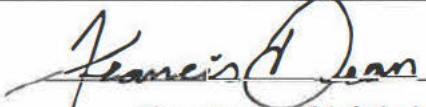
5-6-2024
Date

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: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	Name & Title Jonathan Camacho Voters Warehouse Manager	Phone/Email [REDACTED]
Voting System Name: Dominion		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballot scanner intermittently rejecting ballots believed to be valid.		
Time span of the malfunction: Intermittently over 30 minutes	Source(s) who reported the malfunction to the county: Poll Workers	
Location <i>(note all affected precincts):</i> Springfield 2-2	Voting System Component(s) and Model(s) affected: IPC 1	
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 __4__ 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>		
Used Auxiliary Bin until technician could replace 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

FRANCIS DEAN

 Name of Chief Clerk
 or Authorized Representative

6/17/24

 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: MONTOUR	Election Date: 23 April 2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> RYAN CRAIG	<i>Phone/Email</i> [REDACTED]
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: 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 [MONTOUR] 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

17 JUNE 2024

 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: 4/23/2024	Date Incident Identified: 4/23/2024
Person Completing Report	<i>Name & Title</i> Christopher Communi, 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>): Multiple Screen freezing issues at various times, after ballot printed and was shown in the PPM window. Also occurred prior to ballot printing after votes recorded.		
Time span of the malfunction: continuous	Source(s) who reported the malfunction to the county: Poll worker	
Location (<i>note all affected precincts</i>): Tatamy Boro, Lehigh Twp. – Central, Forks Twp Eastern #1, Bethlehem 14-3, Plainfield Twp. – PLF Church, Lower Nazareth Twp. #1	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 <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		No impact. Voter turnout was relatively low and poll workers were able to work around with additional machines present in polling location.
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>):		
Hard reboots seemed to solve the issue, we instructed the locations to discontinue use and use the additional machines they already had present in their polling location. Due to low voter turnout, there was minimal disruption. One of the affected machines has been returned to ES&S for further testing and results are pending.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>):		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Northampton</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

Christopher M. Communi

Name of Chief Clerk
or Authorized Representative

6/21/2024

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: 4/23/2024	Date Incident Identified: 4/23/2024
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> Message appeared – “System Error, Hard Shutdown Required”		
Time span of the malfunction: minimal	Source(s) who reported the malfunction to the county: Poll worker	
Location <i>(note all affected precincts):</i> Bethlehem 4 th Ward	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 <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		No impact. Voter turnout was relatively low and poll workers were able to work around.
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>		
ES&S Technician was dispatched to polling site. It was determined after consultation with the County and ES&S to discontinue use of this machine. Due to low voter turnout there was no disruption. There was an additional machine already on-site, so the problem machine was no longer used and due to low voter turnout, a replacement was not deployed, either. The official resolution from ES&S is “CMOS Reset of the Motherboard”		
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 <u>Northampton</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.</i>		



Signature of Chief Clerk
or Authorized Representative

Christopher M. Commini

Name of Chief Clerk
or Authorized Representative

6/21/2024

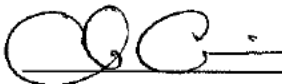
Date

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: 4/23/2024	Date Incident Identified: 4/23/2024
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> Voter light would not go out after voter session ended and vote was cast.		
Time span of the malfunction: unknown	Source(s) who reported the malfunction to the county: Poll worker	
Location <i>(note all affected precincts):</i> Palmer Western #1, Allen Twp. North, Lower Saucon #2 & #6	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 <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		No impact. Voter turnout was relatively low and poll workers were able to work around.
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>		
Issue resolved with hard reboot. ES&S is conducting further investigation into the issue. They have identified a software enhancement, but will not be available for November 2024, as requires Federal & State approval.		
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


6/25/2024

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: <i>Northumberland</i>	Election Date: <i>04/23/24</i>	Date Incident Identified:
Person Completing Report	Name & Title <i>Lindsay Phillips - Chief Registrar</i>	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):		
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>Northumberland</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.		

Lindsay Phillips

Signature of Chief Clerk
or Authorized Representative

Lindsay Phillips

Name of Chief Clerk
or Authorized Representative

04/23/24

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: <u>Perry</u>	Election Date: <u>4-23-2024</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Sarah S. Geesaman Director</u>	Phone/Email [REDACTED]
Voting System Name: <u>Clear Ballot</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Ø</u>		
Time span of the malfunction: <u>Ø</u>	Source(s) who reported the malfunction to the county: <u>Ø</u>	
Location (note all affected precincts): <u>Ø</u>	Voting System Component(s) and Model(s) affected: <u>Ø</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>Ø</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 [] 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

Shannon Hines
Name of Chief Clerk
or Authorized Representative


5/8/2024
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: April 23, 2024	Date Incident Identified: April 23, 2024
Person Completing Report	Name & Title Joseph Lynch, Director of Operations	Phone/Email [REDACTED]@phila.gov
Voting System Name: Election Systems and Software EVS 6300		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> 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 <i>(note all affected precincts):</i> See attached Exhibit A.	Voting System Component(s) and Model(s) affected: See attached Exhibit A.	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> 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 <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 Exhibit A.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<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

Joseph Lynch

 Name of Chief Clerk
 or Authorized Representative

6/18/2024

 Date

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

On April 23, 2024, Philadelphia County successfully conducted an election employing 3,537 Ballot Marking Devices (BMDs) and 12 central scanners. In total, 200,935 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.

Listed below are any voting system malfunctions that may have caused a delay for voters or tabulation of ballots. 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
Paper Path Module (PPM) Issue	Approx. 1.5 Hours	Election Board Worker	43-03	PPM	One BMD still operating so voting continued	Replaced BMD
Report Printer Issue	Approx. 1 Hour	Election Board Worker	42-13	Results Tape Printer	Election Board Worker unable to close polls on BMD	BMD closed by County Board of Elections Official

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>Pike</u>	Election Date: <u>4-23-24</u>	Date Incident Identified: <u>NA</u>
Person Completing Report	Name & Title <u>Nadeen Manzoni - Director</u>	Phone/Email [REDACTED]
Voting System Name: <u>Dominion ICP-ICX-ICC</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>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.		

[Signature]
Signature of Chief Clerk
or Authorized Representative

Nadeen Manzoni
Name of Chief Clerk
or Authorized Representative

5-3-24
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:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Charlie F. Brown, Director	<i>Phone/Email</i> [REDACTED]@pottercountypa.net
Voting System Name: ES&S Tabulators and DS200		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Machine Freezing- Sylvania Township, Ballot Stuck- Sweden, Bingham, Genesee Townships, Machine Setup- Galeton Township (personal difficulty, easily resolved)		
Time span of the malfunction: Periodically for ballots getting stuck Sylvania & Galeton issues were at 6:00AM	Source(s) who reported the malfunction to the county: Pollworkers, Judges of Elections	
Location <i>(note all affected precincts):</i> Sylvania Township, Sweden Township, Bingham Township, And Genesee Township	Voting System Component(s) and Model(s) affected: ES&S Tabulators	
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>		
More hands on training on machine setup, DOS reached out about the issues with our ballots getting stuck, Ideally new machines down the road would be helpful. The transport of the ballot to the small bin, is not ideal.		
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.		

[Handwritten Signature]

Signature of Chief Clerk
or Authorized Representative

Charlie F. Brown 06/05/24

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>Schuylkill</u>	Election Date: <u>April 23, 2024</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>ALBERT L. GRIGOSKI</u> <u>DIRECTOR VOTER REGISTRATION & ELECT.</u>	Phone/Email [REDACTED]
Voting System Name: <u>ELECTION SYSTEMS & SOFTWARE (ES&S)</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 [] 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

ALBERT L. GRIGOSKI
Name of Chief Clerk
or Authorized Representative

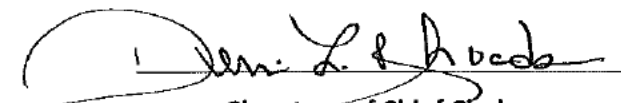
5/13/24
Date

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: <u>Snyder</u>	Election Date: <u>4/23/2024</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Devin L. Rhoads, Election Director</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>ESVS DS200, DS450, and 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):		
<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 N/A		
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

5/7/2024
 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: 4/23/2024	Date Incident Identified:
Person Completing Report	Name & Title Tina Pritts, VR/Elections Director	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>):		
<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 [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.		

Signature of Chief Clerk
or Authorized Representative

Tina Pritts

Name of Chief Clerk
or Authorized Representative

5/10/2024

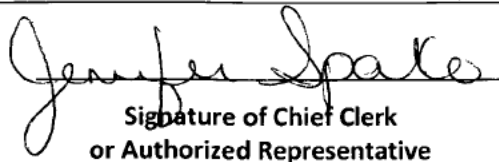
Date

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: Sullivan	Election Date: April 23, 2024	Date Incident Identified: April 23, 2024
Person Completing Report	<i>Name & Title</i> Jennifer Spako, Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Clear Cast would not accept ballot and then presented a black screen.		
Time span of the malfunction: Approx. 45 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Forksville Borough	Voting System Component(s) and Model(s) affected: ClearCast	
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 __2__ 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):		
Director of Elections went to the precinct with a spare machine to switch out. Once Director was at the precinct, Director sealed the ballot box and malfunctioning machine and removed them from the precinct to a secured vehicle. The spare machine and ballot box were put into service, minimal down time was experienced. Once back to the Courthouse, it was determined that the internal battery on the ClearCast machine had come unplugged during delivery.		
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

JENNIFER SPAKO
 Name of Chief Clerk
 or Authorized Representative

5/6/24
 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: <u>Sussex</u>	Election Date: <u>4/23/24</u>	Date Incident Identified: <u>4/23/24</u>
Person Completing Report	Name & Title <u>LeighAnna Overfield / Director</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>Unisyn</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Scanner Errors / not reading bar codes / knowink issue</u>		
Time span of the malfunction: <u>2 hours</u>	Source(s) who reported the malfunction to the county: <u>pollworkers</u>	
Location (note all affected precincts): <u>all precincts</u>	Voting System Component(s) and Model(s) affected: <u>FRT machines / poll pads</u>	
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):		
<u>Pollworkers had mastercodes that could be manually used. No votes / voters were affected.</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> </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.		

Sarah Rae Sisson
Deputy
Signature of Chief Clerk
or Authorized Representative

Sarah Rae Sisson
Name of Chief Clerk
or Authorized Representative

5/8/24
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: <u>Tioga</u>	Election Date: <u>4/23/24</u>	Date Incident Identified: <u>4/23/24</u>
Person Completing Report	Name & Title <u>Eric Redell Rover</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>Express vote</u> <u>EVO219351954</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Bad screen</u>		
Time span of the malfunction: <u>2:00 PM</u>	Source(s) who reported the malfunction to the county: <u>Judge of Elections</u>	
Location (note all affected precincts): <u>Charleston twp</u>	Voting System Component(s) and Model(s) affected: <u>Express vote</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>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): <u>SWAPPED OUT</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.		

Penny L. Whipple

Signature of Chief Clerk
or Authorized Representative

Penny L. Whipple

Name of Chief Clerk
or Authorized Representative

4-24-2024

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>UNION</u>	Election Date: <u>4-23-24</u>	Date Incident Identified: <u>NONE</u>
Person Completing Report	Name & Title <u>GREGORY KATHERMAN, DIRECTOR</u>	Phone/Email [REDACTED]
Voting System Name: <u>UNISYN</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): <u>N/A</u>	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>UNION</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]

Signature of Chief Clerk
or Authorized Representative

GREGORY A. KATHERMAN

Name of Chief Clerk
or Authorized Representative

5-6-2024

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: April 23, 2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Melanie A. Bailey, Director of Elections	<i>Phone/Email</i> [REDACTED]
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;"></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 [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

Melanie A. Bailey
 Name of Chief Clerk
 or Authorized Representative

06/21/2024
 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>Warren</u>	Election Date: <u>4/23/24</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Director of Elections</u> <u>Krystle Ransom</u>	Phone/Email [REDACTED]
Voting System Name: <u>Dominion Voting Systems</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 [] 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.		

Krystle Ransom
Signature of Chief Clerk
or Authorized Representative

Krystle Ransom
Name of Chief Clerk
or Authorized Representative

5/8/24
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: April 23, 2024	Date Incident Identified: 4/23/2024
Person Completing Report	Name & Title Melanie Ostrander Elections Director	Phone/Email [REDACTED]
Voting System Name: ES&S EVS 6110 with ExpressVote ballot marking devices for all and DS200 precinct scanners		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Five precincts reported receiving a white screen when the ExpressVote ballot marking devices were started.		
Time span of the malfunction: The issue was not able to be resolved. Ballot casting or tabulation was not delayed.	Source(s) who reported the malfunction to the county: The Judge of Elections at each precinct	
Location (note all affected precincts): Five precincts: North Strabane 5, Centerville 5, Hanover 2, Canonsburg 1-3, and Peters C-1	Voting System Component(s) and Model(s) affected: ExpressVote ballot marking devices	
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):		
The ExpressVotes were powered down and restarted. The white screen issue continued. The ExpressVotes were shut down and taken out of service. After the Primary, a service call was placed with ES&S. A technician was able to identify the issue and the necessary repairs were made to the ExpressVotes, which included replacing the catalyst board and reflashing the BIOS.		
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

Melanie R Ostrander
Name of Chief Clerk
or Authorized Representative

6/10/2024
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>04/23/2024</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Amy CHRISTOPHER</u>	Phone/Email [REDACTED]
Voting System Name: <u>CLEAR BALLOT</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>N/A</u>		
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>[WAYNE]</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.		

Amy Christopher
 Signature of Chief Clerk
 or Authorized Representative

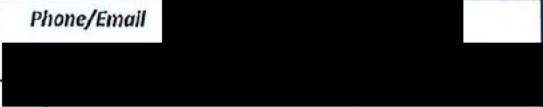
Amy CHRISTOPHER, DIRECTOR
 Name of Chief Clerk
 or Authorized Representative

5-3-2024
 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: <i>WESTMORELAND</i>	Election Date: <i>APRIL 23, 2024</i>	Date Incident Identified: <i>4/23/24</i>
Person Completing Report	Name & Title <i>Scott Ross - Director of IT</i>	Phone/Email 
Voting System Name: <i>Election System Software (ESS)</i>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <i>Scanner quit scanning ballots</i>		
Time span of the malfunction: <i>90 minutes</i>	Source(s) who reported the malfunction to the county: <i>Judge of Election</i>	
Location (note all affected precincts): <i>Mohesson Twp Precinct</i>	Voting System Component(s) and Model(s) affected: <i>DS/200 Scanner</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 <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): <i>Replaced the DS/200 scanner with a new scanner,</i>		
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>[Westmoreland]</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

LARA McCLOSKEY

 Name of Chief Clerk
 or Authorized Representative

5/31/24

 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: Wyoming	Election Date: 4/23/2024	Date Incident Identified:
Person Completing Report	Name & Title Florence Kelleff	Phone/Email [REDACTED]
Voting System Name: Clear Cast		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NONE		
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 Kelleff
Signature of Chief Clerk
or Authorized Representative

Florence Kelleff
Name of Chief Clerk
or Authorized Representative

5/1/2024
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

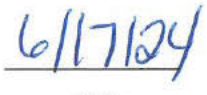
County: York	Election Date: April 2024	Date Incident Identified: April 2024
Person Completing Report	<i>Name & Title</i> Wyatt Yoxheimer, Election Technology Specialist	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description <i>(summarize and describe 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		
<i>See attached</i>		
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 [] 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

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
North Codorus Township 2	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.	Throughout the entire election day.	Delayed the casting of ballots by approximately 30 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.
Windsor Township 4	Dominion ImageCast Precinct	Ballots inserted into the machine were periodically jamming the scanner.	From 10:00 am to 11:00 am	Delayed the casting of ballots by 10 voters.	A roving technician was dispatched to the precinct to clean the scanner with a cleaning sheet.