

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Adams</u>	Election Date: <u>11/5/2024</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Angela Crouse Director</u>	Phone/Email
Voting System Name: <u>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.		

Angela Crouse

Signature of Chief Clerk
or Authorized Representative

Angela N. Crouse

Name of Chief Clerk
or Authorized Representative

11/17/24

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Allegheny	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title David Voye	Phone/Email [REDACTED]
Voting System Name: Election Systems and Software		
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):		
[REDACTED]		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Allegheny] 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

David R. Voye

Name of Chief Clerk
or Authorized Representative

12/06/2024

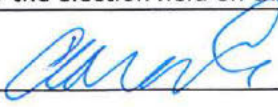
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Armstrong	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title James Webb - Election Director	Phone/Email [REDACTED]
Voting System Name: Dominion Voting		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): Problem scanning ballots		
Time span of the malfunction: 9am-2pm	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (<i>note all affected precincts</i>): West Franklin, North Buffalo East, Perry, Madison, Parks Kepple Hill, Parks West	Voting System Component(s) and Model(s) affected: Dominion 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 checked="" type="checkbox"/> Delayed the casting of ballots by <u>14</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>):		
We were able to find that it was a paper ballot issue and we had new ballots printed. Not every ballot was bad so voters were able to continue to vote. In some Cases we replaced machines to make sure they were clean for the rest of the day as the paper was leaving marks on the scanner.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Armstrong] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Aaron S Poole

 Name of Chief Clerk
 or Authorized Representative

11/26/2024

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

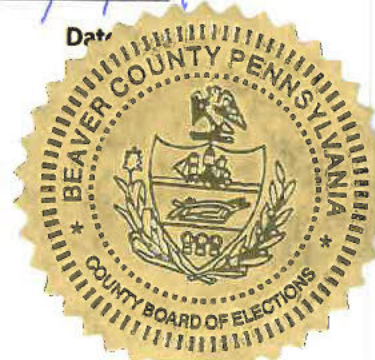
Note, if you require additional space for any field, please attach a separate document to this Report

County: Beaver	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Colin Sisk, Beaver County Director of Elections	Phone/Email [REDACTED]
Voting System Name: ES&S EVS 6.0.1.0 - DS200/Expressvote BMD Configuration for Polling Places, DS450 Central Count Tabulators		
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 [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.		

[Handwritten Signature]
 Signature of Chief Clerk
 or Authorized Representative

Colin M. Sisk
 Name of Chief Clerk
 or Authorized Representative

12/17/2024
 Date

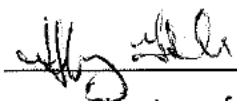


Voting System Malfunction Report

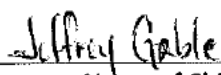
Reported Pursuant to Directive 2 of 2023

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County: Bedford	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Jeffrey Gable - Director of Elections	Phone/Email [REDACTED]
Voting System Name: Dominion		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Tabulator/Scanner security keys malfunctioned at four voting locations		
Time span of the malfunction: 45-90 minutes	Source(s) who reported the malfunction to the county: Judges of Elections for each site	
Location (note all affected precincts): W. St. Clair Twp Pavia Twp Southampton Twp Woodbury Twp	Voting System Component(s) and Model(s) affected: Dominion Scanner (ICP)	
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):		
Upon discovery of the issue, replacement security keys were formatted and sent to the affected sites with 100% resolution achieved.		
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 [Bedford] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



 Date

Voting System Malfunction Report

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County: Berks	Election Date: 11/5/24	Date Incident Identified: 11/5/24
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): 1) An ExpressVote (BMD) machine at each of the below listed precincts stopped responding and/or displayed error messages requiring attention from poll workers. 2) Ballots were either jamming or weren't accepted in an ExpressVote machine at each of the below listed precincts. 3) The DS200 randomly printed configuration reports twice during the day, while voting was occurring.		
Time span of the malfunction: 1) Each incident was several minutes 2) Each incident took up to two hours 3) 15 minutes for each incident	Source(s) who reported the malfunction to the county: poll workers	
Location (note all affected precincts): 1) Reading 15-1 & 19-1, Birdsboro 1, Boyertown 1, Brecknock 2, Cumru 4, Exeter 9, Longswamp 1, Muhlenberg 7 2) Reading 16-4, 18-2 & 18-3, Lower Alsace 2, Amity 3 3) Penn	Voting System Component(s) and Model(s) affected: ExpressVote, DS200	
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>13</u> ballots	1 & 2 had no impact on voters as there were other ExpressVote machines available to use. 3 - tabulation of ballots was delayed for 13 voters, until the reports stopped printing.	
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
1 and 2 - Techs were sent to each precinct and cleaned, repaired and restarted the machines. ExpressVote machines were replaced in Reading 16-4, Birdsboro 1 and Boyertown 1. 3 - A tech was sent to check the DS200, but for each incident of reports printing, the poll worker was able to stop the printing.		
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


 Name of Chief Clerk
 or Authorized Representative

12/13/2024
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Blair	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Sarah Seymour, Election Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Express Vote cards keep jamming the Express Vote Machine		
Time span of the malfunction: 42 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location <i>(note all affected precincts):</i> Logan Township, District 4	Voting System Component(s) and Model(s) affected: Express Vote Machine	
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>		
A Rover was dispatched with a new machine to troubleshoot the problem. The Express Vote Machine was switched out. The voter decided to use a paper ballot instead of waiting for machine to be fixed. Machine was switched out and in working condition.		
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 Blair 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

SARAH A. SEYMOUR

 Name of Chief Clerk
 or Authorized Representative

11.21.24

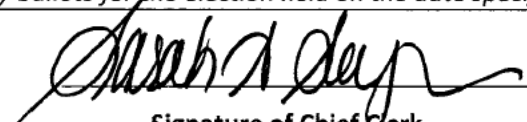
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Blair	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Sarah Seymour, Election Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): DS200 precinct scanner was not scanning ballots		
Time span of the malfunction: 19 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Frankstown Township, District 2	Voting System Component(s) and Model(s) affected: DS200 Precinct Scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>10</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):		
A Rover was dispatched with a new machine to troubleshoot the problem. Voting continued by using the auxiliary bin to collect voted ballots. The Scanner was switched out and working properly. All voted ballots in the auxiliary bin were properly scanned and tabulated.		
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 Blair has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

SARAH A. SEYMOUR
 Name of Chief Clerk
 or Authorized Representative

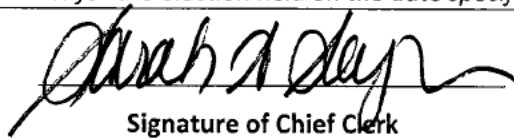
11.21.24
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Blair	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Sarah Seymour, Election Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): DS200 precinct scanner was not scanning ballots - error code 3003318		
Time span of the malfunction: 24 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Frankstown Township, District 2	Voting System Component(s) and Model(s) affected: DS200 Precinct Scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>15</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):		
A Rover was dispatched with a new machine to troubleshoot the problem. Voting continued by using the auxiliary bin to collect voted ballots. The Scanner was switched out and working properly. All voted ballots in the auxiliary bin were properly scanned and tabulated.		
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 Blair has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

SARAH A. SEYMOUR

Name of Chief Clerk
or Authorized Representative

11-21-24

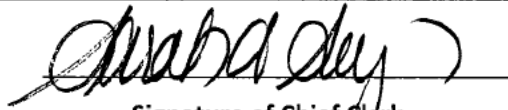
Date

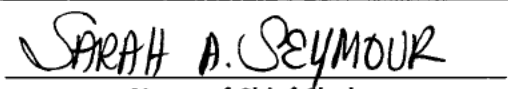
Voting System Malfunction Report

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County: Blair	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Sarah Seymour, Election Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Error message "Ballot could not be read" on DS200.		
Time span of the malfunction: 30 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Frankstown Township, District 5	Voting System Component(s) and Model(s) affected: DS200 Precinct Scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>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):		
A Rover was dispatched with a new machine to troubleshoot the problem. Voting continued by using the auxiliary bin to collect voted ballots. The Scanner was switched out and working properly. All voted ballots in the auxiliary bin were properly scanned and tabulated.		
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 Blair [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative


 Name of Chief Clerk
 or Authorized Representative

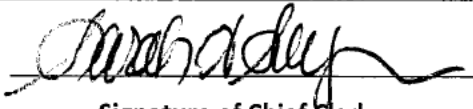
11-21-24
 Date

Voting System Malfunction Report

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County: Blair	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Sarah Seymour, Election Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Express Vote Machine will not intake the express vote card		
Time span of the malfunction: 20 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Hollidaysburg Borough, Ward 3	Voting System Component(s) and Model(s) affected: Express Vote	
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):		
A rover was dispatched with a new machine to troubleshoot the problem. The Rover changed out the machine.		
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 Blair has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

SARAH A. SEYMOUR

Name of Chief Clerk
or Authorized Representative

11.21.24

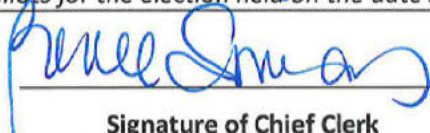
Date

Voting System Malfunction Report

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County: Bradford	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	<i>Name & Title</i> Renee Smithkors - Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Unisyn Open Elect		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): Printer disconnection from OVO scanner		
Time span of the malfunction: 1- 2 hours	Source(s) who reported the malfunction to the county: Election Day Rovers	
Location (<i>note all affected precincts</i>): Sayre Borough 2nd Ward and Litchfield Township	Voting System Component(s) and Model(s) affected: OpenElect OVO	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
See attached explanation.		
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 [Bradford] 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**

Renee Smithkors

**Name of Chief Clerk
 or Authorized Representative**

11/13/2024

Date

Renee Smithkors

From: Doug Beazer [REDACTED]
Sent: Thursday, November 7, 2024 1:38 PM
To: Renee Smithkors
Subject: Litchfield and Sayre 2nd

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Renee,

Both Litchfield and Sayre 2nd had an issue where the OVO printer would not connect to the scanner so they were able to continue to run ballots, it was counting and tabulating them fine, but a receipt could not be printed. To resolve the issue, Leah recovered the election to a spare OVO and I changed out the printer.

In Sayre: What happened was either a power surge or a disruption of power from the UPS caused the printer cutter to expand (this is on purpose to protect whats in the printer). When this happens, it can lock the top of the printer and not allow someone to open it and it cannot reset itself to let the scanner know its ok without a reboot. I changed out the printer which reset it and allowed printing to continue. The other option is to use the hidden real that moves the cutter back into place and unplug the printer for 3 seconds and plug it back in.

In Litchfield, when the scanner came back to the office I examined the printer and the power cable was halfway out. The rover claimed it was tight, but I had no issue opening the printer and it worked fine when it was plugged in completely. My guess is it came loose and the rover thought it was all the way in.

Doug

Doug Beazer, CERV
Customer Service Manager



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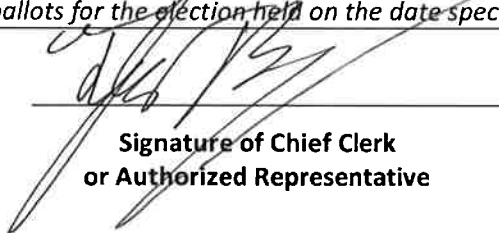
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Voting System Malfunction Report

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County: Bucks	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Tyler B. Burns, Esq. - Director	Phone/Email [REDACTED]
Voting System Name: Clear Ballot 2.3		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location <i>(note all affected precincts):</i> N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters <input type="checkbox"/> Delayed the casting of ballots by <u>0</u> voters <input type="checkbox"/> Prevented the tabulation of <u>0</u> ballots <input type="checkbox"/> Delayed the tabulation of <u>0</u> ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
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 [Bucks] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



**Signature of Chief Clerk
or Authorized Representative**

Tyler B. Burns, Esq.

**Name of Chief Clerk
or Authorized Representative**

12/19/2024

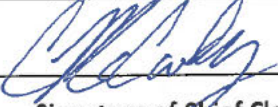
Date

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: Butler	Election Date: 11/5/24	Date Incident Identified: 11/5/24
Person Completing Report	Name & Title Chantell McCurdy, Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Wouldn't take ballots		
Time span of the malfunction: ~45 minutes	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Cherry Valley Boro	Voting System Component(s) and Model(s) affected: DS200 scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>5</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):		
Machine switched out with a different machine.		
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



 Name of Chief Clerk
 or Authorized Representative

12-24-24


 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: Cambria	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	<i>Name & Title</i> Alex Ashcom, Chief Clerk	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A- It was a Ballot Printing Issue		
Time span of the malfunction: November 5, 2024	Source(s) who reported the malfunction to the county: County Wide Ballot Printing Issue	
Location (note all affected precincts): All 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 [Cambria] 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	Alex Ashcom, Chief Clerk _____ Name of Chief Clerk or Authorized Representative	1-2-25 _____ Date
------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	--------------------------------

COMMISSIONERS

SCOTT W. HUNT
PRESIDENT

KEITH RAGER

THOMAS C. CHERNISKY



RONALD N. REPAK
SOLICITOR

ALEX M. ASHCOM
CHIEF CLERK

Office of County Commissioners

200 South Center Street
Ebensburg, PA 15931
(814) 472-1600

January 2, 2025

VIA U.S. MAIL AND EMAIL

Jonathan M. Marks, Deputy Secretary for Elections and Commissions
Office of the Secretary
Commonwealth of Pennsylvania
401 North Street, Room 302
Harrisburg, PA 17120
Email: [REDACTED]

Re: County of Cambria November 5, 2024, General Election
Ballot Time in Security (TIS) Issue

Dear Deputy Secretary Marks:

During the November 5, 2024, General Election, it was uncovered that the Time in Security (TIS) marks were missing on the ballots which were printed by William Penn Printing for Election Day. After an investigation was conducted, it was found that, without these marks, the ballots would not scan in any capacity. This clerical issue was not a machine malfunction but rather appears to be a ballot composition issue. Nevertheless, in order to comply with the Voter System Malfunction Report directives, pursuant to Directive 2 of 2023, Cambria County has attached and included a report form. As noted within the report form, the County has indicated that it was a ballot printing issue, County-wide, but declare that there were no known voting system malfunctions which impacted the casting and tabulating of any ballots for the election held on the day specified above. This rationalization is in compliance with Section 3(d) regarding the uniform reporting of voting system malfunctions to the Department of State. This section specifically states that "For reporting to the secretary, voting system malfunctions **DO NOT** include: (d) scanner errors where local election officials have determined that the ballot was incorrectly or inadequately marked. This is a system feature and is not considered a system anomaly."

Cambria County's priority is to ensure fair, accurate, and legal elections and uphold the credibility and integrity of the election process. The County Commissioners and the County Board of Elections are confident that they were able to deliver that promise during the General Election held on Tuesday November 5, 2024. The County took multiple emergency steps to ensure that all votes were counted. There were multiple tools to use in establishing such protocols up to and including working in tandem with the Department of State and creating procedures for the preparation of ballots on scannable ballots, which were able to be run through the Election Systems & Software machines accordingly. These protocols, which were established and followed, were observed by multiple poll watchers, including observers from each candidate, legal counsel from each candidate, and poll watchers from each political party, to ensure credibility and transparency within the process.

Jonathan M. Marks, Deputy Secretary for Elections and Commissions
Page 2
January 2, 2025

Accordingly, due to the requested and required recount, the ballots, which were prepared on scannable ballots, were then ran through the machines to ensure a second time, those accurate results.

In order to ensure that all voters had the opportunity to vote, Cambria County completed an emergency petition for extension of the polls, which extended the polls from 8:00 p.m. to 10:00 p.m. to ensure that all voters had the opportunity to vote by provisional ballot. This was completed by Court Order and approved on the day of the election. To address the public and members of the media, County officials and representatives released media reports and press conferences multiple times, both on November 5, 2024, and throughout the election process, up until certification on November 22, 2024.

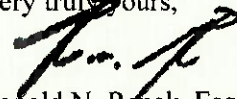
In order to ensure this issue does not repeat itself during future elections, the County is committed to working with the Department of State for additional training and evaluation of internal mechanisms and controls to ensure that ballot preparation and certification is a multistep process with signatures at each step.

Cambria County will continue to evaluate its poll worker training and other pre-election processes to address issues that arose on November 5, 2024, during the General Election. Additionally, the County is working diligently to implement stronger controls for its logic and accuracy testing and the County's process with respect to emergency paper ballots, express vote ballots and their availability to each precinct.

It is important to keep in mind that the issue that occurred during the November 5, 2024, General Election was caused by a human error with respect to the TIS marks not being labeled on the ballots correctly. The issue was not with the voting machines themselves, as the machines correctly were unable to scan the ballots due to the TIS marks not being available.

As stated above, Cambria County has taken actions to ensure that internal protocols are in place and that the voting system that is selected by Cambria County is certified in conformity with the Pennsylvania Election Code and complies with the Help America Vote Act, (HAVA). Attached to this communication is the Voting System Malfunction Report submitted by the Bureau of Elections' Interim Director, Nicole Burkhardt. This attachment, (Exhibit 1), attests that there were no known voting system malfunctions, as the malfunction is defined under Directive 2 of 2023, for the above referenced reasons.

Very truly yours,



Ronald N. Repak, Esquire
Cambria County Solicitor

Enclosure (Exhibit 1 – Voting System Malfunction Report)

cc: Jason Bender, User Support & Training Specialist
Division of Election Security and Technology
Bureau of Elections (via email)
Cambria County Election Board

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: CAMERON	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	<i>Name & Title</i> Annette Campbell	<i>Phone/Email</i> [REDACTED]
Voting System Name: Express Vote Tabulator		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Cameron County did not have voting machine malfunction, while voters were casting their ballots.		
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 [CAMERON] 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>		

Annette Campbell Digitally signed by Annette Campbell
Date: 2025.01.03 08:58:17 -0500'

 Signature of Chief Clerk
 or Authorized Representative

Annette Campbell

 Name of Chief Clerk
 or Authorized Representative

01/03/2025

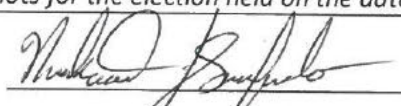
 Date

Voting System Malfunction Report

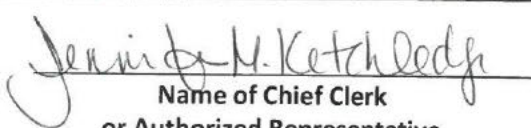
Reported Pursuant to Directive 2 of 2023

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

County: Carbon	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Jennifer M Ketchledge- Director	Phone/Email [REDACTED]
Voting System Name: Dominion Voting		
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: 50px; width: 100%;"></div>		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Carbon] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative

12/13/24

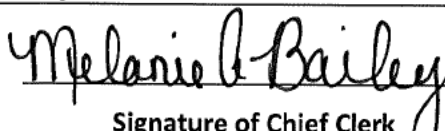
 Date

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: Centre	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Melanie Bailey, 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> 3 machines jammed and 1 read an error code and wouldn't accept ballots		
Time span of the malfunction: 15 minutes	Source(s) who reported the malfunction to the county: Election Judges	
Location <i>(note all affected precincts):</i> Philipsburg (11), Patton South 3 (68), Snow Shoe Twp (76) & Union Twp (82)	Voting System Component(s) and Model(s) affected: ES & S - DS200s	
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>		
The one machine with the error code, the Elections Office instructed the judge to shut down the machine and restart. That seemed to work. The precincts with the machine jams, the Elections office talked the judged through how to unjam the machines. There were no problems after that.		
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 [Centre] 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

12/18/2024

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: CHESTER COUNTY	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Karen Barsoum, Director	Phone/Email [REDACTED] [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: <small>Technician Notified: 12:19 PM Technician On-site: 12:57 PM Machine replaced on-site- Closed: 2:46 PM</small>	Source(s) who reported the malfunction to the county: Caitlin Grey	
Location <i>(note all affected precincts):</i> Precinct 056 East Caln-2	Voting System Component(s) and Model(s) affected: DS200 Tabulator (DS 0319331362)	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters <input type="checkbox"/> Delayed the casting of ballots by <u>0</u> voters <input type="checkbox"/> Prevented the tabulation of <u>0</u> ballots <input type="checkbox"/> Delayed the tabulation of <u>0</u> ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
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 utilized the emergency slot as these ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced. The DS200 was replaced with DS200 (0319331225) by Cathy Gomez (Zone 4).		
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 [CHESTER COUNTY] 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>		

Barsoum, Karen Digitally signed by Barsoum, Karen
Date: 2024.11.20 14:22:55 -05'00'

Signature of Chief Clerk
or Authorized Representative

Karen Barsoum, Director

Name of Chief Clerk
or Authorized Representative


11/20/2024

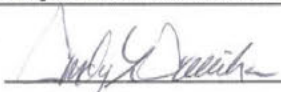
Date

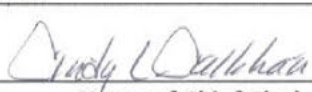
Voting System Malfunction Report

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>Clarton</u>	Election Date: <u>11/5/2024</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Robert Wille</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>Clarton</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

11-14-24
 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: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title DAWN E GRAHAM, DIRECTOR OF ELECTION	Phone/Email [REDACTED]
Voting System Name: ES&S EXPRESSVOTE		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> SCREEN WAS WHITE		
Time span of the malfunction: COULD NOT GET THIS MACHINE TO WORK FOR ELECTION DAY	Source(s) who reported the malfunction to the county: JUDGE OF ELECTION	
Location <i>(note all affected precincts):</i> LAWRENCE TOWNSHIP - GOLDEN ROD PRECINCT	Voting System Component(s) and Model(s) affected: EXPRESSVOTE SCREEN	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<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 <u> </u> ballots <input type="checkbox"/> Delayed the tabulation of <u> </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>		
ES&S SITE SUPPORT TOOK A DIFFERENT MACHINE OUT TO THE POLLING PLACE TO REPLACE THE ONE THAT WAS THERE. THIS RESOLVED THE ISSUE		
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 [CLEARFIELD] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Dawn E Graham Digitally signed by Dawn E Graham
Date: 2024.12.03 14:03:21 -05'00'

Signature of Chief Clerk
or Authorized Representative

DAWN E GRAHAM

Name of Chief Clerk
or Authorized Representative

12/03/2024

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

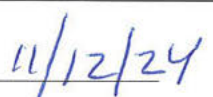
County: Clinton	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Maria Boileau, Director, Voter Registration & Elections	Phone/Email [REDACTED]
Voting System Name: Election Systems & Software (ES&S) DS200		
Equipment Malfunction Description <i>(summarize and describe 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"/> 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



 Name of Chief Clerk
 or Authorized Representative



 Date

Berwick

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Columbia</u>	Election Date: <u>Nov 5, 2024</u>	Date Incident Identified: <u>Nov 5, 2024</u>
Person Completing Report	Name & Title <u>Matthew Repasky</u>	Phone/Email [REDACTED]
Voting System Name: <u>OpenElect OVD - Unisyn Voting Solutions</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Jammed Ballot - Optical Scan Machine Did Not Return to Service</u>		
Time span of the malfunction: <u>30 min - 60 min</u>	Source(s) who reported the malfunction to the county: <u>Judge of Election</u>	
Location (note all affected precincts): <u>Berwick 1st ward</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>~100</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>Runner show up at the precinct and replaced the machine head on the scanner voting resumed. Ballots were scanned at return Board to check the numbers</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

12-10-24
 Date

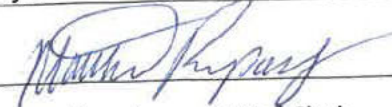
Roaring Creek 6:51 AM

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:	Date Incident Identified:
Person Completing Report	Name & Title Matthew Repasky	Phone/Email [REDACTED]
Voting System Name: Open Elect Unisyn OVO - Unisyn Voting Solutions		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Thumb/Media Not installed		
Time span of the malfunction: 6:51 ~ 8:00AM	Source(s) who reported the malfunction to the county: Poll workers	
Location (note all affected precincts): Roaring Creek	Voting System Component(s) and Model(s) affected: OVO	
Impact of the malfunction (check and provide numbers for all that apply):		
<input checked="" type="checkbox"/> Prevented the casting of ballots by <u>225</u> 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):		
County sent new burned media device to the precinct for this Election and the for this device.		
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

12-10-24

 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: 10-5-2024	Date Incident Identified: 10-5-2024
Person Completing Report	Name & Title Matthew Digiacomio, Voting System Specialist	Phone/Email [REDACTED]

Voting System Name: Dominion Democracy Suite

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

BMD not reading card

Time span of the malfunction:

A couple minutes

Source(s) who reported the malfunction to the county:

JOE

Location (note all affected precincts):

Springboro Borough

Voting System Component(s) and Model(s) affected:

ICX

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

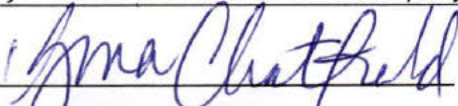
- Prevented the casting of ballots by ____ voters
- Delayed the casting of ballots by ____ voters
- Prevented the tabulation of ____ ballots
- Delayed the tabulation of ____ ballots

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

Walked the Judge of Elections through a hard reset over the phone and it fixed the problem.

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

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


 Signature of Chief Clerk
 or Authorized Representative


 Name of Chief Clerk
 or Authorized Representative

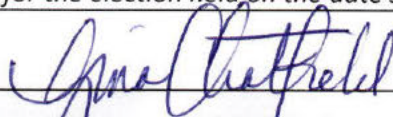

 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Crawford	Election Date: 10-5-2024	Date Incident Identified: 10-5-2024
Person Completing Report	<i>Name & Title</i> Matthew Digiacomio, Voting System Specialist	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion Democracy Suite		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> BMD not reading card		
Time span of the malfunction: A couple minutes	Source(s) who reported the malfunction to the county: JOE	
Location <i>(note all affected precincts):</i> Summit Township	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>		
Walked the Judge of Elections through a hard reset over the phone and it fixed the problem.		
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: Crawford	Election Date: 10-5-2024	Date Incident Identified: 10-5-2024
Person Completing Report	<i>Name & Title</i> Matthew Digiacomio, Voting System Specialist	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion Democracy Suite		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> BMD not reading card		
Time span of the malfunction: A couple minutes	Source(s) who reported the malfunction to the county: JOE	
Location <i>(note all affected precincts):</i> Venango Borough	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> Walked the Judge of Elections through a hard reset over the phone and it fixed the problem.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



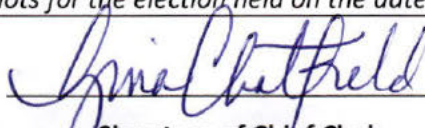
 Date


Voting System Malfunction Report

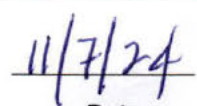
Reported Pursuant to Directive 2 of 2023

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

County: Crawford	Election Date: 10-5-2024	Date Incident Identified: 10-5-2024
Person Completing Report	Name & Title Matthew Digiacomio, Voting System Specialist	Phone/Email [REDACTED]
Voting System Name: Dominion Democracy Suite		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Printer lost connection with the BMD		
Time span of the malfunction: A couple minutes	Source(s) who reported the malfunction to the county: JOE	
Location (note all affected precincts): Conneautville Borough	Voting System Component(s) and Model(s) affected: HP Laserjet Pro M402dne printer	
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):		
Walked the Judge of Elections through a hard reset over the phone and it fixed the problem.		
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


 Name of Chief Clerk
 or Authorized Representative


 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Crawford	Election Date: 10-5-2024	Date Incident Identified: 10-5-2024
Person Completing Report	Name & Title Matthew Digiacomio, Voting System Specialist	Phone/Email [REDACTED]
Voting System Name: Dominion Democracy Suite		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Printer was acting weird and not printing properly.		
Time span of the malfunction: About 30 minutes	Source(s) who reported the malfunction to the county: JOE	
Location <i>(note all affected precincts):</i> Venango Township	Voting System Component(s) and Model(s) affected: HP Laserjet Pro M402dne printer	
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 __3__ 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 rover who redid the settings on the printer. That did not work so w replaced the printer. The other machine was working fine so the delay was minimal.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Crawford	Election Date: 10-5-2024	Date Incident Identified: 10-5-2024
Person Completing Report	Name & Title Matthew Digiacomio, Voting System Specialist	Phone/Email [REDACTED]
Voting System Name: Dominion Democracy Suite		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> BMD not reading card		
Time span of the malfunction: A couple minutes	Source(s) who reported the malfunction to the county: JOE	
Location <i>(note all affected precincts):</i> Fairfield Township	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>		
Walked the Judge of Elections through a hard reset over the phone and it fixed the problem.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Cumberland	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Bethany Salzarulo, Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Elections Systems and Software Express Vote XL		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (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><input checked="" type="checkbox"/> 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.</p>		


 Signature of Chief Clerk
 or Authorized Representative

Bethany Salzarulo
 Name of Chief Clerk
 or Authorized Representative

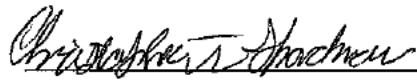
1/3/25
 Date

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: Dauphin	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Christopher T. Spackman, Director	Phone/Email [REDACTED]
Voting System Name: ClearBallot		
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 [Dauphin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Christopher T Spackman
 Name of Chief Clerk
 or Authorized Representative

01/03/2025
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Delaware	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title James Allen, Election Director	Phone/Email [REDACTED]
Voting System Name: Hart Intercivic Verity 2.7		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Delaware County rovers had to replace 3 of the 428 precinct scanners on Election Day.		
Time span of the malfunction: Approx 30 minutes	Source(s) who reported the malfunction to the county: Poll workers	
Location <i>(note all affected precincts):</i> Upper Darby 1-7, Radnor 6-1 and Marple 7-1	Voting System Component(s) and Model(s) affected: Hart Intercivic Verity Scan	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<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 checked="" type="checkbox"/> Prevented the tabulation of <u>0</u> ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>0</u> ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Delaware County uses an auxiliary ballot box so that voting and casting of ballots may continue uninterrupted in the event of a scanner issue. However, some voters in one or more of the affected precincts chose to wait until the replacement scanner arrived.		
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>		

James Allen

Digitally signed by James Allen
Date: 2024.12.20 14:29:05 -05'00'

James Allen

12/20/2024

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: ELK	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Kimberly S. Frey, Director of Election/Voter Reg.	Phone/Email [REDACTED]
Voting System Name: Election Systems & Software		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Express Vote Tabulator from St. Marys 3rd Precinct stopped working all together.		
Time span of the malfunction: 30 to 60 minutes	Source(s) who reported the malfunction to the county: Election Day Rover and Judge of Election	
Location <i>(note all affected precincts):</i> St. Marys 3rd Ward Washington St., St. Marys	Voting System Component(s) and Model(s) affected: Express Vote Tabulator. Whole machine.	
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 <div style="float: right; color: blue; font-style: italic;">* There were No delays.</div>		
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>		
There is more than one machine located in the precinct. Voting continue to happen on other machines assigned to the precinct. Extra machine was delivered to the precinct.		
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 [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**

Kimberly S. Frey, Director of Election

**Name of Chief Clerk
or Authorized Representative**

11/19/2024

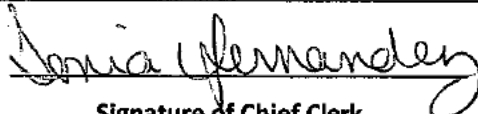
Date

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: Erie	Election Date: 11/05/2024	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 <u>Erie</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

Tonia Fernandez
 Name of Chief Clerk
 or Authorized Representative

01/02/2025
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: FAYETTE	Election Date: November 5, 2024	Date Incident Identified: n/a
Person Completing Report	Name & Title Marybeth Kuznik, Dir. of Elections	Phone/Email [REDACTED]
Voting System Name: Dominion		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> NONE REPORTED		
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>		
None necessary.		
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 [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.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Forest	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Jean Ann Hitchcock, Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election Systems and Software		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.</i>		

Jean Ann Hitchcock Digitally signed by Jean Ann Hitchcock
Date: 2024.11.13 14:23:44 -05'00'

**Signature of Chief Clerk
or Authorized Representative**

Jean Ann Hitchcock

**Name of Chief Clerk
or Authorized Representative**

11/14/2024

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: Franklin	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Susan Christophel, Deputy Chief Clerk/Election Director	Phone/Email [REDACTED]

Voting System Name:
Election Systems & Software

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

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

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

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

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

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

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

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

Carrie E. Gray

Carrie E. Gray

Nov 26, 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: FULTON	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Laurel M. Griest; Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: HART		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> There were no reported malfunctions for the voting systems.		
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 [FULTON] 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>		

Laurel M. Griest
Signature of Chief Clerk
or Authorized Representative

Laurel M. Griest
Name of Chief Clerk
or Authorized Representative

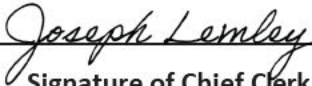
11/27/2024
Date

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: GREENE	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> JOSEPH LEMLEY - 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>		
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"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [GREENE] 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 LEMLEY

 Name of Chief Clerk
 or Authorized Representative

12/26/2024

 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>Huntingdon</u>	Election Date: <u>11/5/24</u>	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> <u>Heather Fellman, Chief Clerk</u>	<i>Phone/Email</i> <div style="background-color: black; width: 100%; height: 20px;"></div>
Voting System Name:		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (<i>note all affected precincts</i>):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>[Huntingdon]</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Heather Fellman
Signature of Chief Clerk
or Authorized Representative

Heather Fellman
Name of Chief Clerk
or Authorized Representative

11/2/25
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Indiana</u>	Election Date: <u>11-5-24</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Robin Margai, Chief Clerk</u>	Phone/Email [REDACTED]
Voting System Name: <u>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 <u>Indiana</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Robin Margai
 Signature of Chief Clerk
 or Authorized Representative

Robin Margai
 Name of Chief Clerk
 or Authorized Representative

11-18-24
 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: Jefferson	Election Date: 11/03/2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Karen Lupone, Chief Clerk	<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 [Jefferson] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



**Signature of Chief Clerk
or Authorized Representative**

Karen Lupone

**Name of Chief Clerk
or Authorized Representative**

12/12/2024

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: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	<i>Name & Title</i> Eva Weyrich, Election Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: DS200		
Equipment Malfunction Description (summarize and describe the nature of the incident here): ballot jam		
Time span of the malfunction: 9:45 AM	Source(s) who reported the malfunction to the county: Tammy Brackbill, Inspector of Elections	
Location (note all affected precincts): Spruce Hill Township precinct	Voting System Component(s) and Model(s) affected: DS200	
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):		
ballot jam, Inspector was instructed how to clear the jam via telephone. Took about 10 minutes to get the machine cleared and accepting ballots again. No voters were delayed or prevented from voting.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		



Signature of Chief Clerk
or Authorized Representative

Eva M. Weyrich, Election Director

Name of Chief Clerk
or Authorized Representative

11/15/2024

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: LACKAWANNA	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title ELIZABETH A. HOPKINS, 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>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [LACKAWANNA] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

ELIZABETH HOPKINS Digitally signed by ELIZABETH HOPKINS
Date: 2024.12.03 14:43:44 -05'00'

ELIZABETH A. HOPKINS

12/03/2024

**Signature of Chief Clerk
or Authorized Representative**

**Name of Chief Clerk
or Authorized Representative**

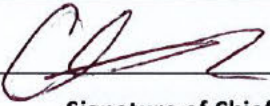
Date

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: Lancaster	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Christa Miller, Chief Clerk of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Hart InterCivic Verity		
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.		

	Christa Miller	11/25/2024
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: LAWRENCE	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Tim Germani, Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S DS200, EXPRESS VOTE, DS450		
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 [LAWRENCE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



**Signature of Chief Clerk
or Authorized Representative**

Tim Germani, Director of Elections

**Name of Chief Clerk
or Authorized Representative**

12/10/2024

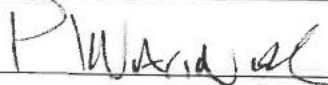
Date

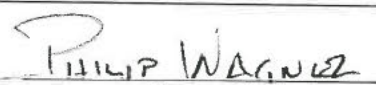
Voting System Malfunction Report

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: Lebanon	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	<i>Name & Title</i> Philip Wagner	<i>Phone/Email</i> [REDACTED]
Voting System Name: DS 200		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> NO malfunction/anomaly Delay due to human error		
Time span of the malfunction: Approximately 20 minutes	Source(s) who reported the malfunction to the county: Polling location judge	
Location <i>(note all affected precincts):</i> 15S Myerstown South	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 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 <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lebanon] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		


 Signature of Chief Clerk
 or Authorized Representative


 Name of Chief Clerk
 or Authorized Representative

12-30-24
 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: LEHUA	Election Date: 05NOV24	Date Incident Identified: NA
Person Completing Report	Name & Title TIM BENYO - CHIEF CLERK	Phone/Email [REDACTED]
Voting System Name: ESS		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NA		
Time span of the malfunction: NA	Source(s) who reported the malfunction to the county: NA	
Location (note all affected precincts): NA	Voting System Component(s) and Model(s) affected: NA	
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):		
NA		
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 [LEHUA] 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

TIMOTHY A BENYO
 Name of Chief Clerk
 or Authorized Representative

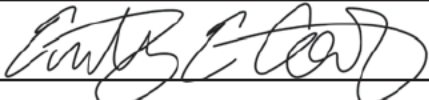
25NOV24
 Date

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: LUZERNE	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title EMILY COOK- DIRECTOR OF ELECTIONS	Phone/Email [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>		
<div style="border: 1px solid black; height: 60px;"></div>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [LUZERNE] 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

EMILY E. COOK

 Name of Chief Clerk
 or Authorized Representative

01/03/2025


 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Lycoming	Election Date: 11/5/2024	Date Incident Identified: 11/5/2024
Person Completing Report	<i>Name & Title</i> Forrest K. Lehman	<i>Phone/Email</i> [REDACTED]
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Ballot stuck in precinct scanner.		
Time span of the malfunction: 0710-0720	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Lewis Township	Voting System Component(s) and Model(s) affected: ClearCast precinct scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>8</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):		
Rebooted precinct scanner and removed stuck ballot from ballot path.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lycoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Forrest K. Lehman

 Name of Chief Clerk
 or Authorized Representative

11/5/2024


 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: 11/5/2024	Date Incident Identified: 11/5/2024
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): Precinct scanner alerted to a charging problem with the internal backup battery.		
Time span of the malfunction: 0700-0730	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Moreland Township	Voting System Component(s) and Model(s) affected: ClearCast precinct scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>39</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):		
A replacement scanner was sent out. Voting via emergency ballot and emergency ballot container continued uninterrupted until the replacement scanner was brought online.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lycoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Forrest K. Lehman

 Name of Chief Clerk
 or Authorized Representative

11/5/2024

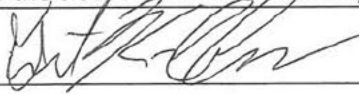
 Date

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: 11/5/2024	Date Incident Identified: 11/5/2024
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): Precinct scanner stuck on accepting ballot screen.		
Time span of the malfunction: 1400-1430	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Old Lycoming Township Precinct 1	Voting System Component(s) and Model(s) affected: ClearCast precinct scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>29</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):		
Rebooted, cleaned, and calibrated scanner. Observed proper operation.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lycoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Forrest K. Lehman

 Name of Chief Clerk
 or Authorized Representative

11/5/2024

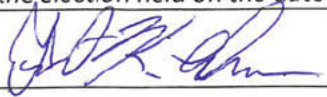
 Date

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: 11/5/2024	Date Incident Identified: 11/5/2024
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): Precinct scanner intermittently rejecting ballots.		
Time span of the malfunction: 0730-0930	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Penn Township	Voting System Component(s) and Model(s) affected: ClearCast precinct scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>50</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):		
A replacement scanner was sent out. Voting via emergency ballot and emergency ballot container continued uninterrupted until the replacement scanner was brought online.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Lycoming] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Forrest K. Lehman

 Name of Chief Clerk
 or Authorized Representative

11/5/2024

 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: 11/5/2024	Date Incident Identified: 11/5/2024
Person Completing Report	<i>Name & Title</i> Forrest K. Lehman	<i>Phone/Email</i> [REDACTED]
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Precinct scanner stuck on accepting ballot screen.		
Time span of the malfunction: 1410-1420	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> Plunketts Creek Township	Voting System Component(s) and Model(s) affected: ClearCast precinct scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>30</u> ballots		
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>		
Rebooted, cleaned, and calibrated scanner. Observed proper operation.		
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 [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.</i>		



**Signature of Chief Clerk
or Authorized Representative**

Forrest K. Lehman

**Name of Chief Clerk
or Authorized Representative**

11/5/2024


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: McKean	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	<i>Name & Title</i> Brett Perry, Elections Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S Expressvote Tabulators		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
N/A		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of McKean has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Brett Perry

 Name of Chief Clerk
 or Authorized Representative

12/30/2024

 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: MERCER	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title THAD HALL, DIRECTOR	Phone/Email [REDACTED]
Voting System Name: ES&S DS200, DS450, EXPRESSVOTE		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> No issues		
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>		
NOT APPLICABLE		
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: 2024.12.04 14:39:53 -05'00'

THAD HALL

12/04/2024

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: Mifflin	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Paula Hoffman, Voter Registration/Election 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>		
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 [Mifflin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Paula Hoffman

**Signature of Chief Clerk
or Authorized Representative**

Paula Hoffman

**Name of Chief Clerk
or Authorized Representative**

12-23-24

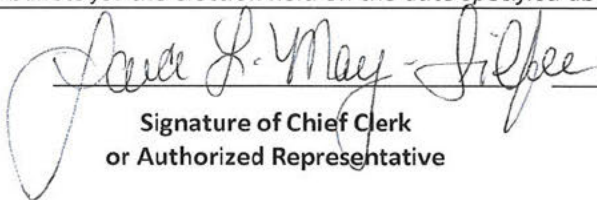
Date

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: MONROE	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title SARA L MAY-SILFEE	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 ____ 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 [MONROE] 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

Sara L. May-Silfee
 Name of Chief Clerk
 or Authorized Representative


12-4-2024
 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: 11/05/2024	Date Incident Identified: 12/30/2024
Person Completing Report	Name & Title Kelly Gale, Deputy Director	Phone/Email [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Paper jam rendering ballot scanner temporarily inoperable.		
Time span of the malfunction: Approx 60 minutes	Source(s) who reported the malfunction to the county: District Election Officials	
Location <i>(note all affected precincts):</i> Abington 8-2, Cheltenham 4-2, Pottstown 1-2	Voting System Component(s) and Model(s) affected: ICP Ballot Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>50</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>		
In all cases the back up auxiliary bin was used to allow continuation of voting. Cheltenham 4-2 used their bin for 15 minutes before the jam was cleared and the scanner was operational again. Abington 8-2 and Pottstown 1-2 were issued replacement scanners, which allowed voting to continue normally.		
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 [Montgomery] 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, Director of Elections

 Name of Chief Clerk
 or Authorized Representative

12/30/2024

 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: MONTOUR	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title RYAN M CRAIG, ASSISTANT DIRECTOR OF ELECTIONS	Phone/Email [REDACTED]
Voting System Name: ELECTION SYSTEMS AND SOFTWARE		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> NO KNOWN MALFUNCTIONS		
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 [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>		



Digitally signed by Ryan M. Craig
Date: 2024.11.06 15:40:15 -0500'

**Signature of Chief Clerk
or Authorized Representative**

RYAN M CRAIG

**Name of Chief Clerk
or Authorized Representative**

11/06/2024

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: 11/05/2024	Date Incident Identified:
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>		
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: 80px;"></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 [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>		

Christopher M. Commini Digitally signed by Christopher M. Commini
DN: cn=Christopher M. Commini, o=County of Northampton, ou=Office of Elections and Voter Registration, email=commini@northampton.gov, c=US
Date: 2024.12.11 15:38:40 -0500

Signature of Chief Clerk
or Authorized Representative

Christopher M. Commini

Name of Chief Clerk
or Authorized Representative

12/11/2024

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: Northumberland	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Kathy Reedy Assistant Director	Phone/Email [REDACTED]
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
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 [Northumberland] 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.		

Kathy Reedy
 Signature of Chief Clerk
 or Authorized Representative

Kathy Reedy
 Name of Chief Clerk
 or Authorized Representative

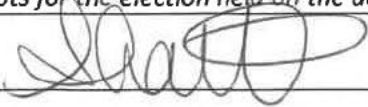
11/3/25
 Date

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: Perry	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Sarah S Geesaman, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Clear Cast machine was not accepting several ballots, the JOE had the voter try again, it did not accept the ballot. The voter spoiled the ballot and received another ballot with the same result. The voter was asked to use the Cast Machine #2 that was in use in Carroll Twp. Carroll Township receives two (2) cast machines for the volume of voters. No voter was turned away or not able to vote. The ClearBallot REP was on site and replaced the #1 Cast Machine. The Clear Ballot REP brought the machine back to our office and cleaned the machine, it was working properly after the cleaning.		
Time span of the malfunction: 45minutes	Source(s) who reported the malfunction to the county: JOE, Michelle Black	
Location <i>(note all affected precincts):</i> Carroll Township	Voting System Component(s) and Model(s) affected: model: D serial-CCDO41902973	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<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 <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>		
Clear Ballot REP brought the Cast machine back to our office and cleaned the scanner.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Perry] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



**Signature of Chief Clerk
or Authorized Representative**

Shannon Hines

**Name of Chief Clerk
or Authorized Representative**

11/18/2024

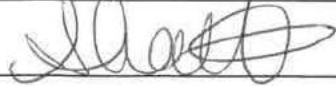
Date

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: Perry	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Sarah S Geesaman, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Clear Cast Machine would not turn on. JOE tried 3x and with ClearBallot REP on phone tried to do a reset. Clear Ballot REP took an EXTRA cast machine to Liverpool Borough. Liverpool Borough used the red emergency bag until the replacement machine and ballot bag was ready for use.		
Time span of the malfunction: 6:50AM-7:30AM	Source(s) who reported the malfunction to the county: JOE, LINDA WILSON	
Location (note all affected precincts): LIVERPOOL BOROUGH	Voting System Component(s) and Model(s) affected: model: D serial-CCD041902967	
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>20</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): Clear Ballot REP brought the Cast machine back to our office and was able to repair the machine. A cable to the battery was not fitting properly.		
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 [Perry] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Shannon Hines

 Name of Chief Clerk
 or Authorized Representative

11/18/2024

 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: Philadelphia	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Joseph Lynch, Director of Operations	Phone/Email [REDACTED]
Voting System Name: Elections Systems and Software EVS 6300		
Equipment Malfunction Description (summarize and describe the nature of the incident here): See attached Exhibit A		
Time span of the malfunction: See attached Exhibit A	Source(s) who reported the malfunction to the county: See attached Exhibit A	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
[REDACTED]		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Philadelphia] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Joseph Lynch
 Name of Chief Clerk
 or Authorized Representative

01/02/2025
 Date

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

On November 5, 2024, Philadelphia County successfully conducted an election employing 3,687 Ballot Marking Devices (BMDs) and 15 central scanners. In total, 727,595 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
Screen Unresponsive	Approx. 1 hour	Election Board Worker	48-19	Screen	One BMD still operating so voting continued	Replaced BMD
Paper Path Module (PPM) Issue	Approx. 2 hours	Election Board Worker	06-11	PPM	One BMD still operating so voting continued	Replaced BMD
Screen Unresponsive	Approx. 3 hours	Election Board Worker	37-10	Screen	One BMD still operating so voting continued	Replaced BMD
Screen Calibration	Approx. 1 hour	Election Board Worker	65-23	Screen	One BMD still operating so voting continued	Replaced BMD
PPM Issue	Approx. 1.5 hours	Election Board Worker	02-05	PPM	One BMD still operating so voting continued	Replaced BMD
PPM Issue	Approx. 2 hours	Election Board Worker	05-31	PPM	One BMD still operating so voting continued	Replaced BMD

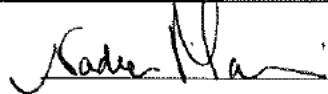
Equipment Malfunction Description	Time Span of Malfunction	Source(s) Who Reported Malfunction	Location (Ward-Division)	Voting System Component(s) and Model(s) affected	Impact of Malfunction	Action Taken
Screen Unresponsive	Approx. 4 hours	Election Board Worker	64-18	Screen	One BMD still operating so voting continued	Tech Dispatched and Resolved Issue
PPM Issue	Approx. 1.5 hours	Election Board Worker	64-05	PPM	One BMD still operating so voting continued	Tech Dispatched and Resolved Issue

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023-2024

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

County: <u>Pike</u>	Election Date: <u>11-5-24</u>	Date Incident Identified: <u>NA</u>
Person Completing Report	Name & Title <u>Nadreen Manzoni - Director</u>	Phone/Email 
Voting System Name: <u>Dominion Voting Systems ICC-ICP-ICX</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>None</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>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 of Chief Clerk
or Authorized Representative

Nadreen Manzoni

Name of Chief Clerk
or Authorized Representative

12-27-24

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: POTTER	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Charlie Brown, Director	Phone/Email [REDACTED]
Voting System Name: ES&S Tabulator		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Machine ballot bin jam, ballots were jamming in the bin not allowing others to drop in.		
Time span of the malfunction: 1 Voter	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Hector	Voting System Component(s) and Model(s) affected: ES&S 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		
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):		
We instructed the municipality to take the ballots out of the bin and place them into the secure ballot bin holder and seal it until the end of the evening. Voting continued as per usual on the machine the rest of the day.		
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 [POTTER] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Charlie Brown

 Name of Chief Clerk
 or Authorized Representative

12/16/2024

 Date

DEC 03 2024

TLP: AMBER (When completed)

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>NOVEMBER 5, 2024</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Albert L Gricoski</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 [Schuylkill] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

[Signature]
Signature of Chief Clerk
or Authorized Representative

Albert L. Gricoski
Name of Chief Clerk
or Authorized Representative

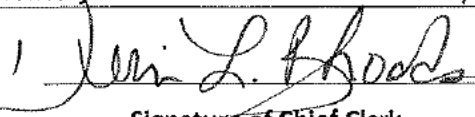
11/27/24
Date

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: Snyder	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	<i>Name & Title</i> Devin Rhoads, Election Director	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S		
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):		
Snyder County did not have any voting system malfunctions, hence the N/A for all of the fields.		
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	11/22/2024 Date
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Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Somerset	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Tina Pritts, 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>		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input checked="" type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Somerset] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		

Tina Pritts

12/31/2024

**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: SULLIVAN	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title JENNIFER SPAKO DIRECTOR OF ELECTIONS	Phone/Email [REDACTED]
Voting System Name: CLEAR BALLOT		
Equipment Malfunction Description (summarize and describe the nature of the incident here): AFTER CLOSING THE POLLS, JUDGE OF ELECTIONS TRIED TO PRINT RESULTS TAPES BUT RECEIVED AN ERROR MESSAGE (METADATA INCONSISTENT).		
Time span of the malfunction: 45 MINUTES	Source(s) who reported the malfunction to the county: JUDGE OF ELECTIONS - BERNICE PRECINCT	
Location (note all affected precincts): BERNICE	Voting System Component(s) and Model(s) affected: CLEAR CAST	
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>186</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):		
DIRECTOR OF ELECTIONS HAD NEVER SEEN THE ERROR MESSAGE BEFORE AND INSTRUCTED THE PRECINCT JUDGE TO BRING THE ENTIRE MACHINE BACK TO THE COURTHOUSE. ONCE HERE, THE DIRECTOR WAS NOT ABLE TO GET THE RESULTS TAPES TO PRINT. WE CENTRAL SCANNED THE BALLOTS AND THE BALLOTS WERE TABULATED WITHIN 45 MINUTES OF REPORTED ISSUE.		
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 [SULLIVAN] 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

11/15/2024



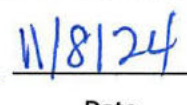
 Date

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: Susquehanna	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title LeighAnna Overfield, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Unisyn		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
N/A		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Susquehanna] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

		
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>Tioga</u>	Election Date: <u>Nov. 5, 2024</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Penny Whipple</u>	Phone/Email 
Voting System Name: <u>ESTS</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>Tioga</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.		

Penny L. Whipple
 Signature of Chief Clerk
 or Authorized Representative

Penny L. Whipple
 Name of Chief Clerk
 or Authorized Representative

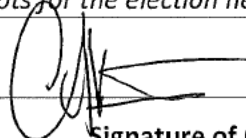
Nov. 20, 2024
 Date

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>11-5-24</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Gregory Katherman, Director Elections</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):	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 of Chief Clerk
 or Authorized Representative

Gregory Katherman

 Name of Chief Clerk
 or Authorized Representative

12-20-24

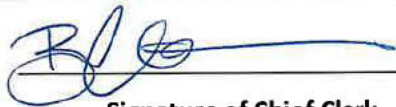
 Date

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: Venango	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
Person Completing Report	Name & Title Bridey G. Shawgo	Phone/Email [REDACTED]
Voting System Name: ES&S ExpressVote		
Equipment Malfunction Description (summarize and describe the nature of the incident here): We had an issue with a couple of ExpressVote Machines where they didn't want to boot up. We programmed replacements and took them to the polling location.		
Time span of the malfunction: 30 mins	Source(s) who reported the malfunction to the county: Poll Worker	
Location (note all affected precincts): Sugarcreek 2, Canal, Allegheny, Barkeyville, Oil City 5	Voting System Component(s) and Model(s) affected: ExpressVote	
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):		
We programmed new machines and took them to the polling places immediately. They indicated that no one had wanted to use the ExpressVote Machines during that time.		
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 [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.		



Signature of Chief Clerk
or Authorized Representative

Bridey G. Shawgo

Name of Chief Clerk
or Authorized Representative

11/22/2024

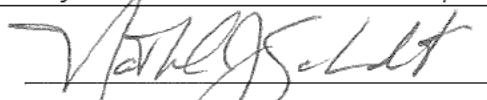
Date

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: WARREN	Election Date: 11/5/2024	Date Incident Identified:
Person Completing Report	Name & Title Nathaniel Schmidt, Esq. County Solicitor	Phone/Email
Voting System Name: Dominion ImageCast Central kit		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None to Report. N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply): N/A		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 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 [WARREN] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Nathaniel Schmidt

 Name of Chief Clerk
 or Authorized Representative

1/3/2025

 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: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Melanie Ostrander, Director	Phone/Email [REDACTED]
Voting System Name: ES&S EVS 6110 DS200s and ExpressVote for all		
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><input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Washington] 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>		

Melanie Ostrander

01/02/2025

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: Wayne	Election Date: 11/05/2024	Date Incident Identified:
Person Completing Report	Name & Title Amy Christopher, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Clear Ballot, Clear Count 2.3.1		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A no incidents to report		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
[Empty space for action taken]		
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 [Wayne] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Amy Christopher

Signature of Chief Clerk or Authorized Representative

Amy CHRISTOPHER
DIRECTOR

Name of Chief Clerk or Authorized Representative

11/18/2024

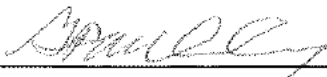
Date

Voting System Malfunction Report

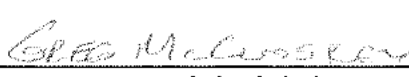
Reported Pursuant to Directive 2 of 2023

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

County: Westmoreland	Election Date: November 5, 2024	Date incident Identified: November 5, 2024
Person Completing Report	<i>Name & Title</i> Scott Ross - Director of Information Systems	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election Systems and Software		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): ExpressVote BMD system error.		
Time span of the malfunction: 10 to 30 Minutes	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (<i>note all affected precincts</i>): Hempfield Township - West Point New Kensington 3-2 Penn Township 3-1	Trafford Boro - 1st District North Huntingdon 1-4	Voting System Component(s) and Model(s) affected: ExpressVote BMD
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>8</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>):		
<p>The voters were moved to another EpressVote BMD so that they could vote.</p> <p>The ExpressVote BMDs with the system error were taken out of service at the precincts until the Tech arrived and re-booted the devices.</p> <p>At the Hempfield Township - West Point and Penn Towwnship 3-1 precinct locations the devices were replaced since the system error kept coming up on the screens.</p>		
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 [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative

12/6/24

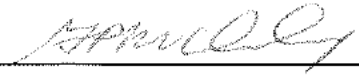
 Date

Voting System Malfunction Report

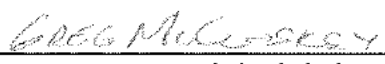
Reported Pursuant to Directive 2 of 2023

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


County: Westmoreland	Election Date: November 5, 2024	Date Incident Identified: November 5, 2024
Person Completing Report	<i>Name & Title</i> Scott Ross - Director of Information Systems	<i>Phone/Email</i> [REDACTED]
Voting System Name: Election Systems and Software		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): ExpressVote BMD calibration issue.		
Time span of the malfunction: 10 to 30 Minutes	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (<i>note all affected precincts</i>): Hempfield Township - Fort Allen Lower Burrell 1-2 Lower Burrell 4-2 North Huntingdon 5-3	Voting System Component(s) and Model(s) affected: ExpressVote BMD	
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>):		
The voters were moved to another ExpressVote BMD so they could vote. The ExpressVote BMDs with the calibration issue were taken out of service until the Tech re-calibrated the devices.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



 Signature of Chief Clerk
 or Authorized Representative



 Name of Chief Clerk
 or Authorized Representative



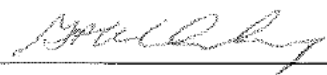
 Date

Voting System Malfunction Report

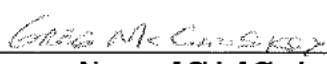
Reported Pursuant to Directive 2 of 2023

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

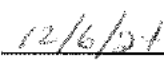
County: Westmoreland	Election Date: November 5, 2024	Date Incident Identified: November 5, 2024
Person Completing Report	Name & Title Scott Ross - Director of Information Systems	Phone/Email [REDACTED]
Voting System Name: Election Systems and Software		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> DS200 scanner went black and wouldn't come back on.		
Time span of the malfunction: 90 Minutes	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> Sewickley Township - Wheyl	Voting System Component(s) and Model(s) affected: DS200 Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>18</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>		
A replacement DS200 scanner was sent out to the precinct. Once the scanner was installed, the 18 ballots that were placed in the Emergency Ballot Bin were scanned through the replacement scanner and the precinct was back up and running without any further scanner issues.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



**Signature of Chief Clerk
or Authorized Representative**



**Name of Chief Clerk
or Authorized Representative**




Date

Voting System Malfunction Report

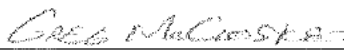
Reported Pursuant to Directive 2 of 2023

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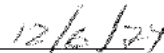
County: Westmoreland	Election Date: November 5, 2024	Date Incident Identified: November 5, 2024
Person Completing Report	Name & Title Scott Ross - Director of Information Systems	Phone/ Email [REDACTED]
Voting System Name: Election Systems and Software		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Scanner not accepting ballots from an ExpressVote BMD device.		
Time span of the malfunction: 15 Minutes	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> New Kensington 7-2	Voting System Component(s) and Model(s) affected: ExpressVote BMD	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u> 2 </u> ballots		
Action taken to resolve the malfunction/ ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Voters were moved to another ExpressVote BMD and voted. The Judge of Elections spoiled the 2 ballots that wouldn't go through the scanner. The ExpressVote was rebooted and the Tech stayed on site to make sure ballots from that ExpressVote were being processed through the scanner.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



**Signature of Chief Clerk
or Authorized Representative**



**Name of Chief Clerk
or Authorized Representative**



Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of ²⁰²⁴2023

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County: <u>Wyoming</u>	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i>	<i>Phone/Email</i>
Voting System Name:		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots 		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction <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 [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.</i>		

Florence Kelleff

Signature of Chief Clerk
or Authorized Representative

Florence Kelleff

Name of Chief Clerk
or Authorized Representative

1/3/25

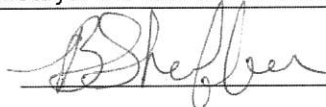
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Voting System Malfunction Report

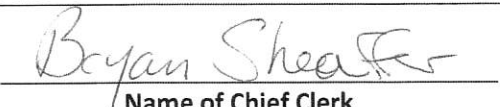
Reported Pursuant to Directive 2 of 2023

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County: <i>York</i>	Election Date: 11/05/2024	Date Incident Identified: 11/05/2024
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: Judges of Election	
Location <i>(note all affected precincts):</i> See attached.	Voting System Component(s) and Model(s) affected: ImageCast Precincts	
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 See attached. <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
See attached.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] 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>		



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11/3/25

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
Washington Township	Dominion ImageCast Precinct	The scanner at the precinct frequently jammed when ballots were inserted into it. This lead to an unclearable jam in the scanner head.	1.5 to 2 hours.	Delayed the casting of ballots by over 200 voters.	The emergency ballot procedure was activated at the precinct, and a rover was dispatched. The rover replaced the scanner head after an attempt to remove the jam via cleaning the head was unsuccessful.
Windsor Township 3	Dominion ImageCast Precinct	The scanners at the precinct were returning bailots to voters for ambiguous marks/misreads even though the ballots had no obvious marks that would cause the error.	From 7:00 am to 7:45 am.	Delayed the casting of ballots by 6 voters.	A rover was dispatched to clean the scanner heads with a cleaning sheet.