A close-up, vertical shot of an American flag, showing the stars and stripes in detail. The flag is slightly out of focus, with a soft, warm light filtering through it, creating a bokeh effect in the background. The colors are vibrant, with the red and white stripes and the blue field with white stars.

2024
GENERAL ELECTION
NOVEMBER 5TH
ELECTION OFFICER
TRAINING

ELECTION OFFICER TRAINING AGENDA

- ✓ EXCUSED AND EARLY VOTING
INFORMATION
- ✓ ELECTION OFFICER
EXPECTATIONS
- ✓ SBE FORMS
- ✓ E-POLL BOOKS
- ✓ VERITY SCAN AND
TOUCHWRITER MACHINES



EXCUSED ABSENTEE VOTING
OCTOBER 23RD, 24TH, 25TH, 28TH, 29TH, 30TH
SHELBYVILLE CO CLERKS OFFICE
501 WASHINGTON ST SHELBYVILLE KY 40065
8:30AM TO 4:30PM

EARLY VOTING
OCTOBER 31ST 10:00AM TO 6:00PM
NOVEMBER 1ST 10:00AM TO 6:00PM
NOVEMBER 2ND 8:00AM TO 4:00PM
SHELBYVILLE CONFERENCE & WELCOME CENTER
219 7TH ST SHELBYVILLE

IF YOU ARE NOT WORKING AT YOUR HOME PRECINCT YOU MUST USE ONE OF THESE OPTIONS



ATTENTION!

**ALL VOTING MACHINES ARE TO BE
UP AND RUNNING BY 6:00AM**

PRECINCT OFFICERS RESPONSIBILITIES

| | |
|---------------------|---|
| ARRIVE & END OF DAY | ARRIVE AT POLLING LOCATION AT 5:00AM TO ENSURE POLLING LOCATION IS READY TO OPEN AT 6:00AM. ALL VOTERS IN LINE BY 6:00PM WILL BE ALLOWED TO VOTE. THE SHERIFF WILL GET IN LINE AT 6:00PM TO ENSURE LAST VOTER VOTES. |
| ASSIST | ASSIST IN OPENING & CLOSING MACHINES |
| MONITOR | MONITOR VOTING MACHINE DURING VOTING PROCESS |
| SECURE | SECURE THE VOTING MACHINES AFTER POLLS HAVE CLOSED |
| CONTACT | CONTACT COUNTY CLERK TO REPORT ANY PROBLEMS |

PERSONS ALLOWED IN POLLING LOCATION

- ELECTION OFFICERS
- VOTERS (INCLUDING MINORS WITH VOTERS)
- LAW ENFORCEMENT OFFICERS
- MEMBERS OF THE MEDIA FOR LIMITED PURPOSE OF FILMING THE VOTING PROCESS. THEY MAY NOT CONDUCT INTERVIEWS WITH VOTERS OR PRECINCT OFFICERS INSIDE THE POLLING LOCATION
- CHALLENGERS

ALL FORMS LOCATED IN WHITE BINDER
PLEASE SIGN ALL FORMS REQUIRING A SIGNATURE FROM ALL OR ONE
PRECINCT OFFICER(S)

OATH OF
VOTER SBE32

VOTER
ASSISTANCE SBE31

VOTER
AFFIRMATION
SBE71

ELECTION OFFICER
AFFIRMATION
SBE72

PRECINCT MAP

CITY STREET MAP
(IF IN CITY LIMITS)

SAMPLE BALLOTS

SHERIFF REPORT
SBE52

E-POLL
VERIFICATION
SHEET

LIST OF ABSENTEE
VOTERS

VERITY SCAN
ENVELOPE

VERITY
TOUCHWRITER
ENVELOPE

NAMES TAGS

PRECINCT
LOCATIONS LIST

VOTER
REGISTRATION
CARDS

SBE 79 DAILY VOTING MACHINE VERIFICATION SHEET LOCATED IN TOP PORTION OF VERITY MACHINE

BEFORE POLLS OPEN – PRECINCT OFFICERS (1 DEM & 1 REP)
ENTER IN BEGINNING SEAL NUMBERS (RED & YELLOW) AND THE
PUBLIC COUNT (0).

AFTER POLLS CLOSE – PRECINCT OFFICERS (1 DEM & 1 REP)
ENTER ENDING SEAL NUMBERS (RED & BLUE) AND THE PUBLIC
COUNT (TOTAL VOTES).



Commonwealth of Kentucky Daily Voting Machine Verification Sheet

***THIS FORM IS REQUIRED TO BE COMPLETED BEFORE VOTING BEGINS
AND AFTER VOTING ENDS EVERYDAY OF IN-PERSON VOTING!
PUBLIC NUMBERS MUST BE READ ALOUD***

- Excused In-Person Absentee Voting No-Excuse In-Person Absentee Voting
 Election Day Voting

| DATE | MACHINE LOCATION |
|----------------|----------------------|
| 5/16/23 | EXAMPLE |
| TYPE OF DEVICE | DEVICE SERIAL NUMBER |
| VERTY SCAN | 123456 |

| Type of Device | Current Number of Seal | Status of the Seal |
|-------------------------------------|------------------------|--|
| BEGINNING MEMORY DEVICE SEAL NUMBER | RED SEAL | <input checked="" type="checkbox"/> SEALED <input type="checkbox"/> BROKEN |
| BEGINNING TUB SEAL SERIAL NUMBER | YELLOW SEAL | <input checked="" type="checkbox"/> SEALED <input type="checkbox"/> BROKEN |
| BEGINNING PUBLIC COUNTER NUMBER | 0 | |

Verified by: _____
Print _____/Signature _____
Democrat Election Officer

Print _____/Signature _____
Republican Election Officer

| Type of Device | Current Number of Seal | Status of the Seal |
|----------------------------------|---------------------------------|--|
| ENDING MEMORY DEVICE SEAL NUMBER | RED SEAL | <input checked="" type="checkbox"/> SEALED <input type="checkbox"/> BROKEN |
| ENDING TUB SEAL SERIAL NUMBER | BLUE SEAL | <input checked="" type="checkbox"/> SEALED <input type="checkbox"/> BROKEN |
| ENDING PUBLIC COUNTER NUMBER | TOTAL VOTES END OF ELECTION DAY | |

Verified by: _____
Print _____/Signature _____
Democrat Election Officer

Print _____/Signature _____
Republican Election Officer

SBE 75 ELECTION CONTEST CHAIN OF CUSTODY :

THIS WILL BE TAPED
ON TOP OF YOUR
VERITY SCAN
MACHINES.

COMPLETED
BY ROAD
DEPT

COMPLETED
BY PRECINCT
OFFICER



KENTUCKY STATE BOARD OF ELECTIONS

Election Contest Chain-of-Custody

Voting Site Location: _____

- A separate form must be completed for each transfer of records between a person(s) transferring and a person(s) receiving.

To Be Completed by Person(s) Transferring Election Materials:

Transferred By: _____

Site of Transfer: _____

Date/Time of Transfer: _____

Upon initial inspection, did any materials show any signs of tampering or vandalism? Y N

Were all locking mechanisms locked at time of arrival? Y N

Do any locking mechanisms appear to be tampered with? Y N

Name of anyone with access to materials after materials were transferred by the above-listed:

Date/Time of Departure: _____

Signature(s): _____

To Be Completed by Person(s) Receiving Delivery of Election Materials:

Received By: _____

Site of Delivery: _____

Date/Time of Delivery: _____

Upon initial inspection, do any materials show any signs of tampering or vandalism? Y N

Are all locking mechanisms locked at time of arrival? Y N

Do any locking mechanisms appear to be tampered with? Y N

Name of anyone with access to materials after materials were received by the above-listed:

Signature(s): _____

- Deliver all completed Chain-of-Custody Forms to the County Clerk in the jurisdiction of the voting site location.

ELECTIONEERING

- NO ONE IS PERMITTED TO DO ANY ELECTIONEERING WITHIN 100 FEET OF THE POLLING PLACE ON ELECTION DAY.
- ELECTIONEERING IS NOT PERMITTED INSIDE THE POLLING AREA.
- VOTER WEARING CAMPAIGN MATERIAL AT THE PRECINCT MAY NOT BE FORCED TO LEAVE THE POLLING PLACE BECAUSE THEY ARE WEARING SUCH AS T-SHIRTS, BUTTONS, HATS, ETC UNTIL GIVEN A CHANCE TO CAST A BALLOT.

PRECINCT ELECTION SHERIFF'S POST-ELECTION REPORT

KRS 117.355(1) Within three (3) days after any primary or general election, the precinct election sheriff shall file a report with the chairman of the county board of elections and with the local grand jury. The report shall include any irregularities observed and any recommendations for improving the election process.

| | |
|---|--|
| County | |
| Date Of Election | |
| Precinct | |
| Name Of Precinct Election Sheriff (Please Print) | |

IRREGULARITIES OBSERVED: (If you observed any irregularities, describe in your own words with as many details as possible, including names of alleged violators of election laws. Alleged violations should include, violations of KRS 117.255 relating to assisting voters and execution of the voter assistance forms, adjusting the voting machine in primary elections to enable the voter to vote for only persons for whom the voter is entitled to vote, voting more than once, or voting supplemental paper ballots. Violations of KRS 117.235 relating to electioneering shall also be reported. If more space is required, attach additional sheets as necessary. If no violations are observed, so indicate.)

| |
|--|
| |
| |
| |
| |
| |
| |

RECOMMENDATIONS FOR IMPROVING THE ELECTION PROCESS: (Describe recommendations in your own words. If more space if required, attach additional sheets as necessary.)

| |
|--|
| |
| |
| |
| |
| |
| |

SHERIFF SIGNATURE

Date Signed

Signature of Precinct Election Sheriff

KRS 117.255
KRS 117.355

SBE 53 (2/10)

White - Grand Jury
Canary - County Board of Elections
Pink - Precinct Election Sheriff

SHERIFF'S
REPORT SBE 53
THIS REPORT
DOCUMENTS MAJOR
CONCERNS AND
SUGGESTIONS FROM
ELECTION DAY.

THE SHERIFF WILL
COMPLETE AND SIGN
THIS FORM.

IRREGULARITIES

RECOMMENDATIONS

SBE 71 VOTER AFFIRMATION FORM

USE SBE 71 IF VOTER IS USING THE FOLLOWING FORMS OF IDENTIFICATION:

- SOCIAL SECURITY CARD
- SBE APPROVED COUNTY ID CARD
- FOOD STAMP CARD
- ELECTRONIC BENEFIT CARD
- SUPPLEMENTAL NUTRITION CARD
- CREDIT/DEBIT CARD



KENTUCKY STATE BOARD OF ELECTIONS

Voter Affirmation Form

I, _____, do hereby affirm that the name I have given here is the name that I am generally known by or the name I have given here is as stated on my voter registration.

I further affirm that:

To the best of my knowledge and belief, my date of birth is _____.

My current residential address, including the street address number is:

_____, if my address changed in the twenty-eight (28) days prior to the date of this election, I affirm that I moved on _____ and that my prior address was:

____ I am a citizen of the United States;

____ I am qualified to vote in this precinct under current Kentucky laws related to voter eligibility;

____ I have not voted and will not vote in any other precinct during this election;

The following impediment has prevented me from procuring proof of identification as defined under KRS 117.001:

____ Lack of transportation;

____ Inability to obtain my birth certificate or other documents needed to show proof of identification;

____ Work schedule;

____ Lost or stolen identification;

____ Disability or illness;

____ Family responsibilities;

____ Proof of identification has been applied for, but not yet received;

____ I have a religious objection to being photographed.

I understand that making a false statement as to any of the affirmations on this form is punishable under penalties of perjury.

Signature

Date

SBE 71 04/2022

USE THIS FORM IF THE VOTER IS KNOWN BY THE ELECTION OFFICIAL BY NAME AS A RESIDENT OF THE COMMUNITY

SBE 72 ELECTION OFFICER AFFIRMATION FORM



KENTUCKY STATE BOARD OF ELECTIONS

Election Officer Affirmation Form

In accordance with K.R.S. 117.228(4), I _____, do hereby affirm the identity of _____, an individual wishing to vote in this election, as this individual is known to me by name and I know this individual to be a resident of this community.

Signed Name of Election Officer

Date

SBE 72 (04/2022)

PRECINCT BALLOT ACCOUNTABILITY SHEET

THE STARTING NO. WILL BE
ENTERED FOR YOU.

THE ENDING NO. WILL BE THE
NEXT BALLOT NUMBER YOU
WOULD HAVE ISSUED.

KEEP YOUR SPOILED BALLOT
COUNT TO GET YOUR TOTAL
BALLOTS USED

ALL PRECINCT OFFICERS MUST
SIGN!

ENTERED BY
CLERK'S
OFFICE

ENDING NO.

SPOILED BALLOT
COUNT

ALL PRECINCT
OFFICERS MUST
SIGN

PRECINCT BALLOT ACCOUNTABILITY STATEMENT

| COUNTY | DATE OF ELECTION | PRECINCT NAME | | | | PRECINCT | Co. Clerk |
|--|------------------|---------------|-------------|-------------------|----------|----------|-----------|
| BOYLE | 11-6-12 | W. LANE | | | | A101 | |
| | | Co. BOYLE | Co./ School | Co./ School/ Ctry | Co./Ctry | | |
| QTY. PADS ISSUED | 5 | 10 | 6 | 10 | | | |
| STARTING NO. | 001 | 501 | 1501 | 2101 | | | |
| ENDING NO. (THE NUMBER OF THE NEXT BALLOT YOU WOULD HAVE GIVEN OUT) | 362 | 1201 | 1923 | 2704 | | | Judge |
| SPOILED BALLOT COUNT AREA | 1111 | 11 | 1 | 1111 | | | |
| EXAMPLE: <i>1111</i> | | | | | | | |
| TOTAL BALLOTS USED | | | | | | | |

REASON FOR DISCREPANCIES: _____

NOTES: _____

We, the undersigned, do hereby certify that the above information is accurate and complete.

Precinct Clerk _____ (SIGN) Precinct Sheriff _____ (SIGN)

Precinct Judge _____ (SIGN) Precinct Judge _____ (SIGN)

County Clerk _____ (SIGN)

All

VOTER ASSISTANCE FORM

SBE 31

A VOTER MAY HAVE ASSISTANCE DUE TO:

- BLINDNESS
- PHYSICAL DISABILITY
- INABILITY TO READ ENGLISH

IF THE VOTER HAS BEEN MARKED FOR PERMANENT ASSISTANCE, THE PERSON ASSISTING THE VOTER AND PRECINCT CLERK ASSISTING THE VOTER MUST SIGN SBE31

IF FILLING OUT SBE31 FOR 1ST TIME REQUIRES VOTER, PERSON ASSISTING AND PRECINCT CLERK MUST SIGN.

WHO MAY ASSIST THE VOTER?

- ANY PERSON OF THE VOTERS CHOICE EXCEPT:
- A VOTER'S EMPLOYER OR AGENT OF EMPLOYER
- AN OFFICER OR AGENT OF VOTER'S UNION

VOTER ASSISTANCE FORM

NOTE: A voter requiring assistance may be assisted by the two precinct judges or a person of the voter's choice who is not an election officer, except that the voter's employer, an agent of that employer, or an officer or agent of the voter's union shall not assist a voter.

| | |
|-------------------------------------|--|
| NAME OF VOTER | DATE OF BIRTH (MM/DD/YYYY) |
| RESIDENTIAL ADDRESS | City Zip Code |
| PRECINCT NAME OR PRECINCT NUMBER | |
| Check <input type="checkbox"/> one: | |
| <input type="checkbox"/> | Voter has been certified as requiring assistance on a permanent basis as indicated on precinct roster. The following oath must be signed <i>by the person assisting the voter</i> and be witnessed by the precinct clerk/officer. |
| <input type="checkbox"/> | Voter is NOT certified as requiring assistance on a permanent basis. <i>Both</i> of the following oaths must be completed and signed by the voter, the person assisting the voter, and be witnessed by the precinct clerk/officer. |

OATH FOR VOTER NOT CERTIFIED AS REQUIRING ASSISTANCE ON A PERMANENT BASIS

(Voter certified as requiring assistance on a permanent basis as indicated on precinct roster need not sign this oath section.)

I hereby state, under oath (or affirmation), that I am a qualified voter in the precinct indicated above, and that the reason I require assistance in voting is (check one): Blindness Physical disability Inability to read English

Signature or "mark" of voter

Witness (two witnesses required if "mark" is used)

Witness (two witnesses required if "mark" is used)

OATH FOR PERSON ASSISTING VOTER (THIS PORTION MUST BE COMPLETED BY THE PERSON ASSISTING THE VOTER BEFORE ANY VOTER CAN RECEIVE ASSISTANCE)

I hereby state, under oath (or affirmation), that I will operate the voting machine in accordance with the directions of the voter requiring assistance. I further state that I am not the voter's employer, an agent of that employer, or an officer or agent of that voter's union.

| | |
|---|-------------------------------------|
| Name of person assisting voter (PLEASE PRINT) | Signature of person assisting voter |
| | |

APPLICATION REQUEST FOR PERMANENT ASSISTANCE

Voter who requires assistance on a permanent basis due to Blindness (or) Physical disability hereby applies for certification for permanent assistance.

SECTION TO BE COMPLETED BY PRECINCT ELECTION OFFICER

The parties hereto have subscribed and sworn (or affirmed) these Oaths before me this ____ day of _____, 20____.

Signature of Precinct Election Officer

| | |
|------------------|---|
| KRS 116.165 | Provides that "any person who falsely signs and verifies any form requiring verification shall be guilty of perjury and subject to penalties therefor." |
| KRS 117.255 | |
| KRS 117.365 | |
| KRS 117.995 | |
| SBE 31 (04/2022) | WHITE: Grand Jury CANARY: County Clerk PINK: County Board of Elections |

E-POLL BOOK VERIFICATION SHEET

ENTER IN NUMBER OF E-POLL BOOKS YOUR PRECINCT LOCATION.



TOTAL VOTERS IN THIS LOCATION (PRECINCT RECORDS):



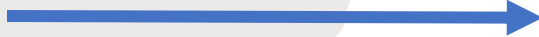
TOTAL VOTERS CHECKINS:

ALL E-POLL BOOKS AND VERITY MACHINE TOTALS SHOULD MATCH.



LIST ANY DISCREPANCIES

INITIAL AND DATE

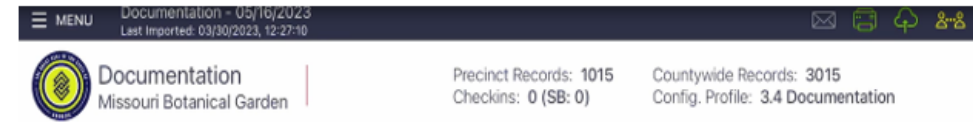


E-POLL BOOK VERIFICATION SHEET

This form needs to be done at the end of election day

PRECINCT:
Number of E-Poll Books in this location: _____

Next 2 steps are located in the middle top of your E-Poll Book screen



1. TOTAL VOTERS IN THIS LOCATION (Precinct Records): _____

2. TOTAL VOTERS CHECKINS: _____

TOTAL NUMBER OF VOTES ON VERITY MACHINE IN THIS LOCATION: _____

**These numbers should match
Verity Scan Machine and your E-Poll Book's**

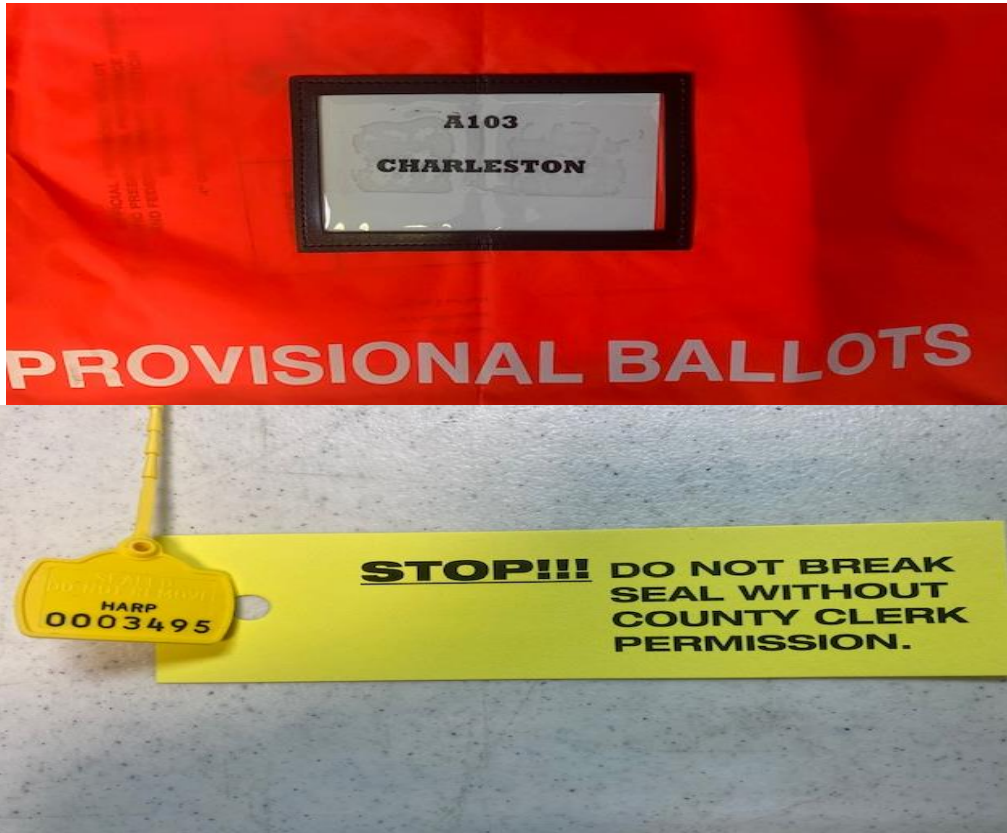
Reason for discrepancies: _____

Election Officer Initials & Date _____

Provisional Ballot Steps begin at pg. 44

DO NOT BREAK YELLOW SEAL without contacting the county clerk's office first.

All Precinct Workers must sign Provisional Ballot Accountability Statement even if none are used.



PROVISIONAL BALLOT ACCOUNTABILITY STATEMENT

| County | Date of Election | Precinct Name | Precinct Code |
|--------|------------------|---------------|---------------|
| | | | |

| Choose Election Type: Primary or General | Ballot Stub Numbers | |
|---|---------------------|----|
| | From | To |
| Primary Election | Democrat | |
| | Republican | |
| General Election | | |

We, the duly appointed precinct officers of this precinct, do certify below the number of provisional ballots issued, used, and spoiled.

| Ballots | Choose Election Type: Primary or General | | |
|--|---|------------|------------------|
| | Primary Election | | General Election |
| | Democrat | Republican | |
| Number of Ballots Issued to Precinct – a. | | | |
| Ballots Used (includes spoiled ballots) – b. | | | |
| Ballots Unused – c. | | | |
| Total – (b. + c.) – d. | | | |
| Number of Spoiled Ballots | | | |

If row d. does not agree with row a., explain the difference here:

| |
|--|
| |
| |
| |
| |

We, the undersigned, do hereby certify that the above information is accurate and complete.

Precinct Clerk

Precinct Sheriff

Precinct Judge

Precinct Judge

SUPPLEMENTAL PROCESS

If a voter has moved **MORE** than 30 days from deadline, They must be added to E-Poll book in the **new precinct**.

Contact clerk's office oath of voter, new voter registration cards etc.

See page 22 in EPB Guide Supplemental Process

See page 12 in EPB Guide Process Voter

If voter has moved **LESS** 30 day's they will vote in same location.

If a voter has moved from another County they are **NOT** eligible to vote in Shelby County

What's in the Case?



1. Green Case
2. Luggage tag
3. Flip Stand
4. Lightning to USB Cable and Power Adapter
5. Two (2) Stylus
6. 18" Power Cord
7. ID Tray (metal)
8. Printer (cords included)
9. Screen Cloth

**COMMONWEALTH OF KENTUCKY
STATE BOARD OF ELECTIONS**

OATH OF VOTER

When a voter has moved to a new precinct within the same county and is not listed on the current precinct roster, when the officers of an election disagree as to the qualifications of a voter, or when a voter's right to vote is disputed by a challenger, the voter shall sign the following oath as to his qualifications before he is permitted to vote.

I, _____, hereby state, under oath,
(Name: Please Print)
that I am duly registered as a _____ voter in this precinct in
(Political Party Preference)
_____ County, Kentucky and that I currently reside at _____
(County)
_____. My previous address was _____
(Current Residence Street Address, City, and Zip Code)
_____ in this county.
(Previous Residence Street Address, City, and Zip Code)

I know of no legal disqualifications which should prevent my vote from being cast and counted in this election and I affirm that I have not voted and will not vote in another precinct or by absentee ballot in this state during this election.

I understand that any person who falsely signs and verifies any form requiring verification shall be guilty of perjury and subject to the penalties therefore. I further understand that if I execute the Oath and am not a registered voter at the current address stated above, I have committed a criminal act.

| | | |
|---|----------------------|-------------|
| Voter must sign here | Date of Birth | Date |
| Precinct Name or No. _____ Signature of Precinct Election Officer or Challenger _____ This Oath shall be returned to the County Clerk who shall deliver it to the Commonwealth's Attorney for investigation. | | |

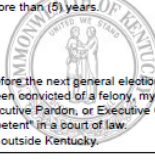
- Voter moved to new precinct/new address. Not on precinct roster. Update registration.
- Election Officer/Challenger dispute voter's qualifications.
- Request to vote in-person after mail-in ballot request.

SBE 32 (04/2022)

Oath of Voter and Voter Registration Card are still in paper form. Supplemental Roster will be on your E-Poll Book.

Hands on training for this portion.

- Tip: Have the voter step to the side with an precinct officer to fill out both forms once completed follow steps on E-Poll book to complete check in.

| | | | | | | |
|--|---|--|-----------------------------|---|---------------|----------|
| SBE 01 (03/2020) | | You MUST answer questions A & B below before completing this form. | | | | 5041503 |
| A. Are you a citizen of the United States of America? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <i>If you checked "no" in response to either of these questions, do not complete this form.</i> | | |
| B. Will you be 18 years of age on or before election day? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |
| Check one: | | FOR CLERK USE ONLY | | | | |
| <input type="checkbox"/> New Registration | <input type="checkbox"/> Address Change | PRECINCT CODE | PRECINCT NAME | TOWN | OTHER CODE | |
| <input type="checkbox"/> Party Change | <input type="checkbox"/> Name Change | | | | | |
| Social Security Number | | Date of Birth (M-D-Y) | County (where you live) | Work Phone | Home Phone | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | Last Name | First Name | Middle Name | Suffix (circle one) Jr. Sr. II III IV | | |
| Address where you live (do not give PO Box address): | | | | Apt # | City | Zip Code |
| Address where you get your mail <i>(if different from above):</i> | | | | Apt # | City | Zip Code |
| Party Registration – check one box | | WARNING: Per KRS 119.025, any person who causes himself to be registered when he is not legally entitled to register, shall be subject to penalties including fines and/or a term of imprisonment not less than one (1) year nor more than (5) years. Voter Declaration – read and sign below | | | | |
| <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other _____ | | I swear or affirm that: <ul style="list-style-type: none"> I am a U.S. Citizen. I am a current resident of Kentucky. I will be at least 18 years of age on or before the next general election. I am not a convicted felon, or if I have been convicted of a felony, my right to vote has been restored following an expungement, Executive Pardon, or Executive Order. I have not been judged "mentally incompetent" in a court of law. I do not claim the right to vote anywhere outside Kentucky. | | | | |
| If you select "Other" as your party affiliation, you are eligible to vote for only nonpartisan offices in any primary election. You may vote for any candidate in all general or special elections. Only persons timely registered shall have the right to vote. | |  | | | | |
| NOTE: You may change your political party affiliation at any time on or before December 31 st to remain eligible to vote in the following primary election. | | <input checked="" type="checkbox"/> Signature | Date | | | |
| | | TWO WITNESSES REQUIRED IF "MARK" IS USED | | | | |
| | | Witnessed By: | | | Witnessed by: | |



Verity Scan Setup

- All Supplies are in the black bin
- Ballot Bag
- Supply Bag
- E-poll Books
- Extension Cords/Power Strip
- Power Brick
- Privacy Screens
- Precinct Sign Tower

Verify GREEN Seal # on Verification Sheet!!

This form must be completed and returned to the COUNTY CLERK.

VERITY SCAN VERIFICATION FORM

| ELECTION JUDGES TO VERIFY INFORMATION BEFORE OPENING POLLS | Judges' Initials |
|--|------------------|
| Precinct Name: _____ | _____ |
| Verity Scan Serial Number: _____ | _____ |
| Verity Scan Red Seal Number: _____ | _____ |
| Tub - Yellow Seal Number: _____ | _____ |
| Tub - Blue Seal Number: _____ | _____ |
| Tub - Black Seal Number: _____ | _____ |
| Case Handle - Green Seal Number: _____ | _____ |
| Verity Scan Lifetime Counter: _____ | _____ |
| Red Ballot Bag Lock Seal: _____ | _____ |
| Signature _____ | |

Program Administrator who sealed Verity Scan

Verity Touch Writer Setup



Attach GREEN
seal to handle
bars of the
Verity Scan
Machine

