

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: Adams	Election Date: 5/20/2025	Date Incident Identified:
Person Completing Report	Name & Title Angie Crouse	Phone/Email <div style="background-color: black; height: 20px; width: 100%;"></div>
Voting System Name: DS200, ExpressVote, Ds450 and DS950		
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> <div style="margin-left: 40px;"> <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>		
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 [] 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>		

Angie Crouse

Signature of Chief Clerk
or Authorized Representative

Angela N. Crouse

Name of Chief Clerk
or Authorized Representative


5/29/25

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: ALLEG	Election Date: 5/20/25	Date Incident Identified:
Person Completing Report	Name & Title DAVID VOYE	Phone/Email 
Voting System Name: ESS. ELECTIONS SYSTEMS + SOFTWARE		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NONE		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of ALLEGANY has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

DAVID VOYE

Name of Chief Clerk
or Authorized Representative

6/19/25

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: Armstrong	Election Date: May 20, 2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title James Webb	Phone/Email [REDACTED]
Voting System Name: Dominion Voting		
Equipment Malfunction Description (summarize and describe the nature of the incident here): The precinct scanner did not complete its boot up sequence		
Time span of the malfunction: 6:30am	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): West Kittanning	Voting System Component(s) and Model(s) affected: Entire Machine	
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): Once the Election office was notified we replaced the machine with a backup with no disruption to voting activities.		
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 [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.		

Karen M. Notto
Signature of Chief Clerk
or Authorized Representative

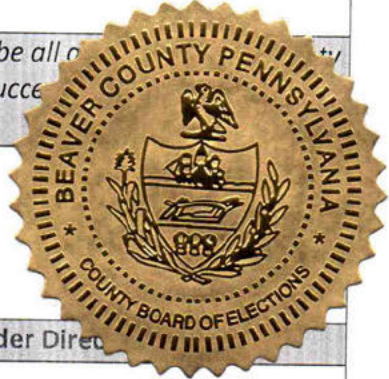
Karen M. Notto
Name of Chief Clerk
or Authorized Representative

6-3-2025
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: Beaver	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Colin Sisk, Director of Elections	Phone/Email [REDACTED]
Voting System Name: ES&S EVS 6.0.1.0 – DS200 Precinct Scanners, Expressvote BMD, DS450 Central 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 taken to resolve the malfunction and/or ensure continued voting; describe the level of success 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.		

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: Bedford	Election Date: 05/20/2025	Date Incident Identified:
Person Completing Report	Name & Title Laurel M Griest; Elections Director	Phone/Email [REDACTED]
Voting System Name: Dominion 5.17		
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):		
NO MALFUNCTIONS		
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 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.		

Laurel M. Griest

Signature of Chief Clerk
or Authorized Representative

Laurel M. Griest

Name of Chief Clerk
or Authorized Representative

6/18/2025

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: Berks	Election Date: 5/20/25	Date Incident Identified: 5/20/25
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 <i>(summarize and describe the nature of the incident here):</i> 1.) ExpressVote repeatedly displayed an error message or alert, and had to be restarted, 2.) ExpressVote repeatedly displayed an error message or alert and had to be restarted, 3.) multiple ballots were torn or jamming in ExpressVote, 4.) ExpressVote did not load properly at startup		
Time span of the malfunction: 1.) under 15 minutes, 2.) 30 minutes, 3.) 30 minutes, 4.) 30 minutes	Source(s) who reported the malfunction to the county: Poll Worker	
Location <i>(note all affected precincts):</i> 1.) 39-2, 49-3, 52-1, 66-2, 2.) 50-1, 51-2, 3.) 21-1, 75-1, 4.) 39-6, 63-3	Voting System Component(s) and Model(s) affected: ExpressVote ballot marking device	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <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> <div style="flex: 1; padding-left: 20px;"> There was no impact because in all instances there were other machines available for the voter to utilize. </div> </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>		
1.) Technician replaced the machine at each of these precincts.. 2.) Discontinued use of affected machine, utilized the others available. 3.) Technician replaced the machine. 4.) Technician replaced the machine.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Anne Norton

Signature of Chief Clerk
or Authorized Representative

Anne Norton

Name of Chief Clerk
or Authorized Representative

7/1/2025

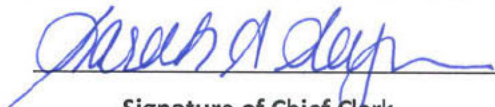
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: BLAIR	Election Date: May 20, 2025	Date Incident Identified: 05/20/2025
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 turned on but immediately went to a white screen.		
Time span of the malfunction: 42 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Altoona 14-2	Voting System Component(s) and Model(s) affected: Express Vote, marking device only	
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): Poll Worker tried rebooting device several times. Rover was sent to the precinct to swap out the machine with a working 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 Seymour

Name of Chief Clerk
or Authorized Representative

05/20/2025

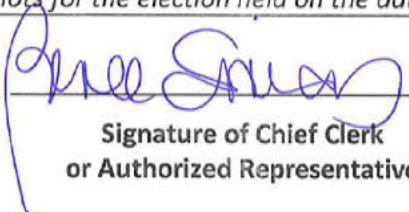
Date

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: BRADFORD	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title RENEE SMITHKORS - ELECTION DIRECTOR	Phone/Email [REDACTED]
Voting System Name: UNISYN OPEN ELECTION - 2.2		
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): <div><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>		
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 [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

06/11/2025

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: Bucks	Election Date: Tuesday, May 20, 2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title Tyler B. Burns, Esq., Director	Phone/Email [REDACTED]
Voting System Name: ClearBallot ClearVote 2.3		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Precinct scanner shut down while pollworkers were unable to locate printer roll for second scanner.		
Time span of the malfunction: Six Minutes	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): 207-31060 - Northampton Township 6 Richboro Middle School 98 Upper Holland Road, Richboro	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 0 voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 7 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): This precinct had two ClearCast scanners on Election Day - Nos. 1124 (S/N 3442) & 1125 (S/N 3706). At approximately, 7:30 a.m., No. 1124 was operational, but No. 1125 was not as pollworkers could not locate the paper roll for the machine. While pollworkers were attempting to locate the paper roll, No. 1124 said that it was "shutting down." Pollworkers were walked through a reset of No. 1124 over the phone and the issue was resolved. Seven voters waited to place their ballot through the scanner during the reset. Once a technician arrived on site, the paper roll for No. 1125 was located in the scanner bag. Both machines functioned properly for the remainder of Election 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 [Bucks] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Tyler B. Burns, Esq.

Name of Chief Clerk
or Authorized Representative

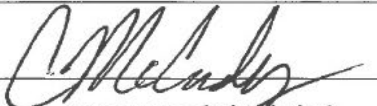
June 5, 2025
Date

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: BUTLER	Election Date: May 20, 2025	Date Incident Identified: 05/20/2025
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): DS200 was not accepting ballots		
Time span of the malfunction: 30 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 checked="" type="checkbox"/> Delayed the casting of ballots by 2 ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Poll workers were attempting to cast their own ballots and the scanner would not accept the ballots. No voters were present as the precinct has less than 50 voters. The scanner was replaced before any voters were affected. Vendor recalibrated the scanner and it is testing fine.		
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 BUTLER has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Chantell McCurdy
Name of Chief Clerk
or Authorized Representative

07/10/2025
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: CAMBRIA	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title NICOLE M. BURKHARDT DIRECTOR	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of 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.		

Nicole M. Burkhardt

Signature of Chief Clerk
or Authorized Representative

NICOLE M. BURKHARDT

Name of Chief Clerk
or Authorized Representative

06/13/2025

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: CAMERON	Election Date: 5/20/2025	Date Incident Identified: NA
Person Completing Report	Name & Title ANNETTE CAMPBELL ELECTION DIRECTOR	Phone/Email [REDACTED]
Voting System Name: Election Systems Software - DS200 Tabulator		
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): NA <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): 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 [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.		

Annette Campbell

Signature of Chief Clerk
or Authorized Representative

ANNETTE CAMPBELL

Name of Chief Clerk
or Authorized Representative

05/21/2025

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: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Jennifer Ketchledge-Director	Phone/Email [REDACTED]
Voting System Name: Dominion Voting		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		

Jennifer Ketchledge Digitally signed by Jennifer Ketchledge
DN: cn=JENNIFER KETCHLEDGE, o=CARBON COUNTY, ou=

**Signature of Chief Clerk
or Authorized Representative**

Jennifer M. Ketchledge

**Name of Chief Clerk
or Authorized Representative**

06/16/2025

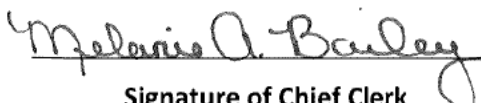
Date

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: CENTRE	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Melanie A. Bailey	Phone/Email [REDACTED]
Voting System Name: ES & S		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		


Signature of Chief Clerk
or Authorized Representative

Melanie A. Bailey
Name of Chief Clerk
or Authorized Representative

06/17/2025
Date

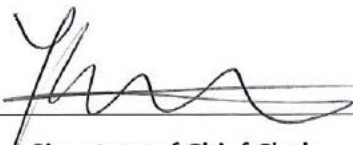
Voting System Malfunction Report

TLP: AMBER (When completed)

Reported Pursuant to Directive 2 of 2024

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County: CHESTER	Election Date: 05/20/2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title KAREN BARSOUM, DIRECTOR	Phone/Email <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: ELECTION SYSTEMS AND SOFTWARE (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <i>DS200 was connected to the power outlet but did not turn on, unit was replaced.</i>		
Time span of the malfunction: <i>Total response time was over one hour. During this time, tech support was provided, including the director of Voter Services, to try mitigations over the phone.</i>	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 036 East Brandywine N-2	Voting System Component(s) and Model(s) affected: DS200	
Impact of the malfunction (check and provide numbers for all that apply): <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div><div><div>Prevented the casting of ballots by 0 voters</div><div>Delayed the casting of ballots by 0 voters</div><div>Prevented the tabulation of 0 ballots</div><div>Delayed the tabulation of 0 ballots</div></div></div>		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <i>Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced.</i>		
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 CHESTER has experienced no known voting systems malfunctions under Directive 2 of 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

karen Barsoum

Name of Chief Clerk
or Authorized Representative

7/2/2025

Date

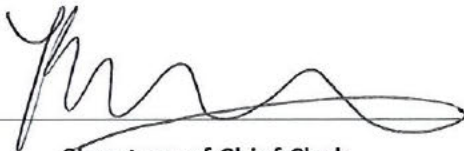
Voting System Malfunction Report

TLP: AMBER (When completed)

Reported Pursuant to Directive 2 of 2024

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

County: CHESTER	Election Date: 05/20/2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title KAREN BARSOUM, DIRECTOR	Phone/Email [REDACTED]
Voting System Name: ELECTION SYSTEMS AND SOFTWARE (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): ExpressVote experienced a platen issue, unit was replaced.		
Time span of the malfunction: 35 Minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 040 West Brandywine E-1	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 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 ballot		
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): Error was on boot up before polls were open and no voters were affected.		
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 [CHESTER] has experienced no known voting systems malfunctions under Directive 2 of 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Karen Barsoum

Name of Chief Clerk
or Authorized Representative

7/2/2025

Date

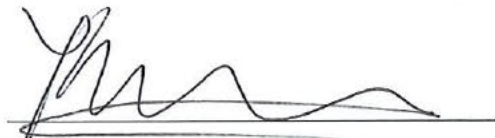
Voting System Malfunction Report

TLP: AMBER (When completed)

Reported Pursuant to Directive 2 of 2024

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

County: CHESTER	Election Date: 05/20/2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title KAREN BARSOUM, DIRECTOR	Phone/Email [REDACTED]
Voting System Name: ELECTION SYSTEMS AND SOFTWARE (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced.		
Time span of the malfunction: 24 Minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 286 West Goshen S-3	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 0 voters <input type="checkbox"/> Delayed the casting of ballots by 0 voters <input type="checkbox"/> Prevented the tabulation of 0 ballots <input checked="" type="checkbox"/> Delayed the tabulation of 1 ballot		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced. One ballot that was placed in the emergency slot could not be tabulated at the polling place as it needed to be duplicated due to a cut in the timing mark.		
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 [CHESTER] has experienced no known voting systems malfunctions under Directive 2 of 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Karen Barsoum
Name of Chief Clerk
or Authorized Representative

7/2/2025
Date

Voting System Malfunction Report

TLP: AMBER (When completed)

Reported Pursuant to Directive 2 of 2024

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

County: CHESTER	Election Date: 05/20/2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title KAREN BARSOUM, DIRECTOR	Phone/Email [REDACTED]
Voting System Name: ELECTION SYSTEMS AND SOFTWARE (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced.		
Time span of the malfunction: 34 Minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 605 Tredyffrin East 5	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 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 ballot		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced.		
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 [CHESTER] has experienced no known voting systems malfunctions under Directive 2 of 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Karen Barsoum

Name of Chief Clerk
or Authorized Representative

7/2/2025

Date

Voting System Malfunction Report

TLP: AMBER (When completed)

Reported Pursuant to Directive 2 of 2024

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

County: CHESTER	Election Date: 05/20/2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title KAREN BARSOUM, DIRECTOR	Phone/Email [REDACTED]
Voting System Name: ELECTION SYSTEMS AND SOFTWARE (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): DS200 experienced ballot jams, compressed air did not resolve the issue, unit was replaced.		
Time span of the malfunction: 22 Minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 671 Valley North 2	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 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 ballot		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Voters continued to receive and vote ballots without any delay and were able to insert these into the designated emergency slot. These ballots were scanned at the precinct under bipartisan watch after the tabulator was replaced.		
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 [CHESTER] has experienced no known voting systems malfunctions under Directive 2 of 2024 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative


Karen Barsoum
Name of Chief Clerk
or Authorized Representative

7/2/2025
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: <u>Clarion</u>	Election Date: <u>May 20th, 2025</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Raleigh Huey - Election/VR Coord.</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>Clarion</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Raleigh N. Huey

Signature of Chief Clerk
or Authorized Representative

Raleigh Huey

Name of Chief Clerk
or Authorized Representative

6/10/25

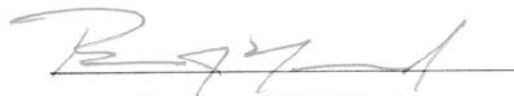
Date

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: Clearfield	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Brian J Norwood Director of Election	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		


Signature of Chief Clerk
or Authorized Representative

Brian J Norwood

Name of Chief Clerk
or Authorized Representative

06/09/2025

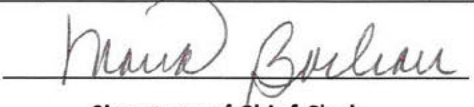
Date

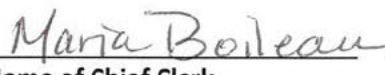
Voting System Malfunction Report

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: Clinton	Election Date: 5/20/25	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title Maria Boileau, Director, Voter Registration & Elections	Phone/Email [REDACTED]
Voting System Name: ESS DS200		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
[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 [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

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: 5-20-25	Date Incident Identified: 5-20-25
Person Completing Report	Name & Title Matthew Repasky Director	Phone/Email [REDACTED]
Voting System Name: Unisyn Voting System		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Freedom Vote Tablet row on Screen went bad.		
Time span of the malfunction: 20 min	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Orange Twp	Voting System Component(s) and Model(s) affected: Freedom Vote Tabulator	
Impact of the malfunction (check and provide numbers for all that apply): <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <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> <div style="flex: 1; font-size: 2em; margin-left: 20px;">NONE</div> </div>		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Machine taken out of service. Another Freedom Vote tablet taken to the polling place and put into service.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Matthew Repasky
 Name of Chief Clerk
 or Authorized Representative

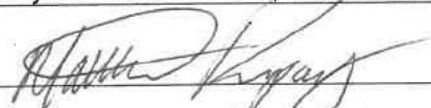
5/20/25
 Date

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: Columbia	Election Date: 5-20-25	Date Incident Identified: 5-20-25
Person Completing Report	Name & Title Matthew Repasky Director	Phone/Email [REDACTED]
Voting System Name: Unisyn Voting System		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Optical Scan Machine - Jam		
Time span of the malfunction: 30 min	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Fishing Creek Twp	Voting System Component(s) and Model(s) affected: Open Eled Optical	
Impact of the malfunction (check and provide numbers for all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input checked="" type="checkbox"/> Delayed the tabulation of <u>4</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): Runner Sent. Machine issue resolved. Ballots 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 [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Matthew Repasky
 Name of Chief Clerk
 or Authorized Representative

5-20-25
 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: Crawford	Election Date: May 20, 2025	Date Incident Identified: NA
Person Completing Report	Name & Title Matthew Digiacomo Voting System Specialists	Phone/Email [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> NA		
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> 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 <u>Crawford</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Christopher R. Seely

Name of Chief Clerk
or Authorized Representative

6-6-2025

Date

Voting System Malfunction Report

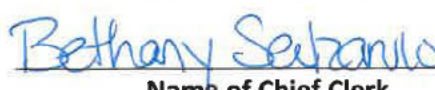
Reported Pursuant to Directive 2 of 2023

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

County: Cumberland	Election Date: May 20, 2025	Date Incident Identified: N/A
Person Completing Report	Name & Title Bethany Salzarulo, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Elections Systems and Software Express Vote XL		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <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"/> 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.		



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: Dauphin	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Christopher T Spackman, Director	Phone/Email [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply): <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 [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

07/15/2025

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: May 20, 2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title James P. Allen, Election Director	Phone/Email [REDACTED]
Voting System Name: Hart Verity 2.7		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Scanner and Touch Writer replacements were needed in five precincts on Election Day.		
Time span of the malfunction: Various times	Source(s) who reported the malfunction to the county: Poll workers	
Location (note all affected precincts): Marple 7-3 (S), Radnor 3-2 (S), Bethel 3 (TW), Ridley 3-2 (TW) and Middletown 4-2 (TW).	Voting System Component(s) and Model(s) affected: Scanners in Marple 7-3 & Radnor 3-2; and Touch Writers (BMDs) in Bethel 3, Ridley 3-2, Middletown 4-2	
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): Rovers replaced equipment where necessary. At all times, voting was able to continue with use of auxiliary ballot boxes. Voters had option to stay if they wanted to wait to scan their ballot where a scanner was causing an 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 [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.		

James P Allen

Digitally signed by James P Allen
Date: 2025.06.05 17:49:58 -04'00'

James P. Allen, Election Director

06/05/2025

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

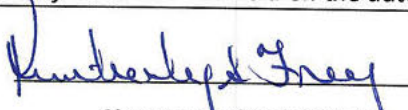
Date

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: ELK	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Kimberly S. Frey, Director of Election/Voter Reg.	Phone/Email [REDACTED]
Voting System Name: ES&S Express Vote Tabulators and DS 200		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		



Signature of Chief Clerk
or Authorized Representative

Kimberly S. Frey, Director of Election/Voter Reg.

Name of Chief Clerk
or Authorized Representative

05/29/2025

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: Erie	Election Date: 5/20/2025	Date Incident Identified:
Person Completing Report	Name & Title Tonia Fernandez/Director of Elections	Phone/Email [REDACTED]
Voting System Name: Dominion Democracy Suite		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters		
<input type="checkbox"/> Delayed the casting of ballots by ____ voters		
<input type="checkbox"/> Prevented the tabulation of ____ ballots		
<input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Erie] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Tonia Fernandez

Name of Chief Clerk
or Authorized Representative

06/16/2025

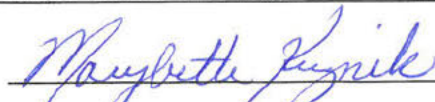
Date

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: May 20, 2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title Marybeth Kuznik, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Dominion (system 5.5)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Two precincts experienced minor malfunctions: 1. scanner jammed upon opening and had to be replaced. Voters were able to cast ballots via emergency slot. 2. scanner would not scan visibly acceptable ballots. 6 voters were delayed and 6 ballots were returned to county in unscanned ballot envelope.		
Time span of the malfunction: 1. 7 AM to 8:20 AM 2. unknown time of day but issue lasted about 20 minutes	Source(s) who reported the malfunction to the county: 1. Christopher L. Seese, Judge of Election 2. Adam Cunningham, Judge of Election	
Location (note all affected precincts): 1. Georges Township 1 2. South Union Township 1	Voting System Component(s) and Model(s) affected: Both cases involved Dominion ICP scanner	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>6</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): 1. County sent a replacement scanner to the precinct; emergency slot was used in the meantime so no voters were delayed or prevented from voting. 2. Judge of Election placed the six affected ballots into the unscanned ballots envelope and they were scanned later.		
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 [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.		


Signature of Chief Clerk
or Authorized Representative

Marybeth Kuznik, Director of Elections
Name of Chief Clerk
or Authorized Representative

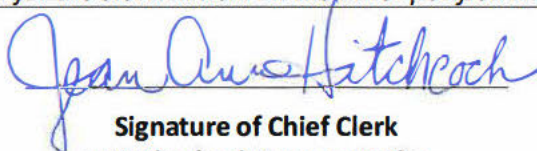
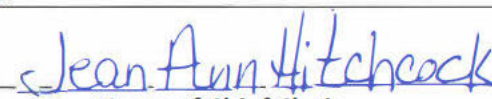
07/14/2025
Date

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: Forest	Election Date: May 20, 2025	Date Incident Identified: May 20, 2025
Person Completing Report	Name & Title Jean Ann Hitchcock	Phone/Email [REDACTED] [REDACTED]
Voting System Name: ES&S Express Vote		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Did not print all of the bar codes on the ballot, so the ballot would not go through the scanner.		
Time span of the malfunction: 1 hour	Source(s) who reported the malfunction to the county: Poll Workers	
Location (note all affected precincts): Green Township	Voting System Component(s) and Model(s) affected: ES&S Express Vote	
Impact of the malfunction (check and provide numbers for all that apply):		
<input checked="" type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>0</u> voters <input 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 (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 was brought to the county. ES&S support was called and walked through the cleaning of the printhead. Once the printhead was cleaned, the machine was tested and returned to the precinct.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		

 Signature of Chief Clerk or Authorized Representative	 Name of Chief Clerk or Authorized Representative	<u>5-21-2025</u> Date
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Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Franklin	Election Date: May 20, 2025	Date Incident Identified: 05/20/2025
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): The EpressVote would not turn on in four precincts: Greencastle 2, Guilford 2, Guilford 4, and Greene 3. One voter was delayed for an hour in Greencastle 2.		
Time span of the malfunction: 5:29 pm to 6:35 pm	Source(s) who reported the malfunction to the county: Linda Burkholder, Greencastle 2 Judge of Election	
Location (note all affected precincts): Greencastle 2, Guilford 2, Guilford 4, and Greene 3	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 ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>1</u> voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): The ES&S representative was sent to all four precincts and was able to get the units started.		
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 [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

Signature of Chief Clerk
or Authorized Representative

Carrie E. Gray

Name of Chief Clerk
or Authorized Representative

06/18/2025

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: <u>Fulton</u>	Election Date: <u>May 20, 2025</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Linda A. Doyle Election Director</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>Hart</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
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>Fulton</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Stacey M. Shives

Signature of Chief Clerk
or Authorized Representative

Stacey M. Shives

Name of Chief Clerk
or Authorized Representative

5/29/2025


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: Greene	Election Date: 05/20/2025	Date Incident Identified:
Person Completing Report	Name & Title Josephine Weingardt, Manager	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> There were NO malfunctions on Election day, May 20, 2025		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location <i>(note all affected precincts):</i> N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots 		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i> N/A		
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 [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

Josephine Weingardt

Name of Chief Clerk
or Authorized Representative

07/18/2025

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: <u>Huntingdon</u>	Election Date: <u>May 20th, 2025</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Lexi Sauders. Asst. Elections Coordinator</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>ES&S</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>N/A</u>		
Time span of the malfunction: <u>—</u>	Source(s) who reported the malfunction to the county: <u>—</u>	
Location (note all affected precincts): <u>—</u>	Voting System Component(s) and Model(s) affected: <u>—</u>	
Impact of the malfunction (check and provide numbers for all that apply): <u>N/a</u> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>N/A</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>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 Feilman

Signature of Chief Clerk
or Authorized Representative

Heather Feilman

Name of Chief Clerk
or Authorized Representative

7/15/25

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: Indiana	Election Date: May 20, 2025	Date Incident Identified: 05/30/2025
Person Completing Report	Name & Title Robin Maryai, Chief Clerk	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): DS200 had a broken screen. The pollworker could not open the machine up. When L&A was conducted the screen was fine. Something happened to the machine in transport		
Time span of the malfunction: 6:30 a.m.	Source(s) who reported the malfunction to the county: Joan Peterman, Judge of Election for White #4-5	
Location (note all affected precincts): White #4-5	Voting System Component(s) and Model(s) affected: ES&S DS200	
Impact of the malfunction (check and provide numbers for all that apply): <input checked="" type="checkbox"/> Prevented the casting of ballots by 0 voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 0 voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): The machine was replaced before 7:00 a.m. when the polls opened.		
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 Indiana has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Robin Maryai

Name of Chief Clerk
or Authorized Representative

05/31/2025

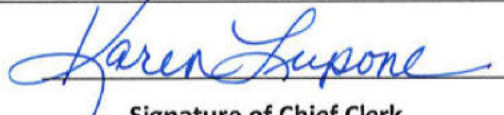
Date

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: Jefferson	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Karen Lupone	Phone/Email [REDACTED]
Voting System Name: Dominion Voting System		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None		
Time span of the malfunction: None	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Jefferson</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

Karen Lupone

Name of Chief Clerk
or Authorized Representative

06/02/2025

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: Juniata	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Eva M Weyrich, Election Director	Phone/Email [REDACTED]
Voting System Name: Election Systems & Software DS200		
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 [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

Name of Chief Clerk
or Authorized Representative

05/23/2025

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: LACKAWANNA	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title ELIZABETH A. HOPKINS, DIRECTOR OF ELECTION	Phone/Email
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters		
<input type="checkbox"/> Delayed the casting of ballots by ____ voters		
<input type="checkbox"/> Prevented the tabulation of ____ ballots		
<input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		

Signature of Chief Clerk
or Authorized Representative

ELIZABETH A. HOPKINS

Name of Chief Clerk
or Authorized Representative

05/29/2025

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: Lancaster	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Christa Miller, Chief Clerk	Phone/Email [REDACTED]
Voting System Name: Hart Verity		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NA		
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 Lancaster has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Christa Miller

Name of Chief Clerk
or Authorized Representative

05/23/2025

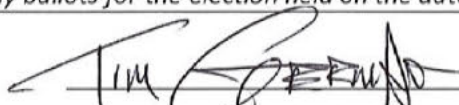
Date

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: LAWRENCE	Election Date: 5/20/2025	Date Incident Identified:
Person Completing Report	Name & Title Tim Germani / Director of Elections	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		


Signature of Chief Clerk
or Authorized Representative

Tim Germani
Name of Chief Clerk
or Authorized Representative

06/09/2025
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: <u>Lebanon</u>	Election Date: <u>5/20/25</u>	Date Incident Identified: <u>5/20/25</u>
Person Completing Report	Name & Title <u>Grant Matthews, Election Day Support</u>	Phone/Email <div style="background-color: black; width: 100%; height: 20px;"></div>
Voting System Name: <u>ES&S Express Vote</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>"Alert" message on screen</u> <u>Platen opened up during delivery.</u>		
Time span of the malfunction: <u>1-2 mins.</u>	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts): <u>East Haver</u>	Voting System Component(s) and Model(s) affected: <u>"platen" Express Vote</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Instructed Poll-worker on how to close "platen"</u> <u>and no further issues.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [_____] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative


 Name of Chief Clerk
 or Authorized Representative


Date

JUL 16 2025 PM 3:01


Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Lebanon</u>	Election Date: <u>5/20/25</u>	Date Incident Identified: <u>5/20/25</u>
Person Completing Report:	Name & Title <u>Graet Matthews, Election Day Support</u>	Phone/Email 
Voting System Name: <u>ES85 DS-200</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>taking quite awhile to accept Ballots. Tried 12 or (4) orientations. Eventually was able to receive all Ballots.</u>		
Time span of the malfunction: <u>10 + mins.</u>	Source(s) who reported the malfunction to the county: <u>Judge of Elections</u>	
Location (note all affected precincts): <u>Lebanon 7th ward</u>	Voting System Component(s) and Model(s) affected: <u>DS-200</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Sent out new DS-200 but never used because machine starting taking the ballots w/ no issue.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [_____] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative


Name of Chief Clerk
or Authorized Representative

Date

JUL 16 2025 PM 3:01

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <i>Lebanon</i>	Election Date: <i>5/20/25</i>	Date Incident Identified: <i>5/20/25</i>
Person Completing Report	Name & Title <i>Grant Matthews, Election Day Support</i>	Phone/Email <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: <i>ES&S, Express Vote</i>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <i>Not Powering up.</i>		
Time span of the malfunction: <i>5-10 mins.</i>	Source(s) who reported the malfunction to the county: <i>Judge of Elections</i>	
Location (note all affected precincts): <i>W. Lebanon Twp.</i>	Voting System Component(s) and Model(s) affected: <i>ExpressVote</i>	
Impact of the malfunction (check and provide numbers for all that apply): <div style="margin-top: 10px;"> <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>		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <div style="text-align: center; font-style: italic; padding: 10px;"> Machine powered down, Re-booted back up few times the no remaining issues. </div>		
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

Date
 JUL 16 2025 PM 3:01

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: 5/20/25	Date Incident Identified: 5/20/2025
Person Completing Report	Name & Title Jamie Shoemaker Office Support 2	Phone/Email [REDACTED]
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here): AM of Election Day 5/20. J.O.E @ 7th ward called office to report issues with Ball Pad not printing tickets after voters sign in. Seemed to be mostly resolved after a call to the office and trying various fixes J.O.E still reports occasional issues w/printer connectivity throughout day. - other J.O.Es stated they had same issue		
Time span of the malfunction: Various during Election Day	Source(s) who reported the malfunction to the county: Judge of Election 7th Ward - Ron Boogaard & others.	
Location (note all affected precincts): 7th Ward & a few other 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):		
Voters able to vote by using Voter Ready cards to show they checked in. Multiple J.O.Es reported they needed to "jiggle the green cord" to keep the printer connected to the iPad.		
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

JUL 16 2025 PM 3:01

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Lebanon</u>	Election Date: <u>5/20/25</u>	Date Incident Identified: <u>5/20/25</u>
Person Completing Report	Name & Title <u>Grant Matthews, Election Support</u>	Phone/Email [REDACTED]
Voting System Name: <u>Express vote - 2525</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Machine Freeze, "Alert ask pollworker" message.</u>		
Time span of the malfunction: <u>3-5 mins.</u>	Source(s) who reported the malfunction to the county: <u>Judge of Election S</u>	
Location (note all affected precincts): <u>No Londonderry East</u>	Voting System Component(s) and Model(s) affected: <u>Express - vote</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Instructed Poll-worker to do a hard shut (power) down since screen Freeze. Re-booted back up and resolved issue.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

[Signature]
Signature of Chief Clerk
or Authorized Representative

Sean Drachen
Name of Chief Clerk
or Authorized Representative

JUL 16 2025 PM 3:01
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Lebanon</u>	Election Date: <u>5/20/25</u>	Date Incident Identified: <u>5/20/25</u>
Person Completing Report	Name & Title <u>Grant Matthews, Election Support</u>	Phone/Email 
Voting System Name: <u>ES&S Express vote</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Screen kept Freezing after a certain point of powerin & machine on multiple times.</u>		
Time span of the malfunction: <u>50 mins - 1 hr.</u>	Source(s) who reported the malfunction to the county: <u>Judge of elections</u>	
Location (note all affected precincts): <u>North Cornwall west</u>	Voting System Component(s) and Model(s) affected: <u>Express vote</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Did a Hard Shut down, set up new Express vote w/ correct Ballot and Rover took it out and got it up and running.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [_____] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative


Date

JUL 16 2025 PM 3:02

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Lebanon</u>	Election Date: <u>5/20/25</u>	Date Incident Identified: <u>5/20/25</u>
Person Completing Report	Name & Title <u>Grant Matthews, Election Day Support</u>	Phone/Email 
Voting System Name: <u>ESOS Express-vote</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>After activation card was printed DS-200¹ would not accept the ballot. Printing error on Express-vote.</u>		
Time span of the malfunction: <u>3-5 mins.</u>	Source(s) who reported the malfunction to the county: <u>Judge of election S</u>	
Location (note all affected precincts): <u>Heidelberg schief.</u>	Voting System Component(s) and Model(s) affected: <u>Express vote</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Got a new Express vote prepped for them but they did not need it. Used the other (2) Express vote machines.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [_____] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative


Name of Chief Clerk
or Authorized Representative

Date

JUL 16 2025 PM 3:02

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Lehigh	Election Date: 20MAY25	Date Incident Identified: NA
Person Completing Report	<i>Name & Title</i> Tim Benyo – Chief Clerk	<i>Phone/Email</i> [REDACTED]
Voting System Name: ES&S ElectionWare		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> NA		
Time span of the malfunction: NA	Source(s) who reported the malfunction to the county: NA	
Location <i>(note all affected precincts):</i> NA	Voting System Component(s) and Model(s) affected: NA	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> <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> 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 [LEHIGH] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

TIM BENYO

Name of Chief Clerk
or Authorized Representative

09JUN25

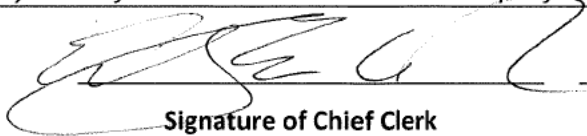
Date

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: 05/20/2025	Date Incident Identified:
Person Completing Report	Name & Title EMILY COOK DIRECTOR OF ELECTIONS	Phone/Email [REDACTED]
Voting System Name: DOMINION VOTING SYSTEM		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (<i>note all affected precincts</i>):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>): 		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>LUZERNE</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

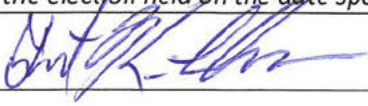
 Signature of Chief Clerk or Authorized Representative	<u>Emily Cook</u> Name of Chief Clerk or Authorized Representative	<u>6-10-2025</u> Date
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Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Lycoming	Election Date: 5/20/2025	Date Incident Identified: 5/20/2025
Person Completing Report	<i>Name & Title</i> Forrest K. Lehman	<i>Phone/Email</i> <div style="background-color: black; width: 100px; height: 20px;"></div>
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Scanner not accepting ballots.		
Time span of the malfunction: 0715-0725	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> Williamsport Ward 9	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> <ul style="list-style-type: none"> <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>1</u> voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots 		
Action taken to resolve the malfunction/ensure continued voting <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> Cleaned and calibrated scanner to restore normal operation.		
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 [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

5/20/2025
 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: 5/20/2025	Date Incident Identified: 5/20/2025
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): Scanner not accepting ballots.		
Time span of the malfunction: 1600-1633	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Muncy Creek	Voting System Component(s) and Model(s) affected: ClearCast precinct scanner	
Impact of the malfunction (check and provide numbers for all that apply): <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> Prevented the casting of ballots by ____ voters</div> <div><input type="checkbox"/> Delayed the casting of ballots by ____ voters</div> <div><input type="checkbox"/> Prevented the tabulation of ____ ballots</div> <div><input checked="" type="checkbox"/> Delayed the tabulation of <u>28</u> ballots</div> </div>		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Cleaned and calibrated scanner to restore normal operation.		
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 [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

5/20/2025

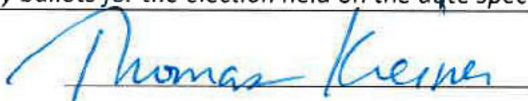
Date

Voting System Malfunction Report

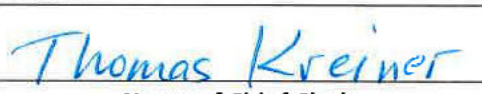
Reported Pursuant to Directive 2 of 2023

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

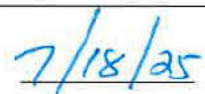
County: McKean	Election Date: May 20, 2025	Date Incident Identified: 07/18/2025
Person Completing Report	Name & Title Mary Hollebeke, Elections Director	Phone/Email [REDACTED]
Voting System Name: ExpressVote		
Equipment Malfunction Description (summarize and describe the nature of the incident here): None found		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): N/A		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of McKean has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative



Date

Chairman McKean County Commissioners

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: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title THAD HALL, DIRECTOR	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NO INCIDENTS		
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 [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.		

Thad Hall

Digitally signed by Thad Hall
Date: 2025.05.28 12:40:14 -04'00'

THAD HALL

05/28/2025

**Signature of Chief Clerk
or Authorized Representative**

**Name of Chief Clerk
or Authorized Representative**

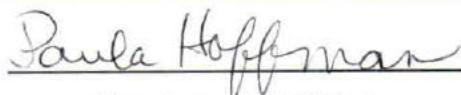
Date

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: MIFFLIN	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Paula Hoffman-Voter Reg./Elections Director	Phone/Email [REDACTED]
Voting System Name: DS 200		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Would not take ballots		
Time span of the malfunction: 10 minutes	Source(s) who reported the malfunction to the county: Majority Inspector	
Location (note all affected precincts): Granville West	Voting System Component(s) and Model(s) affected: DS 200	
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): Sent a person to polling place and they found the cord was unplugged from the DS 200 head not the wall which I instructed on the phone to make sure machine was plugged in.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>MIFFLIN</u>] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Paula Hoffman

Name of Chief Clerk
or Authorized Representative

07/18/2025

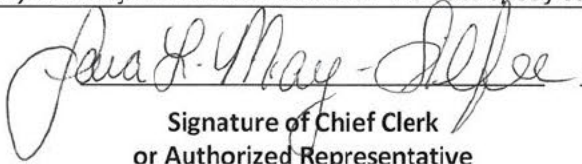
Date

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: MONROE	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title SARA L MAY-SILFEE	Phone/Email [REDACTED]
Voting System Name: CLEAR BALLOT 2.3		
Equipment Malfunction Description (summarize and describe the nature of the incident here): NONE		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location (note all affected precincts): N/A	Voting System Component(s) and Model(s) affected: N/A	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
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

05/27/2025


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: Montgomery	Election Date: May 20, 2025	Date Incident Identified: 07/14/2025
Person Completing Report	Name & Title Kelly Gale, Deputy Director of Elections	Phone/Email [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Paper Jam		
Time span of the malfunction: 2.5 Hours	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Pennsburg	Voting System Component(s) and Model(s) affected: Scanner	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 49 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 roving machine technician was dispatched to the location to replace the scanner. All ballots cast in the interim were put into the auxillary bin.		
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 [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.		



Signature of Chief Clerk
or Authorized Representative

Francis Dean

Name of Chief Clerk
or Authorized Representative

07/17/2025


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: Montgomery	Election Date: May 20, 2025	Date Incident Identified: 07/14/2025
Person Completing Report	Name & Title Kelly Gale, Deputy Director of Elections	Phone/Email [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Ballots were not being accepted into the scanner.		
Time span of the malfunction: 4 hours, 27 minutes	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Lower Providence 2-3, Lower Salford 2	Voting System Component(s) and Model(s) affected: Scanner	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>16</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): A roving machine technician was dispatched to the location to replace the scanner. In one instance, zero voters were affected prior to the scanner being replaced. The second location used the ballot marking device prior to the scanner being replaced. Ballots printed from the ballot marking device did not present an issue. The issue was resolved once scanners were replaced.		
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 [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.		



Signature of Chief Clerk
or Authorized Representative

Francis Dean

Name of Chief Clerk
or Authorized Representative

07/17/2025

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: MONTOUR	Election Date: May 20, 2025	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 (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 [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.		


Digitally signed by Ryan M. Craig
Date: 2025.05.23 12:23:11 -04'00'
**Signature of Chief Clerk
or Authorized Representative**

RYAN M CRAIG
**Name of Chief Clerk
or Authorized Representative**

05/23/2025
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: Northampton	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Christopher M. Communi, Registrar	Phone/Email [REDACTED]
Voting System Name: ES&S ExpressVote 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):		
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 [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.		

Christopher M. Communi

Signature of Chief Clerk
or Authorized Representative

Christopher M. Communi

Name of Chief Clerk
or Authorized Representative

06/06/2025

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: Northumberland	Election Date: 05/20/2025	Date Incident Identified:
Person Completing Report	Name & Title Lindsay Phillips, Chief Registrar	Phone/Email [REDACTED]
Voting System Name: ES 95		
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.		

Lindsay Phillips

Signature of Chief Clerk
or Authorized Representative

Lindsay Phillips

Name of Chief Clerk
or Authorized Representative


7/1/2025

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: <u>Perry</u>	Election Date: <u>5-20-2025</u>	Date Incident Identified: <u>5-20-2025</u>
Person Completing Report	Name & Title <u>Sarah Geesaman-director</u>	Phone/Email 
Voting System Name: <u>Clear Ballot</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Clear Access - would not start up.</u>		
Time span of the malfunction: <u>7:15am - 7:25am</u>	Source(s) who reported the malfunction to the county: <u>Tracey Wetzler - "JOE"</u>	
Location (note all affected precincts): <u>Penn Twp.</u>	Voting System Component(s) and Model(s) affected: <u>Clear Access - ESY-15E2</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by <u>0</u> voters <input type="checkbox"/> Delayed the casting of ballots by <u>0</u> voters <input type="checkbox"/> Prevented the tabulation of <u>0</u> ballots <input type="checkbox"/> Delayed the tabulation of <u>0</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
<u>Sarah Geesaman arrived @ 7:15am, called Clear Ballot Rep. was advised to unplug unit, wait 20 sec, start back up. I was able to get all to work, gave Tracey a walk thru on the machine.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Perry</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

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: May 20, 2025	Date Incident Identified: May 20, 2025
Person Completing Report	Name & Title Sarah Geesaman - Director	Phone/Email [REDACTED]
Voting System Name: ClearBallot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Wheatfield twp - Clear Access - was not showing proper start up - ClearBallot rep had to restore election doc. → then good for the day.		
Time span of the malfunction: 6:21am got the call - up + running before 7am	Source(s) who reported the malfunction to the county: Jesse Barrick - "JOE"	
Location (note all affected precincts): Wheatfield twp	Voting System Component(s) and Model(s) affected: ClearAccess - ESX-15E2	
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): Clear Ballot Rep. restored election in ClearAccess - system worked fine 7am - 8pm in Wheatfield twp.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of Perry has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Signature of Chief Clerk
or Authorized Representative

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: Philadelphia	Election Date: 05/20/2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title Joseph Lynch, Director of Election 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):		
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
of Authorized Representative

07/09/2025

Date

Voting System Malfunction Report: Exhibit A
Philadelphia County

On May 20, 2025, Philadelphia County successfully conducted an election employing 3,512 Ballot Marking Devices (BMDs) and 12 central scanners. In total, 176,560 votes were received by all voting system components. For the entirety of election day in each division, at least one BMD was fully operable, and no voter was prevented from casting a ballot due to a voting system malfunction. Furthermore, no voting system malfunctions caused the tabulation of ballots to be prevented.

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

Equipment Malfunction Description	Time Span of Malfunction	Source(s) Who Reported Malfunction	Location (Ward-Division)	Voting System Component(s) and Model(s) affected	Impact of Malfunction	Action Taken
Paper Path Module (PPM) Issue	Approx. 3 hours	Election Board Worker	50-26	PPM	One BMD still operating so voting continued	Replaced BMD
Paper Path Module (PPM) Issue	Approx. 3 hours	Election Board Worker	22-03	PPM	One BMD still operating so voting continued	Division continued voting on remaining BMD

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Pike</u>	Election Date:	Date Incident Identified: <u>5-20-25</u>
Person Completing Report	Name & Title <u>Nadeen Manzoni: Director</u>	Phone/Email <u>[REDACTED]</u>
Voting System Name: <u>Dominion IEC-ICP-ICX 5.17</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>NONE</u>		
Time span of the malfunction: <u>NA</u>	Source(s) who reported the malfunction to the county: <u>NA</u>	
Location (note all affected precincts): <u>NA</u>	Voting System Component(s) and Model(s) affected: <u>NA</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
<input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>NA</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>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.		

Nade Manzoni

Signature of Chief Clerk
or Authorized Representative

Nadeen Manzoni

Name of Chief Clerk
or Authorized Representative

6-9-25

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

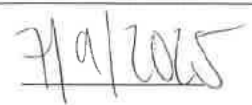
County: POTTER	Election Date: 05/20/2025 <input checked="" type="checkbox"/>	Date Incident Identified:
Person Completing Report	Name & Title Charlie F. Brown, Director	Phone/Email [REDACTED]
Voting System Name: ES&S- DS200 ExpressVote		
Equipment Malfunction Description (summarize and describe the nature 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 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



Name of Chief Clerk
or Authorized Representative



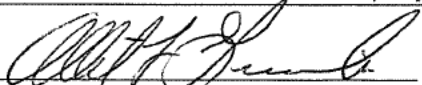
Date

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: SCHUYLKILL	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title ALBERT L. GRICOSKI, DIRECTOR	Phone/Email [REDACTED]
Voting System Name: Election Systems and Software (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [SCHUYLKILL] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

ALBERT L. GRICOSKI
Name of Chief Clerk
or Authorized Representative

06/25/2025
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: Snyder	Election Date: May 20, 2025	Date Incident Identified: 06/03/2025
Person Completing Report	Name & Title Devin Rhoads, Election Director	Phone/Email [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 checked="" type="checkbox"/> Prevented the casting of ballots by 0 voters <input checked="" type="checkbox"/> Delayed the casting of ballots by 0 voters <input checked="" type="checkbox"/> Prevented the tabulation of 0 ballots <input checked="" 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): Snyder County did not have any voting system malfunctions hence the N/A, and "0" 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 Snyder 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

06/03/2025


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: Somerset	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Tina Pritts, Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Somerset] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Tina Pritts

Name of Chief Clerk
or Authorized Representative

06/19/2025

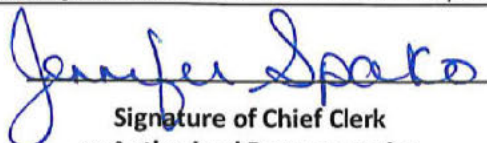
Date

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: SULLIVAN COUNTY	Election Date: MAY 20, 2025	Date Incident Identified:
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): NO VOTING SYSTEM MALFUNCTIONS 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): NO VOTING SYSTEM MALFUNCTIONS TO REPORT		
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 [SULLIVAN 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.		


Signature of Chief Clerk
or Authorized Representative

JENNIFER SPAKO
Name of Chief Clerk
or Authorized Representative

5-22-25
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: Susquehanna	Election Date: May 20, 2025	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 0 voters <input type="checkbox"/> Delayed the casting of ballots by 0 voters <input type="checkbox"/> Prevented the tabulation of 0 ballots <input type="checkbox"/> Delayed the tabulation of 0 ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): n/a		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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>5-20-2025</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Cindy Alexander</u>	Phone/Email 
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
<input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>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.		

Jennifer L. Cochran

Signature of Chief Clerk
or Authorized Representative

Jennifer L. Cochran

Name of Chief Clerk
or Authorized Representative

6-10-25

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: UNION	Election Date: May 20, 2025	Date Incident Identified:
Person Completing Report	Name & Title Laura Seward, Elections Director	Phone/Email [REDACTED]
Voting System Name: Unisyn Open Elect		
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 [UNION] 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.		

Laura Seward

Signature of Chief Clerk
or Authorized Representative

Laura Seward

Name of Chief Clerk
or Authorized Representative

6-10-25

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: Venango	Election Date: May 20, 2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title Laura Anna, Election Director and Voter Registrar	Phone/Email [REDACTED]
Voting System Name: ESS ExpressVote		
Equipment Malfunction Description (summarize and describe the nature of the incident here): The ExpressVote at one of our precincts just stopped working.		
Time span of the malfunction: 30 mins	Source(s) who reported the malfunction to the county: Julie Harry, Judge of Elections Cranberry 3	
Location (note all affected precincts): Cranberry 3	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 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): We had someone driving by, they attempted to fix the machine at the site. At Election Central, we were programming a backup machine which was on its way to the precinct before the runner had left.		
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

Laura E Anna, Election Director and Voter Registrar

Name of Chief Clerk
or Authorized Representative

05/30/2025

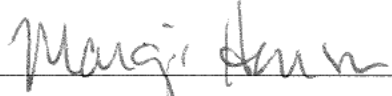
Date


Voting System Malfunction Report

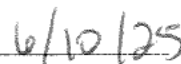
Reported Pursuant to Directive 2 of 2023

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

County: WARREN	Election Date: 05/20/2025	Date Incident Identified: 06/10/2025
Person Completing Report	Name & Title MARGIA HANSEN, DIRECTOR	Phone/Email [REDACTED]
Voting System Name: DOMINION		
Equipment Malfunction Description (summarize and describe the nature of the incident here): N/A		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input type="checkbox"/> Delayed the casting of ballots by ____ voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) <input checked="" type="checkbox"/> By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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


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: Washington	Election Date: May 20, 2025	Date Incident Identified: <input checked="" type="checkbox"/>
Person Completing Report	Name & Title Melanie Ostrander, Director	Phone/Email [REDACTED]
Voting System Name: ES&S EVS 6110, ExpressVote BMD for all and DS200 precinct scanners		
Equipment Malfunction Description (summarize and describe the nature of the incident here): no malfunctions		
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) 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.		



Signature of Chief Clerk
or Authorized Representative

Melanie Ostrander

Name of Chief Clerk
or Authorized Representative

06/13/2025

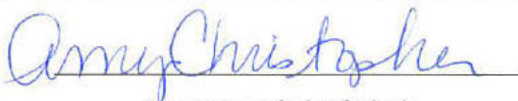
Date

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: WAYNE	Election Date: 05/20/2025	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): 		
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.		



Signature of Chief Clerk
or Authorized Representative

Amy Christopher

Name of Chief Clerk
or Authorized Representative

06/04/2025

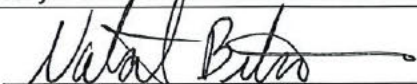
Date

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: Westmoreland	Election Date: May 20, 2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title Scott Ross - Director Elections & Technology	Phone/Email [REDACTED]
Voting System Name: Election Systems & Software		
Equipment Malfunction Description (summarize and describe the nature of the incident here): A DS200 scanner wouldn't open correctly and kept displaying a reboot is needed error on the screen.		
Time span of the malfunction: 40 minutes		Source(s) who reported the malfunction to the county: Judge of Election
Location (note all affected precincts): Ligonier Township - Wilpen		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 checked="" type="checkbox"/> Delayed the casting of ballots by <u>7</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): A new scanner was deployed to the precinct. Once the new scanner was setup to go for the precinct, the 7 ballots were removed from the emergency bin and ran through the new scanner.		
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 [Westmoreland] 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

Natalie Bitner

Name of Chief Clerk
or Authorized Representative

06/12/2025

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: Wyoming	Election Date:	Date Incident Identified:
Person Completing Report	Name & Title Florence Kellett	Phone/Email [REDACTED]
Voting System Name: Clear Ballot 2.3		
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>Wyoming</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.		



Florence Kellett

05/27/2025

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

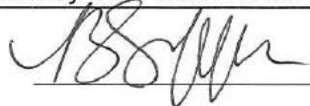
Date

Voting System Malfunction Report

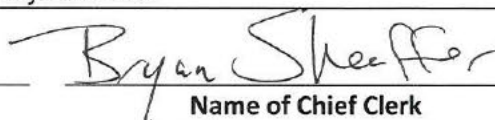
Reported Pursuant to Directive 2 of 2023

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

County: York	Election Date: May 20, 2025	Date Incident Identified: 05/20/2025
Person Completing Report	Name & Title Wyatt Yoxheimer, Election Technology Specialist	Phone/Email [REDACTED]
Voting System Name: Dominion Voting Systems		
Equipment Malfunction Description (summarize and describe the nature of the incident here): The security key used to unlock & open the polls on the precinct scanner was not registering on the scanner itself.		
Time span of the malfunction: 6:55am-7:20am	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Wrightsville Borough 2	Voting System Component(s) and Model(s) affected: Dominion Voting Systems ImageCast Precinct	
Impact of the malfunction (check and provide numbers for all that apply): <input type="checkbox"/> Prevented the casting of ballots by ____ voters <input checked="" type="checkbox"/> Delayed the casting of ballots by <u>2</u> voters <input type="checkbox"/> Prevented the tabulation of ____ ballots <input type="checkbox"/> Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): The emergency ballot slot was opened on the machine to ensure continued voting. A roving technician was dispatched to assist with rebooting the machine. After the machine was rebooted, the security key was able to unlock the scanner and the polls were able to be opened on 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 <u>York</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

7/15/25

Date