

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Adams.</u>	Election Date: <u>5/19/2026</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Angela Crouse, Director</u>	Phone/Email [REDACTED]
Voting System Name: <u>Election Systems and Software</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>[Adams]</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Angela Crouse

Signature of Chief Clerk
or Authorized Representative

Angela N. Crouse

Name of Chief Clerk
or Authorized Representative

5/27/26

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: ALLEGHENY	Election Date: 5/19/26	Date Incident Identified: <u> </u>
Person Completing Report	Name & Title DAVID VOTE. DIV. MGR	Phone/Email
Voting System Name: 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):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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):		
NONE		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

DAVID R. VOTE
 Name of Chief Clerk
 or Authorized Representative

7/2/26
 Date

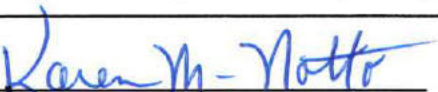
Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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Please use a separate form for each reported malfunction.

County: Armstrong	Election Date: 5/19/2026	Date Incident Identified: N/A								
Person Completing Report	Name & Title James Webb / Election Director	Phone/Email [REDACTED]								
Voting System Name: Liberty Votes										
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): N/A										
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A									
Location (<i>note all affected precincts</i>): N/A	Voting System Component(s) and Model(s) affected: N/A									
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">☐</td> <td>Prevented the casting of ballots by 0 voters (may be 0)</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>Delayed the casting of ballots by 0 voters (may be 0)</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>Prevented the tabulation of 0 ballots (may be 0)</td> </tr> <tr> <td style="text-align: center;">☐</td> <td>Delayed the tabulation of 0 ballots (may be 0)</td> </tr> </table>			☐	Prevented the casting of ballots by 0 voters (may be 0)	☐	Delayed the casting of ballots by 0 voters (may be 0)	☐	Prevented the tabulation of 0 ballots (may be 0)	☐	Delayed the tabulation of 0 ballots (may be 0)
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☐	Delayed the casting of ballots by 0 voters (may be 0)									
☐	Prevented the tabulation of 0 ballots (may be 0)									
☐	Delayed the tabulation of 0 ballots (may be 0)									
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 1 of 2026</i>)										
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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

6-18-2026
 Date



TLP: AMBER (ONCE COMPLETED)

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

*e, if you require additional space for any field, please attach a separate document to this report.
Please use a separate form for each reported malfunction.*

County: Beaver	Election Date: May 19, 2026	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): ☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Colin M. Sisk, Director of Elections
Name of Chief Clerk
or Authorized Representative

7/16/2026
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>Bedford</u>	Election Date: <u>5-19-26</u>	Date Incident Identified: <u>5-19-26</u>
Person Completing Report	Name & Title <u>Olivia Brenize; Admin.</u>	Phone/Email
Voting System Name: <u>Dominion / Liberty</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>ICX Tablet was reading "Smart card reader detached"</u>		
Time span of the malfunction: <u>7am - 11:45am</u>	Source(s) who reported the malfunction to the county: <u>Judge of Elections; Elizabeth Thomas</u>	
Location (note all affected precincts): <u>Hopewell Borough.</u>	Voting System Component(s) and Model(s) affected: <u>ICX Tablet</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>Tablet was replaced with a new one. Dominion employee Austin took it apart at Elections office and noticed card reader not plugged into battery.</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [_____] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

N/A. This is a very small precinct who does not have many voters who use the tablets. Confirmed no one waited.

Ayme Eichenlaub
Signature of Chief Clerk
or Authorized Representative

Ayme Eichenlaub
Name of Chief Clerk
or Authorized Representative

05/20/2026
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <u>Bedford</u>	Election Date: <u>5-19-26</u>	Date Incident Identified: <u>5-19-26</u>
Person Completing Report	Name & Title <u>Olivia Brenize; Admin</u>	Phone/Email [REDACTED]
Voting System Name: <u>Dominion/Liberty</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>Black security key was not working on Tabulator</u> <u>later determined the chip on key malfunctioned</u>		
Time span of the malfunction: <u>7am-7:45am</u>	Source(s) who reported the malfunction to the county: <u>Judge of elections Rebecca Detwiler</u>	
Location (note all affected precincts): <u>Hopewell Township</u> <u>1216 Raystown Rd Everett, PA 15537</u>	Voting System Component(s) and Model(s) affected: <u>Tabulator</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by _____ voters ☐ Delayed the casting of ballots by _____ voters ☐ Prevented the tabulation of _____ ballots ☒ Delayed the tabulation of <u>5</u> ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>We provided a new security key. Voters picked ballots in the back cubby of tabulator (security locker on back of tabulator)</u>		
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 <u>Bedford</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Ayme Eichenlaub
Signature of Chief Clerk
or Authorized Representative

Ayme Eichenlaub
Name of Chief Clerk
or Authorized Representative

05/20/2026
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: 5/19/26	Date Incident Identified: 5/19/26
Person Completing Report	Name & Title Jeffrey Reichart Operations/Systems Manager	Phone/Email [REDACTED]
Voting System Name: ES&S 6.3.0.0		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 1). ExpressVote ballot marking devices repeatedly displayed error messages and/or were unresponsive. 2). DS200 displayed error messages and the scanners failed.		
Time span of the malfunction: 1.) 30 minutes to 2 hours 2.) 30 minutes to 3.75 hours		Source(s) who reported the malfunction to the county: Poll workers
Location (note all affected precincts): 1). Reading(17-7, 19-1), Earl 1, Marion, Bally, Exeter 1, Robeson 4 2.) Penn, Spring 11		Voting System Component(s) and Model(s) affected: ExpressVote and DS200
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots No voters were impacted as there were adequate available EVs for voters to use and for the DS200 malfunctions the voters were able to utilize the bypass bin.		
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): For all of the listed ExpressVote and DS200 malfunctions a technician replaced the unit.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [REDACTED] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative



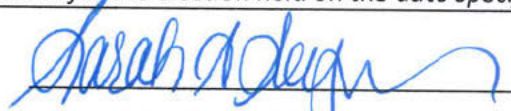
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: Blair	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Sarah Seymour, Election Director	Phone/Email [REDACTED]
Voting System Name: ES&S DS200 / Express Vote / DS450		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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

05/29/2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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Please use a separate form for each reported malfunction.

County: Bradford	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Renee Smithkors - Director of Elections	Phone/Email [REDACTED]
Voting System Name: UNISYN OPEN ELECT 2.2		
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>		
☐ ☐ ☐ ☐ Prevented the casting of ballots by <u>0</u> voters (may be 0) Delayed the casting of ballots by <u>0</u> voters (may be 0) Prevented the tabulation of <u>0</u> ballots (may be 0) Delayed the tabulation of <u>0</u> ballots (may be 0)		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Renee Smithkors
Digitally signed by Renee Smithkors
 Date: 2026.06.12 14:08:49 -04'00'

**Signature of Chief Clerk
or Authorized Representative**

Renee Smithkors

**Name of Chief Clerk
or Authorized Representative**

06/12/2026

Date

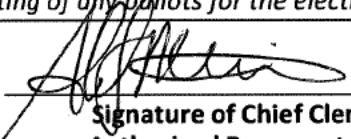
Voting System Malfunction Report

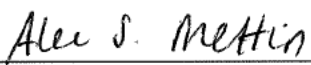
Reported Pursuant to Directive 1 of 2026

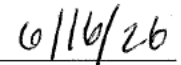
Note, if you require additional space for any field, please attach a separate document to this report.

Please use a separate form for each reported malfunction.

County: Bucks	Election Date: May 19, 2026	Date Incident Identified: May 19, 2026
Person Completing Report	Name & Title Alec Mettin Director of Elections/ Voter Registration	Phone/Email [REDACTED]
Voting System Name: ClearBallot Clear Vote 2.3		
Equipment Malfunction Description (summarize and describe the nature of the incident here): In the process of merging precinct scanner data, we found that the system had duplicated box ID numbers on machines across six (6) different precincts.		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: Alec Mettin	
Location (note all affected precincts): Middletown Twp Lower 1/ Middletown Twp Lower 2 Sellersville Borough 1/ Tinicum Twp Tinicum Warwick Twp District 2/ Warrington Twp District 7	Voting System Component(s) and Model(s) affected: Clear Cast Precinct Scanner	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by <u>0</u> voters (may be 0) ☐ Delayed the casting of ballots by <u>0</u> voters (may be 0) ☐ Prevented the tabulation of <u>0</u> ballots (may be 0) ☐ Delayed the tabulation of <u>0</u> ballots (may be 0)		
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 duplicate box IDs were identified on Election night, the County immediately took action to scan affected precincts (Middletown Lower 1, Sellersville Borough 1, and Warwick Twp 2) on central scanners. Computational count of precinct data revealed that central scan resolved the issue successfully and ballots cast matched poll pad check-in data.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026) ☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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 1 of 2026

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Please use a separate form for each reported malfunction.

County: <u>Butler</u>	Election Date: <u>5/19/26</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Assistant Jade Klamer, Director</u>	Phone/Email
Voting System Name: <u>EVS 6.3.0.0 (ES+S)</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Jade Klamer

Signature of Chief Clerk
or Authorized Representative

Jade Klamer

Name of Chief Clerk
or Authorized Representative

7/1/26

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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County: <u>Cambria</u>	Election Date: <u>5/19/26</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Nicole M. Burkhardt (Director)</u>	Phone/Email 
Voting System Name: <u>ES&S DS200 Express Vote</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>None</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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): <u>None Needed</u>		
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 <u>Cambria</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Nicole M. Burkhardt

Signature of Chief Clerk
or Authorized Representative

Nicole M. Burkhardt

Name of Chief Clerk
or Authorized Representative

6/1/26

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2026

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County: CAMERON	Election Date: 6/19/2026	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 ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): NA		
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 [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

06/18/2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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County: <u>CARBON</u>	Election Date: <u>5-19-26</u>	Date Incident Identified: <u>N/A</u>
Person Completing Report	Name & Title <u>Lisa Dart - Director</u>	Phone/Email [REDACTED]
Voting System Name: <u>Dominion Voting System 5.17 (Liberty Vote)</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>n/a</u>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026)		
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Lisa R. Dart
 Signature of Chief Clerk
 or Authorized Representative

Lisa R. Dart
 Name of Chief Clerk
 or Authorized Representative

5-29-26
 Date

Voting System Malfunction Report*Reported Pursuant to Directive 1 of 2026**Note, if you require additional space for any field, please attach a separate document to this report.**Please use a separate form for each reported malfunction.*

County: CENTRE	Election Date: MAY 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Melanie A. Bailey, Director	Phone/Email [REDACTED]
Voting System Name: Election Systems & Software		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (<i>note all affected precincts</i>):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026</i>)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Melanie A. Bailey
 Signature of Chief Clerk
 or Authorized Representative

Melanie A. Bailey
 Name of Chief Clerk
 or Authorized Representative

06/09/2026
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Chester	Election Date: May 19, 2026	Date Incident Identified: 05/19/2026
Person Completing Report	Name & Title Karen Barsoum, Director	Phone/Email [REDACTED]
Voting System Name: Election System & 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 not replaced as there were two units at this location.		
Time span of the malfunction: 47 minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 395 New London Township	Voting System Component(s) and Model(s) affected: DS200 B	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by 0 voters ☐ Delayed the casting of ballots by 0 voters ☐ Prevented the tabulation of 0 ballots ☐ 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): Voters continued to receive and vote ballots without any delay and where able to insert these into the secondary DS200 on site.		
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 [Chester] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Karen Barsoum
Name of Chief Clerk
or Authorized Representative

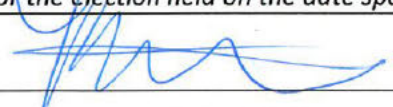
6/5/26
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Chester	Election Date: May 19, 2026	Date Incident Identified: 05/19/2026
Person Completing Report	Name & Title Karen Barsoum, Director	Phone/Email [REDACTED]
Voting System Name: Election System & Software (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Screen display issue.		
Time span of the malfunction: 45 minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 474 Phoenixville E 3	Voting System Component(s) and Model(s) affected: Express Vote	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by 0 voters ☐ Delayed the casting of ballots by 0 voters ☐ Prevented the tabulation of 0 ballots ☐ 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): Due to the nature of the issue with Express Vote, machine was replaced.		
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 [Chester] has experienced no known voting 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

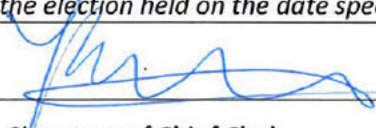

Date

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: Chester	Election Date: May 19, 2026	Date Incident Identified: 05/19/2026
Person Completing Report	Name & Title Karen Barsoum, Director	Phone/Email [REDACTED]
Voting System Name: Election System & Software (ES&S)		
Equipment Malfunction Description (summarize and describe the nature of the incident here): After extensive troubleshooting, it is believed that the housing created an issue for ballot intake and flow. The entire top was replaced; housing and scanner.		
Time span of the malfunction: 1 hour 30 minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 479 Phoenixville W-3	Voting System Component(s) and Model(s) affected: DS200	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by 0 voters ☐ Delayed the casting of ballots by 0 voters ☐ Prevented the tabulation of 0 ballots ☐ 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): 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) ☐ 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 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: Chester	Election Date: May 19, 2026	Date Incident Identified: 05/19/2026
Person Completing Report	Name & Title Karen Barsoum, Director	Phone/Email [REDACTED]
Voting System Name: Election System & 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: 50 minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 600 Tredyffrin E 4	Voting System Component(s) and Model(s) affected: DS200	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by 0 voters ☐ Delayed the casting of ballots by 0 voters ☐ Prevented the tabulation of 0 ballots ☐ 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): 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) ☐ 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 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Karen Barsoum
Name of Chief Clerk
or Authorized Representative

6/5/26
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Chester	Election Date: May 19, 2026	Date Incident Identified: 05/19/2026
Person Completing Report	Name & Title Karen Barsoum, Director	Phone/Email [REDACTED]
Voting System Name: Election Systems & 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: 1 hour 15 minutes	Source(s) who reported the malfunction to the county: Poll Worker of the precinct	
Location (note all affected precincts): 653 Uwchlan 1	Voting System Component(s) and Model(s) affected: DS200	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by 0 voters ☐ Delayed the casting of ballots by 0 voters ☐ Prevented the tabulation of 0 ballots ☐ 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): 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) ☐ 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 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Karen Barsoum
Name of Chief Clerk
or Authorized Representative

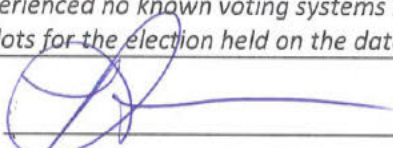
6/15/26
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Clarton</u>	Election Date: <u>May 19, 2026</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Robert Wilk, Director of Elections</u>	Phone/Email
Voting System Name: <u>Liberty Vote</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):		
☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Clarton</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


Signature of Chief Clerk
or Authorized Representative

Robert Wilk
Name of Chief Clerk
or Authorized Representative

6/1/2026
Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Clearfield	Election Date: 5/19/2026	Date Incident Identified: 5/19/2026
Person Completing Report	Name & Title Brian J Norwood / Elections Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> DS200 would not boot up prior to Poll Opening. Replaced with a spare DS200		
Time span of the malfunction: 30 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location <i>(note all affected precincts):</i> Lawrence Twp - Golden Rod	Voting System Component(s) and Model(s) affected: ES&S DS200	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> ☐ ☐ ☐ ☐ Prevented the casting of ballots by ____ voters (may be 0) Delayed the casting of ballots by ____ voters (may be 0) Prevented the tabulation of ____ ballots (may be 0) Delayed the tabulation of ____ ballots (may be 0)		
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> DS200 would not boot up prior to the poll opening. Was replaced with a spare DS200 right away. It was operational at about 7:05am. Did not stop anyone from voting.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

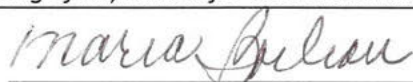

 Signature of Chief Clerk
 or Authorized Representative

Brian J Norwood
 Name of Chief Clerk
 or Authorized Representative

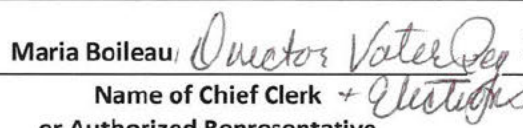
6/15/2026
 Date

Voting System Malfunction Report*Reported Pursuant to Directive 1 of 2026**Note, if you require additional space for any field, please attach a separate document to this report.**Please use a separate form for each reported malfunction.*

County: Clinton	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Maria Boileau, Director Voter Reg & Elections	Phone/Email [REDACTED]
Voting System Name: Election Systems & Software DS200		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here:</i>) none		
Time span of the malfunction: none	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>) ☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026</i>) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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 + Electing
or Authorized Representative

May 27, 2026

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: May 19, 2026	Date Incident Identified: 5/19/2026
Person Completing Report	Name & Title Matthew Repasky	Phone/Email [REDACTED]
Voting System Name: UniSyn		
Equipment Malfunction Description (summarize and describe the nature of the incident here): OVO had date of 2029 would not open		
Time span of the malfunction: 6:27 AM ~ 7:19 AM	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Briar Creek Twp West	Voting System Component(s) and Model(s) affected: Optical Scanner	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters ☒ Delayed the casting of ballots by 5 voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
a New OVO was Taken to polling location swapped for OVO That would not open. Ballots voted.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

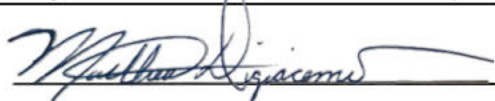
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Crawford	Election Date: May 19, 2026	Date Incident Identified: May 19, 2026
Person Completing Report	Name & Title	Phone/Email
Voting System Name: Liberty Vote Democracy Suite 5.17		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): An ICP was starting to return ballots if scanned face down.		
Time span of the malfunction: Shortly before 9 am	Source(s) who reported the malfunction to the county: The pollworker	
Location (<i>note all affected precincts</i>): Conneautville Boro	Voting System Component(s) and Model(s) affected: ICP	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
Had a rover in Conneautville so I sent him over to clean the machine. There was no more reports of issues the rest of the day. Luckily it was a slow point in voting and did not cause a delay.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting 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 Digiaco

Name of Chief Clerk
or Authorized Representative

June 1, 2026

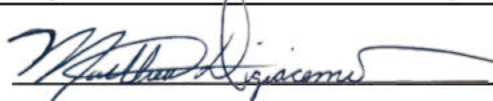
Date

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 19, 2026	Date Incident Identified: May 19, 2026
Person Completing Report	Name & Title	Phone/Email
Voting System Name: Liberty Vote Democracy Suite 5.17		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): An ICX (Ballot Marking Device) would not boot up.		
Time span of the malfunction: It was a couple minues in the morning	Source(s) who reported the malfunction to the county: The pollworker	
Location (<i>note all affected precincts</i>): Hydetown Boro	Voting System Component(s) and Model(s) affected: ICX	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
A rover in that area had a spare with him and I sent him there immediately to replace the machine. It was in the day and did not cause any disruptions as the second machine was working fine.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting 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 Digiacomio

Name of Chief Clerk
or Authorized Representative

June 1, 2026

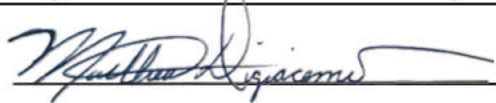
Date

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 19, 2026	Date Incident Identified: May 19, 2026
Person Completing Report	Name & Title	Phone/Email
Voting System Name: Liberty Vote Democracy Suite 5.17		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): A printer began to jam repeatedly when duplexing.		
Time span of the malfunction: Thes was around 7:30 am	Source(s) who reported the malfunction to the county: The pollworker	
Location (<i>note all affected precincts</i>): Meadville 2-1	Voting System Component(s) and Model(s) affected: HP M402dne	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
Sent a rover with a new printer to replace the one that was not printing properly. There was no delay as they had two other working machines.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting 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 Digiacomio

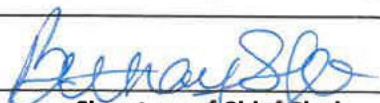
Name of Chief Clerk
or Authorized Representative

June 1, 2026

Date

Voting System Malfunction Report*Reported Pursuant to Directive 1 of 2026**Note, if you require additional space for any field, please attach a separate document to this report.**Please use a separate form for each reported malfunction.*

County:	Election Date: May 19, 2026	Date Incident Identified: N/A								
Person Completing Report	Name & Title Bethany Salzarulo, Director	Phone/Email [REDACTED]@cumberlandcounty.gov [REDACTED]								
Voting System Name: ES&S Express Vote XL										
Equipment Malfunction Description (summarize and describe the nature of the incident here):										
Time span of the malfunction:	Source(s) who reported the malfunction to the county:									
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:									
Impact of the malfunction (check and provide numbers for all that apply): <table border="0"> <tr> <td>☐</td> <td>Prevented the casting of ballots by _____ voters (may be 0)</td> </tr> <tr> <td>☐</td> <td>Delayed the casting of ballots by _____ voters (may be 0)</td> </tr> <tr> <td>☐</td> <td>Prevented the tabulation of _____ ballots (may be 0)</td> </tr> <tr> <td>☐</td> <td>Delayed the tabulation of _____ ballots (may be 0)</td> </tr> </table>			☐	Prevented the casting of ballots by _____ voters (may be 0)	☐	Delayed the casting of ballots by _____ voters (may be 0)	☐	Prevented the tabulation of _____ ballots (may be 0)	☐	Delayed the tabulation of _____ ballots (may be 0)
☐	Prevented the casting of ballots by _____ voters (may be 0)									
☐	Delayed the casting of ballots by _____ voters (may be 0)									
☐	Prevented the tabulation of _____ ballots (may be 0)									
☐	Delayed the tabulation of _____ ballots (may be 0)									
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 1 of 2026)										
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.										


 Signature of Chief Clerk
 or Authorized Representative

Bethany Salzarulo
 Name of Chief Clerk
 or Authorized Representative

06/19/2026
 Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Dauphin	Election Date: 5/19/26	Date Incident Identified: 5/19/26
Person Completing Report	Name & Title Chris Spackman, Director	Phone/Email [REDACTED]
Voting System Name: ClearBallot		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Precinct scanner was powering down for unknown reason after power cycling several times machine was operational.		
Time span of the malfunction: Various times between 6:59AM and 10:55AM.		Source(s) who reported the malfunction to the county:
Location <i>(note all affected precincts):</i> Harrisburg 10-1, Highspire, Derry 6, Londonderry 1, Lower Paxton 17, 21 & 26		Voting System Component(s) and Model(s) affected: Clearvote 2.3
Impact of the malfunction <i>(check and provide numbers for all that apply):</i>		
☐ ☐ ☐ ☐ Prevented the casting of ballots by <u>0</u> voters (may be 0) Delayed the casting of ballots by <u>0</u> voters (may be 0) Prevented the tabulation of <u>0</u> ballots (may be 0) Delayed the tabulation of <u>0</u> ballots (may be 0)		
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>		
Other precinct scanners were used until effected scanner became operational again. Scanners were power cycled and the issue was resolved.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 1 of 2026)</i>		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative

Chris Spackman, Director

 Name of Chief Clerk
 or Authorized Representative

7/7/25

 Date

Voting System Malfunction Report*Reported Pursuant to Directive 1 of 2026**Note, if you require additional space for any field, please attach a separate document to this report.**Please use a separate form for each reported malfunction.*

County: Dauphin	Election Date: 5/19/26	Date Incident Identified: 5/19/26
Person Completing Report	Name & Title Chris Spackman, Director	Phone/Email [REDACTED]
Voting System Name: ClearBallot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Issues with precinct scanners not printing necessary reports.		
Time span of the malfunction: Reported various times between 6:59AM and 8:00AM		Source(s) who reported the malfunction to the county:
Location (note all affected precincts): Lower Paxton 6, Lower Paxton 26		Voting System Component(s) and Model(s) affected: Clearvote 2.3
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by 0 voters (may be 0) ☐ Delayed the casting of ballots by 0 voters (may be 0) ☐ Prevented the tabulation of 0 ballots (may be 0) ☐ Delayed the tabulation of 0 ballots (may be 0)		
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):		
Attestation of zero count was completed. Did not delay or prevent casting or tabulation of any ballots.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
or Authorized Representative

Chris Spackman, Director

 Name of Chief Clerk
or Authorized Representative

7/7/25

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: Delaware	Election Date: 5/19/2026	Date Incident Identified: 5/19/2026
Person Completing Report	<i>Name & Title: James P. Allen, Director of Elections, Delaware County PA</i>	
AMENDED REPORT - June 9, 2026		
Voting System Name: Hart Verity 2.7 <i>Equipment Malfunction Description (summarize and describe the nature of the incident here): Delaware County replaced one scanner in one precinct and one ballot-marking device, a Touch Writer, in a second precinct.</i>		
Time span of the malfunction: Approx. 30 minutes	Source(s) who reported the malfunction to the county: Poll workers and rovers	
Location (note all affected precincts): Haverford Township 7-1 Darby Borough 2-1	Voting System Component(s) and Model(s) affected: Replaced Scanner in Haverford Twp 7-1 Replaced Touch Writer in Darby Boro 2-1	
Impact of the malfunction (check and provide numbers for all that apply): ☐ NO Prevented the casting of ballots by ____ voters ☐ Possibly Delayed the casting of ballots by unknown number of voters ☐ NO Prevented the tabulation of ____ ballots ☐ NO Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): Where scanner was replaced, emergency/auxiliary ballot boxes are in every polling place so that voting can continue uninterrupted. However, it is not known whether any voters waited until that scanner was replaced before casting their ballots. Where Touch Writer was replaced, voting would have continued without the need for the Touch Writer.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		



Signature

James P. Allen, Elections Director

Name, Title

4 June 2026

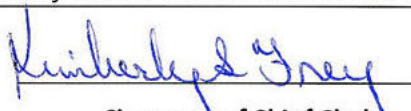
Date

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 19, 2026	Date Incident Identified: 05/19/2026
Person Completing Report	Name & Title Kimberly S. Frey, Director of Election/Voter Registration	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): USB Drive from St. Marys 8th Precinct Machine 3 of 4 stopped working at the end of the night. Was unable to close machine.		
Time span of the malfunction: After the polls closed.	Source(s) who reported the malfunction to the county: Judge of Election and Election Director	
Location (note all affected precincts): St. Marys 8th Precinct	Voting System Component(s) and Model(s) affected: ES&S Express Vote Tabulator version 1.0.6.0	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☒ Prevented the tabulation of 49 ballots ☒ Delayed the tabulation of 49 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): Resolution was to process machine ballot cards on a DS200 scanner to get results for 49 ballots. Was successful in reporting accurate results. Will replace the USB with new USB for future elections.		
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 [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

05/28/2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County:	Election Date:	Date Incident Identified:
Person Completing Report	<i>Name & Title</i> Tonia Fernandez, Director of Elections	<i>Phone/Email</i> [REDACTED]
Voting System Name: Dominion Democracy Suite 5.17/Liberty Vote		
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> ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <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>		
☒ <i>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.</i>		

Tonia Fernandez

Signature of Chief Clerk
or Authorized Representative

Tonia Fernandez

Name of Chief Clerk
or Authorized Representative

6/9/2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: FAYETTE	Election Date: May 19, 2026	Date Incident Identified: n/a
Person Completing Report	<i>Name & Title</i>	<i>Phone/Email</i>
Voting System Name: Liberty Vote (Dominion) 5.5A		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): NO MALFUNCTIONS REPORTED		
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>): ☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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>): NO MALFUNCTIONS REPORTED		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Marybeth Kuznik

Signature of Chief Clerk
or Authorized Representative

Marybeth Kuznik, Dir. of Elections

Name of Chief Clerk
or Authorized Representative

6/30/2026

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: 5/19/26	Date Incident Identified:
Person Completing Report	Name & Title: Megan Kineston Assistant Chief Clerk/ Director of Elections	Phone/Email
Voting System Name: ES&S - EVS 6.X.X.X		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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

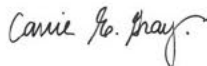
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: Franklin	Election Date: May 19, 2026	Date Incident Identified: 05/19/2026
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): ExpressVote would not boot up.		
Time span of the malfunction: 7:16a - 8:30a	Source(s) who reported the malfunction to the county: Michelle Beaver, Judge of Election for Antrim 5	
Location (note all affected precincts): Antrim 5 and Waynesboro 3-3	Voting System Component(s) and Model(s) affected: ExpressVote	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): ES&S representative was able to bring up the ExpressVote for Waynesboro 3-3 and a backup ExpressVote was swapped out for Antrim 5. No voters were delayed in using either machine.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Franklin] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Carrie E. Gray

Name of Chief Clerk
or Authorized Representative

06/03/2026

Date

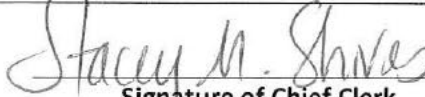
Voting System Malfunction Report

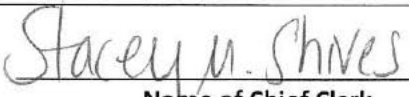
Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: <u>Fulton</u>	Election Date: <u>05/19/2020</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Nya Minnier-Support Staff</u>	Phone/Email
Voting System Name:		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>):		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (<i>note all affected precincts</i>):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by <u>0</u> voters (may be 0) ☐ Delayed the casting of ballots by <u>0</u> voters (may be 0) ☐ Prevented the tabulation of <u>0</u> ballots (may be 0) ☐ Delayed the tabulation of <u>0</u> ballots (may be 0)		
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 1 of 2026</i>)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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

7/6/2026
 Date

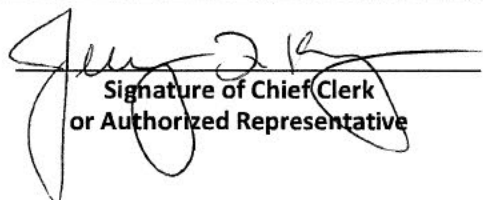
Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Greene	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Josie Weingardt, Acting Director	Phone/Email [REDACTED]
Voting System Name: Election Systems & Software		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> N/A		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location <i>(note all affected precincts):</i>		Voting System Component(s) and Model(s) affected:
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> ☐ ☐ ☐ ☐ Prevented the casting of ballots by ____ voters (may be 0) Delayed the casting of ballots by ____ voters (may be 0) Prevented the tabulation of ____ ballots (may be 0) Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026)</i> ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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

6/17/2026
 Date

RECEIVED JUN 04 2026

7-18-2026 (NEW 2026 RELEASE)

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: <u>Huntingdon</u>	Election Date: <u>may 19th 2026</u>	Date Incident Identified: <u>n/A</u>
Person Completing Report	Name & Title <u>Miranda Tress - election coordinator</u>	Phone/Email 
Voting System Name: <u>n/A</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>no malfunction</u>		
Time span of the malfunction: <u>n/A</u>	Source(s) who reported the malfunction to the county: <u>n/A</u>	
Location (note all affected precincts): <u>n/A</u>	Voting System Component(s) and Model(s) affected: <u>n/A</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Heather Fellman

Signature of Chief Clerk
or Authorized Representative

Heather Fellman

Name of Chief Clerk
or Authorized Representative

6/4/2026

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 19, 2026	Date Incident Identified: 05/19/2026
Person Completing Report	Name & Title Robin Maryai, Chief Clerk	Phone/Email [REDACTED]
Voting System Name: ES&S DS200		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Two machines quit working for an unknown reason		
Time span of the malfunction: 6:35 a.m. and 10:40 a.m.	Source(s) who reported the malfunction to the county: Judges of Election for Conemaugh #3 and Young #1	
Location (note all affected precincts): Conemaugh #3 Young #1	Voting System Component(s) and Model(s) affected: ES&S DS200	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☒ Delayed the casting of ballots by <u>20</u> voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): The machines were quickly replaced and the voters were able to put their ballots in the DS200 with success throughout the day.		
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 [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

S-2226

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 19, 2026	Date Incident Identified: 05/19/2026
Person Completing Report	Name & Title Angela Burrridge Voter Registrar	Phone/Email [REDACTED]
Voting System Name: Liberty Vote		
Equipment Malfunction Description (summarize and describe the nature of the incident here): ICP (ballot scanner) was rejecting ballots, screen said error.		
Time span of the malfunction: 1 hour	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Bell Township	Voting System Component(s) and Model(s) affected: ICP (ballot scanner)	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☒ 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): Member from the county election department resolved the malfunction by replacing the ICP.		
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 [Jefferson] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Angela Burrridge

Digitally signed by Angela Burrridge
Date: 2026.05.29 12:25:43 -04'00'

Angela Burrridge

05/29/2026

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

Date

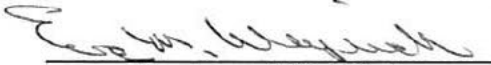
Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Juniata	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Eva M Weyrich, Election Director	Phone/Email [REDACTED]
Voting System Name: DS200		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>):		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (<i>note all affected precincts</i>):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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

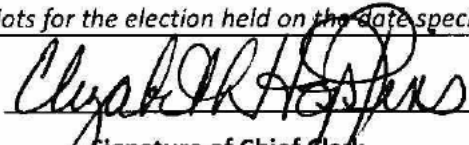
6/5/2026
 Date

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 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title ELIZABETH HOPKINS, DIRECTOR OF ELECTIONS	Phone/Email
Voting System Name: ELECTIONS SYSTEMS & 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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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 HOPKINS
Name of Chief Clerk
or Authorized Representative

06/15/2026
Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Lancaster	Election Date: 5/19/26	Date Incident Identified:
Person Completing Report	Name & Title Christa Miller, Chief Clerk	Phone/Email [REDACTED]
Voting System Name: Hart InterCivic 2.7		
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> ☐ ☐ ☐ ☐ Prevented the casting of ballots by ____ voters (may be 0) Delayed the casting of ballots by ____ voters (may be 0) Prevented the tabulation of ____ ballots (may be 0) Delayed the tabulation of ____ ballots (may be 0)		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Miller, Christa

Digitally signed by Miller, Christa
Date: 2026.07.10 15:13:32
+04'00'

Signature of Chief Clerk
or Authorized Representative

Christa Miller

Name of Chief Clerk
or Authorized Representative

6/19/26

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: LAWRENCE	Election Date: 5/19/2026	Date Incident Identified:
Person Completing Report	Name & Title Tim Germani Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location <i>(note all affected precincts):</i>		Voting System Component(s) and Model(s) affected:
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> ☐ ☐ ☐ ☐ Prevented the casting of ballots by ____ voters (may be 0) Delayed the casting of ballots by ____ voters (may be 0) Prevented the tabulation of ____ ballots (may be 0) Delayed the tabulation of ____ ballots (may be 0)		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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

6/12/2026

 Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Lebanon	Election Date: May 19 th 2026	Date Incident Identified: May 19, 2026
Person Completing Report	Name & Title Sean Drach, Director	Phone/Email [REDACTED]
Voting System Name: ESS		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Express Votes Freeze or fail to boot		
Time span of the malfunction: Various	Source(s) who reported the malfunction to the county: Poll workers	
Location (note all affected precincts): Various	Voting System Component(s) and Model(s) affected: Express Vote BMD	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☒ Delayed the casting of ballots by <u>2</u> voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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):		
Field team replaced frozen units. Others were rebooted repeatedly until they finally worked.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Signature of Chief Clerk
or Authorized Representative

Sean Drach
Name of Chief Clerk
or Authorized Representative

7/15/26
Date

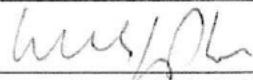
Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Lehigh	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Michael J. Paston	Phone/Email [REDACTED]
Voting System Name: ES45 DS 200		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): ☐ ☐ ☐ ☐ Prevented the casting of ballots by ____ voters (may be 0) Delayed the casting of ballots by ____ voters (may be 0) Prevented the tabulation of ____ ballots (may be 0) Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



 Signature of Chief Clerk
 or Authorized Representative

Michael J. Paston

 Name of Chief Clerk
 or Authorized Representative

06/22/2026

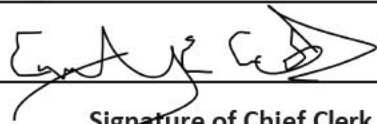
 Date

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: 5/19/2026	Date Incident Identified: N/A
Person Completing Report	Name & Title EMILY COOK	Phone/Email [REDACTED]
Voting System Name: HART INTERCIVIC		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location <i>(note all affected precincts):</i>	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [LUZERNE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

EMILY COOK

Name of Chief Clerk
or Authorized Representative

6/2/2026

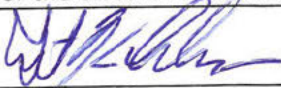
Date

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: 5/19/2026	Date Incident Identified: 5/19/2026
Person Completing Report	Name & Title Forrest K. Lehman	Phone/Email [REDACTED]
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Difficult to insert ballots into ballot scanner		
Time span of the malfunction: 1800 - 1900	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> Clinton Township	Voting System Component(s) and Model(s) affected: ClearCast ballot scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <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>		
Scanner was evaluated and required adjustment of ballot slot spacing. No casting or tabulation of ballots was affected.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i>		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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

5/19/2026

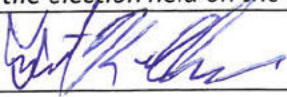
Date

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: 5/19/2026	Date Incident Identified: 5/19/2026
Person Completing Report	Name & Title Forrest K. Lehman	Phone/Email [REDACTED]
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): Difficult to insert ballots into ballot scanner		
Time span of the malfunction: 1630 - 1700	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (<i>note all affected precincts</i>): Cummings Township	Voting System Component(s) and Model(s) affected: ClearCast ballot scanner	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (<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>): Scanner was evaluated and required adjustment of ballot slot spacing. No casting or tabulation of ballots was affected.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 2 of 2023</i>) ☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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**

5/19/2026

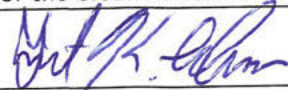
Date

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: 5/19/2026	Date Incident Identified: 5/19/2026
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): Difficult to insert ballots into ballot scanner		
Time span of the malfunction: 0710 - 0735	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Duboistown Borough	Voting System Component(s) and Model(s) affected: ClearCast Scanner	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Scanner was evaluated and required adjustment of ballot slot spacing. No casting or tabulation of ballots was affected.		
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 [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

5/19/2026

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: 5/19/2026	Date Incident Identified: 5/19/2026
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): Difficult to insert ballots into ballot scanner		
Time span of the malfunction: 0730 - 0800	Source(s) who reported the malfunction to the county: Judge of Elections	
Location (note all affected precincts): Limestone Township	Voting System Component(s) and Model(s) affected: ClearCast Scanner	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Scanner was evaluated and required adjustment of ballot slot spacing. No casting or tabulation of ballots was affected.		
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 [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

5/19/2026
 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: 5/19/2026	Date Incident Identified: 5/19/2026
Person Completing Report	Name & Title Forrest K. Lehman	Phone/Email
Voting System Name: ClearVote 2.3		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballot scanner rejecting ballots		
Time span of the malfunction: 0710 - 0730	Source(s) who reported the malfunction to the county: Judge of Elections	
Location <i>(note all affected precincts):</i> Williamsport 5	Voting System Component(s) and Model(s) affected: ClearCast Scanner	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☒ Delayed the tabulation of <u>3</u> ballots		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i> Ballot scanner was evaluated and found its battery was not holding a charge. A replacement ballot scanner was provided.		
Declaration of no reportable malfunction <i>(only complete if you have nothing to report under Directive 2 of 2023)</i> ☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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

5/19/2026
 Date

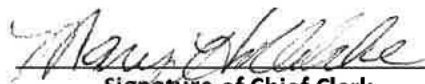
Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

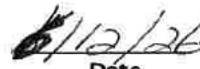
Note, if you require additional space for any field, please attach a separate document to this report.

Please use a separate form for each reported malfunction.

County: McKean	Election Date: May 19, 2026	Date Incident Identified: N/A
Person Completing Report	Name & Title Mary Hollebeke, Director of Elections McKean County	Phone/Email 814-887-3236
Voting System Name: ES&S Express Vote Tabulators and DS200		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): None noted		
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>): ☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026</i>) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Mercer	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Thad Hall, Director	Phone/Email [REDACTED]
Voting System Name: ES&S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> NA		
Time span of the malfunction:	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> ☐ ☐ ☐ ☐ Prevented the casting of ballots by ____ voters (may be 0) Delayed the casting of ballots by ____ voters (may be 0) Prevented the tabulation of ____ ballots (may be 0) Delayed the tabulation of ____ ballots (may be 0)		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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: 2026.06.12 11:30:58
-04'00'

Signature of Chief Clerk
or Authorized Representative

THAD HALL

Name of Chief Clerk
or Authorized Representative

JUN 12, 2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Mifflin	Election Date: May 19, 2026	Date Incident Identified: N/A
Person Completing Report	Name & Title Paula Hoffman, Election Director	Phone/Email [REDACTED]
Voting System Name: ES & S		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> N/A		
Time span of the malfunction: N/A	Source(s) who reported the malfunction to the county: N/A	
Location <i>(note all affected precincts):</i> N/A	Voting System Component(s) and Model(s) affected: DS200, DS450, and ExpressVote systems	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> ☐ ☐ ☐ ☐ Prevented the casting of ballots by ____ voters (may be 0) Delayed the casting of ballots by ____ voters (may be 0) Prevented the tabulation of ____ ballots (may be 0) Delayed the tabulation of ____ ballots (may be 0)		
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 (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

PAULA HOFFMAN
(Affiliate)

Digitally signed by PAULA
HOFFMAN (Affiliate)
Date: 2026.06.17 15:44:35 -04'00'

Paula Hoffman

06/17/2026

Signature of Chief Clerk
or Authorized Representative

Name of Chief Clerk
or Authorized Representative

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: <u>MONROE</u>	Election Date: <u>5/19/26</u>	Date Incident Identified: <u>5/19/26</u>
Person Completing Report	Name & Title <u>JASON DEMSEY (MACHINE TECH.)</u>	Phone/Email 
Voting System Name: <u>CLEAR BALLOT (CLEAR CAST, CLEAR ACCESS)</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>METADATA ERROR WHEN CLOSING THE POLLS.</u>		
Time span of the malfunction: <u>N/A</u>	Source(s) who reported the malfunction to the county: <u>JUDGE OF ELECTIONS</u>	
Location (note all affected precincts): <u>17-3 (STROUD THREE)</u>	Voting System Component(s) and Model(s) affected: <u>CLEAR CAST</u> <u>S# 903926</u>	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☒ Delayed the tabulation of <u>176</u> ballots (may be 0)		
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>WE HAD TO CLOSE THE POLLS HERE AT THE OFFICE WHEN THE AFFECTED USB STIX WERE RETURNED THAT NIGHT. ALSO PRINTED OUT THE REQUIRED RESULTS TAPES AND WRITE-INS. Jan F. [Signature]</u>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

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

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

6-5-2026
Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Montgomery	Election Date: 5/19/2026	Date Incident Identified: 5/19/2026
Person Completing Report	<i>Name & Title</i>	<i>Phone/Email</i> [REDACTED]
Voting System Name: Liberty Vote Voting Systems		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): Scanner jammed and would not reboot after clearing the jam.		
Time span of the malfunction: 45 minutes	Source(s) who reported the malfunction to the county: Majority Inspector	
Location (<i>note all affected precincts</i>): Cheltenham 7-1	Voting System Component(s) and Model(s) affected: Scanner	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters (may be 0) ☒ Delayed the casting of ballots by <u>6</u> voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
A rover was dispatched to the location and the scanner was replaced. The initial scanner was taken back to the warehouse to receive further inspection.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 1 of 2026</i>)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Francis Dean

Signature of Chief Clerk
or Authorized Representative

Francis Dean

Name of Chief Clerk
or Authorized Representative

7/16/26

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Montgomery	Election Date: 5/19/2026	Date Incident Identified: 5/19/2026
Person Completing Report	<i>Name & Title</i>	<i>Phone/Email</i> [REDACTED]
Voting System Name: Liberty Vote Voting Systems		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): Keypad was not functional.		
Time span of the malfunction: 30 minutes	Source(s) who reported the malfunction to the county: Machine Operator	
Location (<i>note all affected precincts</i>): Montgomery 1	Voting System Component(s) and Model(s) affected: Scanner	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters (may be 0) ☒ Delayed the casting of ballots by <u>10</u> voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>):		
A rover was dispatched to the location and the scanner was replaced. The initial scanner was taken back to the warehouse to receive further inspection.		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 1 of 2026</i>)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Francis Dean

Signature of Chief Clerk
or Authorized Representative

Francis Dean

Name of Chief Clerk
or Authorized Representative

7/16/26

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 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title RYAN CRAIG, ASSISTANT DIRECTOR OF ELECTIONS	Phone/Email [REDACTED]
Voting System Name: ELECTIONS 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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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: 2026.06.23 11:07:53 -04'00'

RYAN M CRAIG

06/23/2026

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: Northampton	Election Date: May 19, 2026	Date Incident Identified: May 19, 2026
Person Completing Report	<i>Name & Title</i> Christopher Communi, Registrar	<i>Phone/Email</i>
Voting System Name: ES&S ExpressVote XL		
Equipment Malfunction Description <i>(summarize and describe the nature of the incident here):</i> Ballots jamming in PPM at various times (pre & post selecting candidates)		
Time span of the malfunction: On-going issue throughout the day	Source(s) who reported the malfunction to the county: Poll worker	
Location <i>(note all affected precincts):</i> Easton 4, Bethlehem 16, East Allen West, Wilson 3, Bethlehem 14-3, Bethlehem Twsp. 1-2, Hanover 2	Voting System Component(s) and Model(s) affected: ES&S ExpressVote XL	
Impact of the malfunction <i>(check and provide numbers for all that apply):</i> ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting <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> Each issue was handled via ES&S representatives on-site at the Election Division main office, as they occurred. It was deemed a weather factor due to high temperatures/humidity and some locations lacked available air conditioning.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☐ <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Signature of Chief Clerk
or Authorized Representative

Christopher M. Communi

Name of Chief Clerk
or Authorized Representative

7/15/2026

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: 05/19/2026	Date Incident Identified:
Person Completing Report	Name & Title Lindsay Phillips, Chief Registrar	Phone/Email [REDACTED]
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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 D. Phillips

Signature of Chief Clerk
or Authorized Representative

Lindsay Phillips

Name of Chief Clerk
or Authorized Representative

6/2/2026

Date

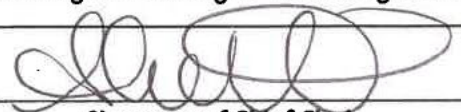
Voting System Malfunction Report

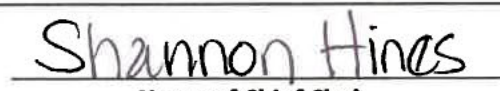
Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: PERRY	Election Date: 5-19-26	Date Incident Identified: 5-19-26
Person Completing Report	Name & Title Sarah Geesaman, director	Phone/Email [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Clear Access was not working. Was replaced with a new Clear Cast		
Time span of the malfunction: 6:54am-8:03am, used emergency bag	Source(s) who reported the malfunction to the county: Corey Lyons, JOE	
Location (note all affected precincts): DUNCANNON BOROUGH	Voting System Component(s) and Model(s) affected: D, 041902612	
Impact of the malfunction (check and provide numbers for all that apply):		
☒ Prevented the casting of ballots by 0 voters (may be 0) ☒ Delayed the casting of ballots by 0 voters (may be 0) ☒ Prevented the tabulation of 0 ballots (may be 0) ☒ Delayed the tabulation of 0 ballots (may be 0)		
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 Clear Cast machine was taken to Duncannon Borough, the rest of the day ran smoothly.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative


 Shannon Hines
 Name of Chief Clerk
 or Authorized Representative

6-15-2026
 Date

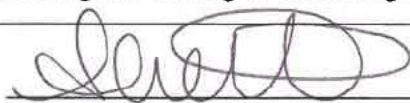
Voting System Malfunction Report

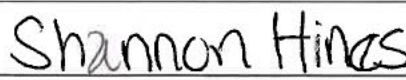
Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: PERRY	Election Date: 5-19-26	Date Incident Identified: 5-19-26
Person Completing Report	Name & Title Sarah Geesaman, director	Phone/Email [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): Clear Access, Setup but when entering password an error popped up, local host refused to connect. Site could not be reached.		
Time span of the malfunction: during morning set up	Source(s) who reported the malfunction to the county: JOE's Cathy Foose, Tracey Wetzler, Linda Seager, Ruth Henry	
Location (note all affected precincts): Liverpool twp, Penn Twp, Toboyne 1 & 2	Voting System Component(s) and Model(s) affected: Clear Access	
Impact of the malfunction (check and provide numbers for all that apply):		
☒ Prevented the casting of ballots by 0 voters (may be 0) ☒ Delayed the casting of ballots by 0 voters (may be 0) ☒ Prevented the tabulation of 0 ballots (may be 0) ☒ Delayed the tabulation of 0 ballots (may be 0)		
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):		
Machines were shut down, they were not needed the entire day. ClearBallot machine tech will be looking at all machines during the next L&A testing. All machines were working properly during the past L&A.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		


 Signature of Chief Clerk
 or Authorized Representative


 Shannon Hines
 Name of Chief Clerk
 or Authorized Representative

6-15-2026
 Date

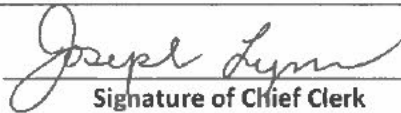
Voting System Malfunction Report

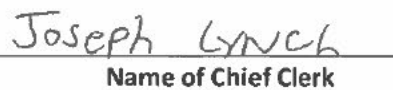
Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Philadelphia	Election Date: May 19, 2026	Date Incident Identified: May 19, 2026
Person Completing Report	Name & Title	Phone/Email
	Joseph Lynch, Director of Election Operations	[REDACTED]
Voting System Name: Election Systems and Software EVS 6.3.0.0		
Equipment Malfunction Description (<i>summarize and describe the nature of the incident here</i>): See Attached		
Time span of the malfunction: See Attached	Source(s) who reported the malfunction to the county: See Attached	
Location (<i>note all affected precincts</i>): See Attached	Voting System Component(s) and Model(s) affected: See Attached	
Impact of the malfunction (<i>check and provide numbers for all that apply</i>): ☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0) See Attached		
Action taken to resolve the malfunction/ensure continued voting (<i>this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts</i>): See Attached		
Declaration of no reportable malfunction (<i>only complete if you have nothing to report under Directive 1 of 2026</i>) ☐ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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

7/7/26
 Date

Voting System Malfunction Report: Exhibit A
Philadelphia County

On May 19, 2026, Philadelphia County successfully conducted an election employing 3,502 Ballot Marking Devices (BMDs) and 12 central scanners. In total, 241,186 votes were received by all voting system components. For the entirety of election day in all other divisions, 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 impact in terms of number of voters delayed cannot be determined; approximate impact has been estimated and provided. The Philadelphia County Board of Elections has nonetheless reported these instances here in accordance with the Department of State's Directive 1 of 2026.

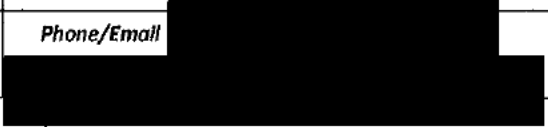
Equipment Malfunction Description	Time Span of Malfunction	Source(s) Who Reported Malfunction	Location (Ward-Division)	Voting System Component(s) and Model(s) affected	Approximated Impact of Malfunction	Action Taken
Paper Path Module (PPM) Issue	1 hour	Election Board Worker	05-23	PPM	Delayed the casting of ballots of 15 voters	BMD Replaced
Machine Hardware/Battery Issue	2 hours	Election Board Worker	10-12	Battery	Delayed the casting of ballots of 33 voters	BMD Replaced
Paper Path Module (PPM) Issue	2.5 hours	Election Board Worker	10-13	PPM	Delayed the casting of ballots of 10 voters	Tech Dispatched and Resolved Issue
Paper Path Module (PPM) Issue	2.25 hours	Election Board Worker	35-02	PPM	Delayed the casting of ballots of 5 voters	Tech Dispatched and Resolved Issue
Paper Path Module (PPM) Issue	5.25 hours	Election Board Worker	43-22	PPM	Delayed the casting of ballots of 6 voters	BMD Replaced
Paper Path Module (PPM) Issue	4 hours	Election Board Worker	45-23	PPM	Delayed the casting of ballots of 8 voters	BMD Replaced

Paper Path Module (PPM) Issue	Two 3-hour periods (6 hours total)	Election Board Worker	47-10	PPM	Delayed the casting of ballots of 12 voters	Tech Dispatched and Resolved Issue
Paper Path Module (PPM) Issue	2.75 hours	Election Board Worker	59-25	PPM	Delayed the casting of ballots of 10 voters	BMD Replaced

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

County: <u>Pike</u>	Election Date: <u>5-19-2026</u>	Date Incident Identified: <u>NA</u>
Person Completing Report	Name & Title <u>Nadeen Manzoni-Director</u>	Phone/Email 
Voting System Name: <u>Dominion ICP-ICX-ICC 5.17</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): <u>None</u>		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by _____ voters ☐ Delayed the casting of ballots by _____ voters ☐ Prevented the tabulation of _____ ballots ☐ Delayed the tabulation of _____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of <u>Pike</u> has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Nadeen Manzoni
Signature of Chief Clerk
or Authorized Representative

Nadeen Manzoni
Name of Chief Clerk
or Authorized Representative

5-28-26
Date

Voting System Malfunction Report*Reported Pursuant to Directive 1 of 2026**Note, if you require additional space for any field, please attach a separate document to this report.**Please use a separate form for each reported malfunction.*

County: Potter	Election Date: 05/19/2026	Date Incident Identified:
Person Completing Report	Name & Title Charlie F. Brown, Director	Phone/Email [REDACTED]
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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

06/12/2026

Date

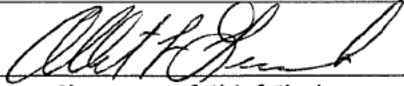
Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: <u>Schuylkill</u>	Election Date: <u>MAY 19, 2026</u>	Date Incident Identified:
Person Completing Report	Name & Title <u>Albert L. Gruskis, Director</u>	Phone/Email
Voting System Name: <u>ES&S ELECTION SYSTEMS & SOFTWARE</u>		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 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. Gruskis
 Name of Chief Clerk
 or Authorized Representative

6/9/2026
 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 19, 2026	Date Incident Identified: 05/26/2026
Person Completing Report	Name & Title Devin Rhoads, Elections 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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting, describe the level of success achieved with any of these attempts): Snyder County did not have any voting system malfunctions, hence the N/A for all of the fields.		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ 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

05/26/2026

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 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Tina Pritts, Voter Reg/Election 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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of 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

06/01/2026

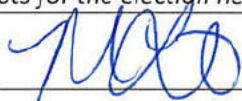
Date

Voting System Malfunction Report

Reported Pursuant to Directive 2 of 2023

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

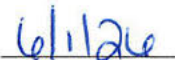
County: Sullivan	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Nicole Lutz, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Clear Ballot		
Equipment Malfunction Description (summarize and describe the nature of the incident here): 		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Sullivan] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Nicole Lutz

Name of Chief Clerk
or Authorized Representative



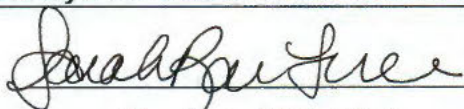
Date

Voting System Malfunction Report

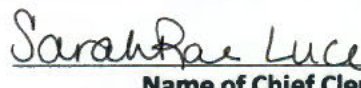
Reported Pursuant to Directive 2 of 2023

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

County: SUSQUEHANNA	Election Date: May 19, 2026	Date Incident Identified: 06/01/2026
Person Completing Report	Name & Title CHRISTOPHER FLEETWOOD DIRECTOR OF ELECTIONS	Phone/Email [REDACTED]
Voting System Name: UNISYN		
Equipment Malfunction Description (summarize and describe the nature of the incident here): APP CRASH		
Time span of the malfunction: 1 HOUR	Source(s) who reported the malfunction to the county: JUDGE OF ELECTIONS	
Location (note all affected precincts): JACKSON TOWNSHIP	Voting System Component(s) and Model(s) affected: FVT	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by 0 voters ☐ Delayed the casting of ballots by 0 voters ☐ Prevented the tabulation of 0 ballots ☐ 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): NOTIFIED UNISYN TECH WHO MADE PHONE CONTACT WITH TEH JUDGE OF ELECTIONS AND WALKED THEM THROUGH HOW TO RESTART THE APP. NO VOTERS WERE AFFECTED SINCE THEIR OTHER MACHINES WERE STILL WORKING.		
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 [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

6/1/26

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: Tioga	Election Date: May 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Cindy Alexander, Director of Elections	Phone/Email [REDACTED]
Voting System Name:		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:	Source(s) who reported the malfunction to the county:	
Location (note all affected precincts):	Voting System Component(s) and Model(s) affected:	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [Tioga] has experienced no known voting 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

6/5/2026

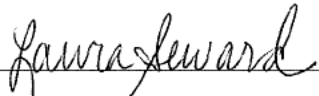
Date

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 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Laura Seward, Elections Director	Phone/Email [REDACTED]
Voting System Name: Unisyn OpenElect		
Equipment Malfunction Description (summarize and describe the nature of the incident here):		
Time span of the malfunction:		Source(s) who reported the malfunction to the county:
Location (note all affected precincts):		Voting System Component(s) and Model(s) affected:
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		


Signature of Chief Clerk
or Authorized Representative

Laura Seward
Name of Chief Clerk
or Authorized Representative

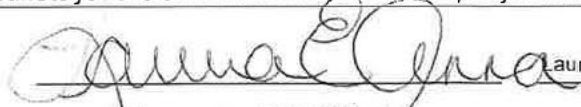
06/03/2026
Date

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 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title Laura E. Anna, 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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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

Name of Chief Clerk
or Authorized Representative

05/29/2026

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: May 19, 2026 ☐	Date Incident Identified:
Person Completing Report	Name & Title Margia Hansen, Director of Elections	Phone/Email [REDACTED]
Voting System Name: Domionion Democracy Suite 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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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.		

Pamela J. Matve
Signature of Chief Clerk
or Authorized Representative

Pamela J. Matve
Name of Chief Clerk
or Authorized Representative

6-9-26
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: 5/19/2026	Date Incident Identified:
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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [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

07/17/2026

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: MAY 19, 2026	Date Incident Identified:
Person Completing Report	Name & Title AMY CHRISTOPHER, ELECTIONS DIRECTOR	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): ☐ Prevented the casting of ballots by ____ voters ☐ Delayed the casting of ballots by ____ voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): 		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 2 of 2023) ☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that county of [WAYNE] has experienced no known voting systems malfunctions under Directive 2 of 2023 affecting the casting or tabulating of any ballots for the election held on the date specified above.		



Signature of Chief Clerk
or Authorized Representative

Amy Christopher

Name of Chief Clerk
or Authorized Representative

06/02/2026

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 19, 2026	Date Incident Identified: 05/19/2026
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): Voters were having trouble scanning their ballots in the DS/200. It would take multiple tries before the ballot would scan.		
Time span of the malfunction: 45 minutes	Source(s) who reported the malfunction to the county: Judge of Election	
Location (note all affected precincts): Murrysville - Sardis #1	Voting System Component(s) and Model(s) affected: DS200 Scanner	
Impact of the malfunction (check and provide numbers for all that apply): ☐ Prevented the casting of ballots by ____ voters ☒ Delayed the casting of ballots by 4 voters ☐ Prevented the tabulation of ____ ballots ☐ Delayed the tabulation of ____ ballots		
Action taken to resolve the malfunction/ensure continued voting (this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts): A new scanner was deployed to the precinct. As the scanner was being replaced, 4 voters came in toward the end of setting up the new scanner to vote and decided to wait to tabulate their ballot until the new scanner was in place. The tech said they waited roughly about 10 minutes as he finished installing the new scanner. Once the new scanner was setup to go for the precinct, the voters scanned their ballots.		
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 [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

Scott Ross

Name of Chief Clerk
or Authorized Representative

07/01/2026

Date

Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: Wyoming	Election Date: 05/19/2026	Date Incident Identified:
Person Completing Report	Name & Title Flo Kellett	Phone/Email [REDACTED]
Voting System Name: Clear ballot 2.3		
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>):		
☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
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 1 of 2026</i>)		
☒ By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.		

Florence Kellett

Signature of Chief Clerk
or Authorized Representative

Flo Kellett

Name of Chief Clerk
or Authorized Representative

6/18/2026

Date

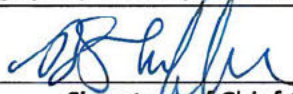
Voting System Malfunction Report

Reported Pursuant to Directive 1 of 2026

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

Please use a separate form for each reported malfunction.

County: York	Election Date: 5/19/2026	Date Incident Identified: 5/19/2026
Person Completing Report	Name & Title Wyatt Yoxheimer, Election Technology Specialist	Phone/Email [REDACTED]
Voting System Name: Liberty Vote		
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> ☐ Prevented the casting of ballots by ____ voters (may be 0) ☐ Delayed the casting of ballots by ____ voters (may be 0) ☐ Prevented the tabulation of ____ ballots (may be 0) ☐ Delayed the tabulation of ____ ballots (may be 0)		
Action taken to resolve the malfunction/ensure continued voting <i>(this section must describe all actions that the county has taken to resolve the malfunction and/or ensure continued voting; describe the level of success achieved with any of these attempts):</i>		
Declaration of no reportable malfunction (only complete if you have nothing to report under Directive 1 of 2026)		
☒ <i>By checking this box, I hereby declare and report to the Secretary of the Commonwealth that the county listed above has experienced no known reportable voting systems malfunctions under Directive 1 of 2026 affecting the casting or tabulating of any ballots for the election held on the date specified above.</i>		



Signature of Chief Clerk
or Authorized Representative



Name of Chief Clerk
or Authorized Representative

7/1/26

Date