STATE OF COLORADO
Department of State

1700 Broadway, Suite 270
Denver, CO 80290

Bernie Buescher
Secretary of State

Judd Chaote
Director, Elections

Attn: Cheri Brunvand
County Clerk and Recorder

2009 Post Election Audit

COUNTY: SUMMIT

Instructions:

Pursuant to Section 1-7-514 C.R.S. and Election Rule 11, the attached documents provide guidance to completing the post election audit. Additional help is available on our web site, or you can contact Stephanie Cegielski at (303) 894-2200 ext. 6327 for additional information. The following information is to be used to resolve "special case" issues that arise from the selection of machines and races by the Secretary of State's office:

If a device was "AVAILABLE FOR USE" but DID NOT HAVE VOTES CAST (i.e. accessible machines for mail ballot counties) on it for this election, please indicate on the form the status as "NO VOTES" in the field for "machine count" and "hand count." This still requires canvass board member signatures for verification.

If a device was "NOT USED" (i.e. backup equipment) but was selected for the audit, please contact the Secretary of State's Office for selection of an alternative device.

If any NON CENTRAL COUNT device (scanner or DRE) has votes on it, but the "RACES SELECTED" for audit do not appear on the device; For Mail Ballot counties, the canvass board may randomly select an alternative race to count. For Polling Place and Vote Center counties, you must contact the Secretary of State's Office for selection of alternative races.

If a CENTRAL COUNT device has votes on it, but the races selected for audit do not appear in the BALLOTS CHOSEN by the canvass board, the canvass board shall continue to randomly select ballots until all races appear and can be audited.

Please complete the highlighted fields in the attached table and fax or e-mail the form back to the Secretary of State at: 303.869.4861 or stephanie.cegielski@sos.state.co.us. This form must be returned no later than: 5:00pm November 20, 2009.

For Internal Use Only

Phone Number: 970-453-3471

E-mailed by (name):
Email Date and Time:
Email Address: cherib@co.summit.co.us
(Attach copy of E-mail)

Faxed by (name):
Faxed Date and Time:
Fax Number: 970-453-3640
(Attach copy of fax confirmation)

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The following table lists the EQUIPMENT that has been randomly selected for auditing:

Make/Model	Type	Use:	Serial #	Race Name to Audit:		Machine Count:	Manual Hand Count:	Canvass Board Initials
eSlate	DRE	Poll Place	A0AB138	Summit School District - Director At-Large	Butler	9	9	AM BB
eSlate	DRE	Poll Place	A0AB138	Summit School District - Director At-Large	Groneman	16	16	AM BB
eSlate	DRE	Poll Place	A0AB138	Summit School District - Director At-Large	Stimson	2	2	AM BB
eSlate	DRE	Poll Place	A0AB138	Summit School District - Director At-Large	Losh	3	3	AM BB
eSlate	DRE	Poll Place	A0AB138	Summit School District - Director At-Large	McHose	9	9	AM BB
eSlate	DRE	Poll Place	A0AB138	Summit School District - Director At-Large	Pacot	5	5	AM BB
eSlate	DRE	Poll Place	A0AB138	Summit School District - Director At-Large	Sander	4	4	AM BB
eSlate	DRE	Poll Place	A0AB138	Summit School District - Director At-Large	Carlson	16	16	AM BB
eScan	OS	Mail-In	G78739	Town of Breckenridge - Question 2F	No	2	2	LM LB
eScan	OS	Mail-In	G78739	Town of Breckenridge - Question 2F	Yes	1	1	LM LB
eScan	OS	Mail-In	G78739	Town of Montezuma - Question 2E	No	0	0	LM LB
eScan	OS	Mail-In	G78739	Town of Montezuma - Question 2E	Yes	0	0	LM LB

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eSlate	DRE	Poll Place	A0AB138	Town of Silverthorne - Charter Amendment 2B	Yes	1	1	JM LB
eSlate	DRE	Poll Place	A0AB138	Town of Silverthorne - Charter Amendment 2B	No	0	0	JM LB
eScan	OS	Mail-In	G78739	Town of Silverthorne - Charter Amendment 2C	Yes	13	13	LH
eScan	OS	Mail-In	G78739	Town of Silverthorne - Charter Amendment 2C	No	1	1	LH
eSlate	DRE	Poll Place	A0AB138	Town of Silverthorne - Charter Amendment 2D	Yes	1	1	JM LB
eSlate	DRE	Poll Place	A0AB138	Town of Silverthorne - Charter Amendment 2D	No	0	0	JM LB
eScan	OS	Mail-In	G78739	Town of Silverthorne - Referred Tabor Measure 2A	No	4	4	LH LB
eScan	OS	Mail-In	G78739	Town of Silverthorne - Referred Tabor Measure 2A	Yes	10	10	LH LB
eScan	OS	Mail-In	G78739	West Grand School District - Director At-Large Four-Year Term	Gale	0	0	LH LB
eScan	OS	Mail-In	G78739	West Grand School District - Director At-Large Four-Year Term	Thomson	0	0	LH LB
eScan	OS	Mail-In	G78739	West Grand School District - Director At-Large Four-Year Term	Skinner	0	0	LH LB

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eScan	OS	Mail-In	G78739	West Grand School District - Director At-Large Four-Year Term Whitmer	0	0	MH LB
eScan	OS	Mail-In	G78739	West Grand School District - Director At-Large Four-Year Term Ritschard	0	0	MH LB
eScan	OS	Mail-In	G78739	West Grand School District - Director At-Large Four-Year Term Gasvoda	0	0	MH LB
eScan	OS	Mail-In	G78739	West Grand School District - Director At-Large Four-Year Term Davidson	0	0	MH LB
eScan	OS	Mail-In	G78739	West Grand School District - Referred Question 3A No	1	1	MH LB
eScan	OS	Mail-In	G78739	West Grand School District - Referred Question 3A Yes	0	0	MH LB

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** END OF AUDIT LIST ** ** END OF AUDIT LIST **

NOTE: In addition to completing the post-election audit report, pursuant to C.R.S. Section 1-7-514(1)(c), the canvass board shall also report a description of the audit process used, including any initial, interim and final results of the completed audit. Please use the attached page to complete this process.

Please complete the highlighted fields in the attached table and fax, or e-mail the form back to the Secretary of State to either (303) 869-4861, or stephanie.cegielski@sos.state.co.us. This form must be returned no later than: 5:00pm November 20, 2008.

By our signatures below, we indicate the completion of the Post Election Audit with notes as indicated on this form:

Designated Election Official:

Kathleen Neel — Signature — 11/19/09 — Date

Provide additional pages and names as necessary.

Canvass Board Members:

Karen Mack — Signature — 11/19/09 — Date

KAREN MACK — Written Name

Jena Taylor — Signature — 11-19-09 — Date

Jena Taylor — Written Name

Stephen Hornback — Written Name

Signature

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E-mailed by (name):
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Email Address: cherib@co.summit.co.us
(Attach copy of E-mail)

Faxed by (name):
Faxed Date and Time:
Fax Number: 970-453-3640
(Attach copy of fax confirmation)