



**Secretary of State**  
**BRUCE MCPHERSON**  
STATE OF CALIFORNIA

**PARALLEL MONITORING PROGRAM**

*California*

---

**SPECIAL STATEWIDE ELECTION**

---

*Tuesday, November 8, 2005*

## **REPORT OF FINDINGS**

PREPARED BY:

***R&G ASSOCIATES, LLC***

**DECEMBER 5, 2005**

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>I. PARALLEL MONITORING PROGRAM INTRODUCTION</b>	<b>5</b>
<b>II. PARALLEL MONITORING PROGRAM OVERVIEW</b>	<b>6</b>
<b>A. PROGRAM PURPOSE</b>	<b>6</b>
<b>B. PROGRAM SCOPE</b>	<b>6</b>
<b>C. PROGRAM REQUISITES</b>	<b>6</b>
<b>III. PROGRAM METHODOLOGY</b>	<b>7</b>
<b>IV. TEST METHODOLOGY</b>	<b>9</b>
<b>A. DATABASE DEVELOPMENT</b>	<b>10</b>
<b>B. TEST SCRIPT CHARACTERISTICS</b>	<b>10</b>
<b>C. SCRIPT COVERAGE</b>	<b>10</b>
<b>D. CONTEST DROP-OFF RATES</b>	<b>11</b>
<b>E. VOTE SELECTION CHANGES</b>	<b>11</b>
<b>F. SCRIPT LANGUAGE CHOICE</b>	<b>11</b>
<b>G. WRITE-IN CANDIDATES</b>	<b>11</b>
<b>H. TEST SCRIPT COMPONENTS</b>	<b>11</b>
<b>V. TEST TEAM COMPOSITION AND TRAINING</b>	<b>13</b>
<b>A. TEAM MEMBER ROLES AND RESPONSIBILITIES</b>	<b>14</b>
<b>VI. SCHEDULE OF ACTIVITY FOR NOVEMBER 8, 2005</b>	<b>16</b>
<b>A. PRE-TEST SET UP</b>	<b>16</b>
<b>B. EXECUTING THE TEST SCRIPTS</b>	<b>16</b>
<b>C. DOCUMENTING DISCREPANCIES</b>	<b>18</b>
<b>D. POST TEST ACTIVITIES</b>	<b>18</b>
<b>VII. RECONCILING THE TEST RESULTS</b>	<b>19</b>
<b>VIII. PARALLEL MONITORING PROGRAM FINDINGS</b>	<b>20</b>
<b>A. ANALYSIS AND RESULTS BY COUNTY</b>	<b>20</b>
<b>1. Alameda County</b>	<b>20</b>
<b>2. MARIPOSA COUNTY</b>	<b>21</b>
<b>3. MERCED COUNTY</b>	<b>21</b>
<b>4. MONTEREY COUNTY</b>	<b>22</b>
<b>5. ORANGE COUNTY</b>	<b>23</b>
<b>6. RIVERSIDE COUNTY</b>	<b>24</b>

**APPENDICES**

<b>APPENDIX A</b>	<b>CONDITIONS FOR USE OF VOTING SYSTEMS IN CALIFORNIA</b>	<b>A-1</b>
<b>APPENDIX B</b>	<b>MEMO TO THE PARTICIPATING COUNTIES</b>	<b>A-4</b>
<b>APPENDIX C</b>	<b>PARALLEL MONITORING PROGRAM OVERVIEW AND PROCEDURES</b>	<b>A-6</b>
<b>APPENDIX D</b>	<b>VOTING SYSTEM COMPONENT SELECTION</b>	<b>A-12</b>
<b>APPENDIX E</b>	<b>EQUIPMENT AND TAMPER-EVIDENT SEAL INDEX</b>	<b>A-14</b>
<b>APPENDIX F</b>	<b>TEST SCRIPT CHARACTERISTICS BY COUNTY</b>	<b>A-21</b>
<b>APPENDIX G</b>	<b>LANGUAGE CHOICE BY COUNTY</b>	<b>A-24</b>
<b>APPENDIX H</b>	<b>SAMPLE TEST SCRIPT</b>	<b>A-26</b>
<b>APPENDIX I</b>	<b>TEST SCRIPT OPTIONS</b>	<b>A-28</b>
<b>APPENDIX J</b>	<b>TEAM MEMBER INDEX</b>	<b>A-33</b>
<b>APPENDIX K</b>	<b>TRAINING AGENDA</b>	<b>A-36</b>
<b>APPENDIX L</b>	<b>TESTING ACTIVITY CHECKLIST</b>	<b>A-38</b>
<b>APPENDIX M</b>	<b>EQUIPMENT SECURITY AND CHAIN OF CUSTODY INSTRUCTIONS AND FORMS</b>	<b>A-43</b>
<b>APPENDIX N</b>	<b>OBSERVER GUIDELINES</b>	<b>A-49</b>
<b>APPENDIX O</b>	<b>TESTER CONTACT AND EVENTS LOG</b>	<b>A-51</b>
<b>APPENDIX P</b>	<b>DISCREPANCY REPORTING INSTRUCTIONS AND FORMS</b>	<b>A-58</b>
<b>APPENDIX Q</b>	<b>TEST ARTIFACTS INVENTORY CHECKLIST</b>	<b>A-62</b>
<b>APPENDIX R</b>	<b>BASELINE EXPECTED TALLY VS. ACTUAL TALLY</b>	<b>A-64</b>
<b>APPENDIX S</b>	<b>OVERVIEW OF ALL DISCREPANCY REPORTS</b>	<b>A-76</b>
<b>APPENDIX T</b>	<b>DISCREPANCY REPORTS</b>	<b>A-79</b>

# Parallel Monitoring Program

## Special Statewide Election November 8, 2005

### Report of Findings

#### Executive Summary

##### Introduction

Secretary of State Bruce McPherson, in September 2005, established conditions under which a DRE voting system could be used for elections conducted between September 16, 2005, and December 31, 2005. One of the conditions states, in part:

“4. Parallel Monitoring: The Secretary of State shall conduct “parallel monitoring” in conjunction with the November 8, 2005 Special Statewide Election to validate the accuracy of the DRE voting systems.”

The consulting firm of R&G Associates, LLC (R&G) was engaged to develop the Parallel Monitoring Program (Program) to implement Secretary of State McPherson’s directive. The Program provided for the random selection of DRE voting equipment in representative counties, covering each type of DRE system currently certified for use and installed in California, to be set aside for use by experts to test on Election Day, simulating actual voting conditions, to determine the accuracy of the machines in recording, tabulating, and reporting votes.

##### Program Purpose

Current Federal, state, and county accuracy testing of Direct Recording Electronic (DRE) voting systems occurs during qualification, certification and acceptance testing prior to use in actual elections. These testing processes do not mirror real-life voting conditions. Therefore, this Program was developed as a supplement to the current logic and accuracy testing processes. The goal was to determine the accuracy of the machines to record, tabulate, and report votes using a sample of DRE voting equipment in selected counties under simulated voting conditions on Election Day.

Notwithstanding this additional level of testing, there may be other issues that could affect the accuracy of a voting system that would not be detected by Federal, state, local or parallel testing.

The Program results provide a “snapshot” of a specific system’s behavior on Election Day. Thus, the value of these results is limited to the November 8, 2005 Election Day.

##### Program Scope

Six counties were selected to participate in the Program for the November 8, 2005 Election. The six counties provided the opportunity to test the four different DRE

systems currently approved for use and installed in California: Diebold AccuVote TS, ES&S iVotronic, Hart eSlate, and Sequoia AVC Edge.

The six counties, and their respective systems, selected for the Program were:

<b>County</b>	<b>DRE Equipment</b>
Alameda	Diebold AccuVote TS
Mariposa	Sequoia AVC Edge with VeriVote Printer
Merced	ES&S iVotronic
Monterey	Sequoia AVC Edge with VeriVote Printer
Orange	Hart InterCivic eSlate
Riverside	Sequoia AVC Edge

Two DRE units were tested in each of the six counties. Within each of the counties, one precinct was identified for testing purposes. The official ballot of the selected precinct provided the foundation for the development of test scripts used in that county.

### **Program Requisites**

The quality of the test process in great part determines the success of the testing effort; as such, security of the testing process in each of the selected counties was of paramount consideration. In order to be successful, the Program required that:

1. The counties agree to host test teams on November 8, 2005;
2. Selection of voting equipment in each of the counties be randomly determined, utilizing random number generator software to eliminate human error or bias;
3. Voting equipment be fully operational, prepared for the November 8, 2005 Election by the county and accessible for selection prior to November 8 and for use in testing on November 8;
4. Tamper-evident serially numbered security seals be placed on the selected voting machines;
5. A secure storage area be available in each county to house the selected voting equipment prior to November 8;
6. A secure, appropriately equipped testing room be available at each county for use by the test team on November 8 and;
7. A county representative be available to assist or provide guidance on logistical issues while the team was in the county prior to, and on, November 8, 2005;
8. Testing on November 8, 2005, be conducted by the test teams without the involvement of voting system vendors; and

9. A secure storage area be available in each county to house the selected voting equipment after testing on November 8, 2005, until released by the Secretary of State.

### **Program Methodology**

A test methodology was created to provide a framework for: developing test scripts; defining the roles and training the testers, observers and team leaders; documenting testing activity and discrepancies; ensuring equipment security; and retention of test artifacts.

Test scripts served as the primary tool for validating the accuracy of the DRE voting equipment. One precinct in each county was used to provide a voting profile and the official ballot. Test scripts were designed to mimic the actual voter experience. Each script represented the attributes of a voter (e.g. provisional, language choice) and specified a candidate/ballot measure for which the tester should vote. The test script form was designed to record requisite details of the voting process for a “test voter” and served as a means to tally test votes and assist in verifying if all votes were properly recorded, compiled, and reported by the DRE unit being tested.

For each of the six monitored counties, 101 test scripts were developed. All contests, contest participants, voter demographics, script layouts and contents, and monitoring results were entered into a database. The database was a tool to manage 80 contests, over 48 contest participants and approximately 80 test voter selections from 606 test scripts. The database also served as a tool to verify the accuracy and completeness of the test scripts.

### **Test Team Composition**

Test teams were comprised of thirty-five individuals including ten Secretary of State employees and thirteen independent consultant testers. Each team member received four hours of Parallel Monitoring Program training. Team leaders received one-and-a-half additional hours of training specifically focused on team leader responsibilities.

### **Test Execution**

Test teams were scheduled to arrive at their assigned county at varied times prior to 7 am on the morning of November 8, 2005, to meet with county representatives, retrieve the voting equipment from storage, and be escorted to the testing room. Test teams followed a specific test schedule that identified set times for executing the 101 test scripts on each DRE unit. Testing began at 7 am and concluded at 8 pm. The schedule provided for 10.25 hours of testing over a 13-hour period.

During the course of the testing, the teams completed a discrepancy report for each deviation from the test script and/or test process and for any issues related to equipment malfunction.

At the completion of the testing, teams produced the closing tally report for their assigned DRE unit. In order to avoid any allegations or perceptions of bias, the test

teams did not reconcile the tally tapes in the field and had no knowledge of the expected outcomes.

### **Parallel Monitoring Program Findings**

The analysis of the data and the reconciliation of actual-to-expected results began on November 9, 2005. The analysis included a review of the discrepancy reports for all counties and the videotapes, as necessary, to determine the source of all identified discrepancies.

Results of the reconciliation analysis indicate that the DRE voting equipment tested on November 8, 2005, recorded the votes as cast with 100% accuracy. While variances were noted with DRE equipment in Merced County that will require follow-up with the County Elections Official and the voting system vendor, the variances noted did not impact tally results.

This report documents the results of the Parallel Monitoring Program conducted on November 8, 2005.

## Parallel Monitoring Program

### Special Statewide Election November 8, 2005

#### Report of Findings

#### I. Introduction

In March 2002, California voters enacted the Voting Modernization Bond Act, establishing a fund of \$200 million for counties to upgrade voting equipment. Concurrently, the federal Help America Vote Act of 2002 (HAVA) was enacted by Congress and signed into law by the President requiring election reform and funding for improvements.

These actions provided incentives for counties to purchase Direct Recording Electronic (DRE) voting equipment, including touch screen voting systems. The adoption of touch screen voting systems gave rise to public concerns about the security and accuracy of these systems.

Secretary of State Bruce McPherson, in September 2005, established conditions under which a DRE voting system may be used for elections conducted between September 16, 2005, and December 31, 2005 (see Appendix A – Secretary of State, Conditions for Use of Voting Systems in California). One of the conditions states, in part:

“4. Parallel Monitoring: The Secretary of State shall conduct “parallel monitoring” in conjunction with the November 8, 2005 Special Statewide Election to validate the accuracy of the DRE voting systems.”

The consulting firm of R&G Associates, LLC (R&G) was engaged to develop the Parallel Monitoring Program (Program) to implement Secretary of State McPherson’s directive. The Program provided for the random selection of DRE voting equipment in representative counties, covering each type of DRE systems currently certified for use and employed in California, to be set aside for use by experts to test on Election Day, simulating actual voting conditions, to determine the accuracy of the machines in recording, tabulating, and reporting votes.

The California Secretary of State’s Office conducted a parallel monitoring program for two previous statewide elections conducted in the State. In the March 2004 Presidential Primary Election, eight of the fourteen counties using DRE voting equipment in the election were selected for testing. In the November 2004 General Election, ten of the eleven counties using DRE voting equipment in the election were selected for testing. Both the March 2004 and the November 2004 Parallel Monitoring Reports are available on the Secretary of State’s Web site.

## II. Parallel Monitoring Program Overview

### A. Program Purpose

Current federal, state, and county accuracy testing of DRE voting systems occurs during qualification, certification, and acceptance testing prior to use in actual elections. These testing processes do not mirror real-life voting conditions.

The November 8, 2005 Parallel Monitoring Program was developed as a supplement to current logic and accuracy testing processes. The goal was to determine the accuracy of the machines to record, tabulate, and report votes using a sample of DRE voting equipment in selected counties under simulated voting conditions on Election Day. As such, only a small sample of each type of certified system in use in California is required to be tested on Election Day.

The Parallel Monitoring Program provides a “snapshot” of a specific Election Day. Thus, the value of the Program is limited to the November 8, 2005 Special Statewide Election.

Parallel testing under actual voting conditions was intended to provide an additional level of verification of accuracy of DRE voting systems. However, notwithstanding this additional level of testing, there may be other factors that could affect the accuracy of a voting system that would not be detected by Federal, state, local or parallel testing.

### B. Program Scope

Six counties were selected to participate in the Program for the November 8, 2005 Election. Two DRE units plus all necessary peripheral equipment were tested in each of the participating counties by a combination of independent consultants and Secretary of State staff. The participating counties were:

- Alameda
- Mariposa
- Merced
- Monterey
- Orange
- Riverside

The six counties provided a sampling of the four different DRE systems currently approved for use and installed in California counties: Diebold AccuVote TS, ES&S iVotronic, Hart InterCivic eSlate, and Sequoia AVC Edge. Mr. Bradley J. Clark, Assistant Secretary of State for Elections, notified the counties of commencement of the Program on September 17, 2005 (see Appendix B – Memo to Participating Counties). Program procedures were distributed to the participating counties to provide them with details of the Program and inform them of specific activities that would require their involvement (see Appendix C – November 2005 Special Statewide Election Parallel Monitoring Program Overview and Procedures).

### C. Program Requisites

The quality of the test process, in great part, determines the success of the testing effort; as such, security of the testing process in each of the selected

counties was of paramount consideration. In order to be successful, the Program required that:

1. The counties agree to host test teams on November 8, 2005;
2. Selection of voting equipment in each of the counties be randomly determined, utilizing random number generator software to eliminate human error or bias;
3. Voting equipment be fully operational, prepared for use in the November 8, 2005 Election by the county and accessible for selection prior to November 8 and for testing on November 8;
4. Tamper-evident serially numbered security seals be placed on the selected voting machines;
5. A secure storage area be available in each county to house the selected voting equipment prior to November 8;
6. A secure, appropriately equipped testing room be available at each county for use by the test team on November 8;
7. A county representative be available to assist or provide guidance on logistical issues while the team was in the county prior to and on November 8;
8. Testing on November 8, 2005, be conducted by the test teams without the involvement of voting system vendors and;
9. A secure storage area be available in each county to house the selected voting equipment after testing on November 8, 2005, until released by the Secretary of State.

### **III. Program Methodology**

One precinct in each county was selected for testing. The precinct was selected using a random number generator software tool. Once the precinct was identified, the county provided the official ballot for that precinct. The official ballot for the selected precinct provided the foundation for the development of test scripts for testing DRE units in that county.

Table 1, on the following page, displays the counties, precincts and equipment selected to participate in the Program.

**Test Counties, Precincts and Equipment**

<b>County</b>	<b>Precinct</b>	<b>DRE Equipment</b>	<b>Card Activator</b>
Alameda	545000	Diebold AccuVote TS	Spyrus
Mariposa	3004	Sequoia AVC Edge with VeriVote Printer	Card Activator
Merced	321	ES&S iVotronic	Communications Pack
Monterey	015	Sequoia AVC Edge with VeriVote Printer	Card Activator
Orange	0031615	Hart InterCivic eSlate	Judges Booth Control
Riverside	47-012	Sequoia AVC Edge	Card Activator

**Table 1**

The DRE voting equipment to be tested in the counties was selected using one of two methodologies. For counties where the DRE voting equipment was pre-programmed and/or pre-assigned to a specific precinct, two units in the selected precinct were identified using a random number generator software tool. Where the DRE voting equipment was not pre-programmed and/or pre-assigned to a specific precinct, selection was accomplished by randomly selecting two numbers from the number of DRE units in the county inventory allocated for this election, using a random number generator software tool.

Representatives from the Secretary of State's Office traveled to and met with representatives from each county for the purpose of identifying and securing DRE voting equipment. The Secretary of State Representatives identified the equipment using the methodology outlined above and documented the selection on the Voting System Component Selection Form (see Appendix D – Voting System Component Selection). Secretary of State tamper-evident security seals were affixed to the equipment (see Appendix E– Equipment and Tamper-Evident Seal Index). The equipment was then segregated from the balance of the county inventory and secured and housed on the county premises until November 8, 2005. Encoders or voter card activators, voter access cards, supervisor cards, and other items necessary for testing, were also secured.

Table 2, on the following page, reflects the dates the voting system equipment was secured in each county.

**Testing Equipment Secured**

County	Representative	DRE Equipment	Other Testing Equipment	Date Secured
Alameda	Jocelyn Whitney	Diebold AccuVote TS	Spyrus (2), Voter Access Cards, Supervisor Card, DRE Keys	10/28/2005
Mariposa	Jocelyn Whitney	Sequoia AVC Edge with VeriVote Printer	Card Activator Voter Cards	10/27/2005
Merced	Jocelyn Whitney	ES&S iVotronic	Communication Pack	10/25/2005
Monterey	Jocelyn Whitney	Sequoia AVC Edge with VeriVote Printer	Card Activator Voter Cards	10/24/2005
Orange	David Hahn	Hart InterCivic eSlate	Judges Booth Control	10/24/2005
Riverside	David Hahn	Sequoia AVC Edge	Card Activator Voter Cards	11/1/2005

**Table 2**

**IV. Test Methodology**

A test plan was created to provide a framework for: developing test scripts; defining the roles of the testers, observers and team leaders; documenting testing activity and discrepancies; ensuring equipment security; and retention of test artifacts.

Test scripts served as the primary tool to achieve the main goal of validating the accuracy of the DRE voting equipment. The required accuracy of the equipment is defined as “precision in recording, calculations and outputs”.

Test scripts were designed to mirror the actual voter experience. Each script represented the attributes of a voter (regular or provisional, language choice) and specified a candidate/ballot measure for which the tester should vote in a specific contest. The test script form was laid out to record requisite details of the voting process for a “test voter” and served as a means to tally test votes and assist in verifying if all votes were properly recorded, compiled, and reported by the DRE unit.

For each county 101 test scripts were developed. While the test scripts were different for each county—depending on the local contests and the voting profile characteristics—within a county, both DRE teams executed the same 101 test scripts.

## **A. Database Development**

All contests, contest participants, voter demographics, script layouts and contents, and monitoring results were entered into a database. The database was a tool to manage 68 contests, 48 contest participants and 80 vote selections from over 606 test scripts.

The database also served as a tool to verify the accuracy and completeness of the test scripts. Reports were generated from data contained in the database to verify:

1. Coverage of all contests and contest participants
2. Contest drop-off rates
3. Vote selection changes
4. Language choice
5. Write-In candidates

## **B. Test Script Characteristics**

Test scripts contained various numbers of contests per county including the following election contests coverage (see Appendix F – Test Script Characteristics by County):

1. All precincts (statewide): Propositions 73, 74, 75, 76, 77, 78, 79 and 80
2. Precinct specific: School Districts, College Districts, Health Care District, Irrigation District, County, City and Local Measures

## **C. Script Coverage**

Each set of scripts for a precinct contained the following:

1. Every contest available in the precinct was included on the script in at least 82% of the total number of scripts executed on each DRE.
2. Some contests, but not all contests, available in the precinct were included on the script in 18% of the total number of scripts.
3. No contest selections available in the precinct were included on the script in one ballot script for each county (blank ballot).
4. 100% of all contests received at least one test vote on the script in order to verify it was being tallied correctly.
5. One script directing the tester to attempt to use a voter access card more than once without reactivating the card.

## **D. Contest Drop-Off Rates**

Each set of scripts for a precinct was designed to mirror the actual contest drop off rate experienced in that county in the November 2004 General Election for the statewide contests.

## **E. Vote Selection Changes**

Each set of scripts for a precinct contained one each of the following vote selection changes designed to mimic common voter corrections:

1. Change a vote selection on the same screen
2. Change a vote selection on a previous screen
3. Change a vote selection from the final confirmation screen

## **F. Script Language Choice**

Each set of scripts for a precinct provided for language choices as follows (see Appendix G – Language Choice by County):

1. Alameda — English, Spanish, Chinese
2. Mariposa — English
3. Merced — English, Spanish
4. Monterey — English, Spanish
5. Orange — English, Spanish, Chinese, Tagalog, Japanese, Vietnamese and Korean
6. Riverside — Spanish, English

## **G. Write-In Candidates**

Each set of scripts for a precinct contained two write-in candidates where the precinct ballot provided candidate contests.

## **H. Test Script Components**

Each test script consisted of the following components (see Appendix H – Sample Test Script).

### **1. Section 1**

County – name of the county where the test was conducted. County name was pre-printed on the form.

System Vendor – the name of the voting system vendor. The vendor name was pre-printed on the form.

Precinct – the precinct number used to develop the test scripts. The precinct number was pre-printed on the form.

Tester – the name of the tester. The tester completed the tester name when the test script was initiated.

Observer – the name of the observer. The tester completed the observer name when the test script was initiated.

Video Operator – the name of the video operator. The tester completed the video operator name when the test script was initiated.

Time Block – the period of time in which the script was scheduled to be completed. Time block was pre-printed on the script.

Actual Start Time – the actual time the script was initiated. Start time was completed by the tester when the script was initiated.

## **2. Section 2**

Voting Language – the language to be activated for the test script (See Appendix I – Test Script Options – List B). The voting language was pre-printed on the script.

Tester Alerts – indicated if the script contained any variances of which the tester should be aware. For example: provisional ballot, vote selection changes, write-ins, voter card reuse).

## **3. Section 3**

This section outlined the steps required to complete the test script:

Step 1– instructed the tester to display the test script number prominently so it is clearly visible.

Step 2 – instructed the tester to activate a voter access card or code.

Step 3 – instructed the tester to insert the voter access card into the DRE unit or, in the case of Orange County, to enter the access code.

Step 4 – instructed the tester to make a vote selection in each specified contest (see Appendix I – Test Script Options - List D for Contests (All Precincts) and List E for Contests (Precinct Specific). Once the vote selection had been made, the tester checked the “select” box on the test script. Any deviation from the script would require a discrepancy report to be completed. The discrepancy report number was then recorded in the defect column.

Vote selection changes simulating common voter errors were randomly placed within a script’s sequence of contest selections. (see Appendix I – Test Script Options – List F)

Step 5 – instructed the tester to stop on the confirmation/review screen to allow the observer to verify the tester’s vote selections.

Step 6 – instructed the observer to review the vote selections against the script and:

- a) If the selection was correct, the observer checked the verify box.
- b) If the selection was incorrect, the observer documented the defect by initialing in the “defect” column, informed the tester of the needed correction and completed a discrepancy report documenting the actions.
  - (1) The tester then corrected the selection and again stopped at the confirmation/review screen.
  - (2) The observer reviewed the vote selections against the script.

Step 7 – Once all selections were confirmed as correct, the tester cast the ballot.

## **V. Test Team Composition and Training**

Test teams were comprised of thirty-five individuals including ten Secretary of State employees, thirteen independent consultant testers and twelve video operators (see Appendix J – Team Member Index).

In three of the six counties, test teams comprised of one Secretary of State employee tester, one consultant tester and one video operator were assigned to each of the two DRE units to be tested. Due to the unique configuration of the Hart InterCivic eSlate DRE system in Orange County, an additional test team member was required. In Alameda and Mariposa counties, a test team comprised of one Secretary of State employee tester, two independent consultant testers and two video operators was assigned to test both DRE units being tested.

With the exception of the video operators, each team member received four hours of Parallel Monitoring Program training. The training consisted of an overview of the Parallel Monitoring Program, the objectives of the Program, an overview of the testing methodology and the required documentation, the roles and responsibilities of the testers, observers and team leaders, a demonstration of each of the voting systems by the system vendors, security protocols and logistical information (see Appendix K – Training Agenda). In addition, team leaders received 1.5 hours of training specifically focused on pre-test and post-test equipment security, documenting testing activities, test artifact retention, additional security protocols, scheduled contact with the Program Manager, and protocols for interacting with county officials, employees and other observers.

Two additional independent consultants and Secretary of State employees participated in the training session as alternates, to be called in the event a scheduled tester was unable to participate on the testing day. On November 8, 2005, the participation of one alternate consultant tester and one alternate employee tester were required to provide the full compliment of testers.

### **A. Team Member Roles and Responsibilities**

Team members rotated between the roles of tester and observer.

The responsibility of the tester was to:

1. Read the test script carefully.
2. Record the information in Section 1 of the test script – Tester Name, Observer Name, Video Operator(s) Name, and the Actual Start Time.
3. Activate the voter access card in accordance with the test script.
4. Make voting selections on the screen in accordance with the test script.
5. Verify each vote selection by checking the “select” box on the script after each selection is made.
6. Stop at the confirmation/review screen.
7. Wait while the observer checked the vote selections for consistency with the test script.
  - a) If the observer indicated a vote was not consistent with the test script, the observer requested that the tester make the appropriate correction.
  - b) Once the observer indicated that all the selections were consistent with the test script, the observer requested the tester to proceed.
8. Cast the ballot.

The responsibility of the observer was to:

1. Read the test script carefully.

2. Verify that the voter access card was activated in accordance with the test script.
3. Verify that the vote selections made by the tester were consistent with the test script.
  - a) If vote selections were not consistent with the test script, document each vote selection that was incorrect by initialing the "defect" column on the script and requesting that the tester return to the appropriate screen and correct the vote selection.
    - (1) Complete a discrepancy report and request the team leader review and sign off on the report.
    - (2) Request the tester move forward to the confirmation/review screen.
    - (3) Review as noted above, verify that all vote selections made by the tester were consistent with the test script, and then verbally indicate to the tester that he/she may proceed.
  - b) If vote selections were consistent with the test script, place a check in the "verify" box on the script for each vote and verbally indicate to the tester that he/she may proceed.
4. Observe the tester cast the ballot.

In addition to the above, one of the consultant testers in each county was designated as the team leader with responsibility for oversight of all aspects of the testing process and for acting as liaison with the county elections officials.

The responsibility of the team leader was to:

1. Ensure that the voting system equipment was secure at all times and that at no time were there fewer than two team members in the room with the equipment, at least one of which had to be a tester/observer.
2. Ensure that the Equipment Security and Chain of Custody forms were completed accurately and in a timely manner.
3. Ensure all pre- and post-test activities completed according to the Activity Checklist.
4. Ensure the test scripts were executed correctly and consistent with the time schedule.
5. Ensure discrepancy reports and logs were completed correctly and in a timely manner.
6. Ensure that all test artifacts were collected, sealed, secured and returned to the Secretary of State's Office.

7. Act as a liaison for contact with the county elections officials.
8. Initiate scheduled communications with the Program Manager.
9. Recognize and elevate issues, as appropriate.

## **VI. Schedule of Activity for November 8, 2005**

Test teams were scheduled to arrive at their assigned county at prearranged times prior to 7 am on the morning of November 8, 2005, to meet with county representatives, retrieve the voting equipment from storage, and be escorted to the testing room. An exception to this occurred in Mariposa County where the test equipment was moved into the testing room on November 7, 2005.

The test teams were given a checklist to ensure all required activity was accomplished in a timely manner (see Appendix L – Testing Activity Checklist).

### **A. Pre-Test Set Up**

From 6:00 am to 7:00 am each team was scheduled to:

1. Coordinate with the video operator and ensure all relevant activity was recorded.
2. Examine and document the condition of the tamper-evident seals applied to the equipment. Complete section one of the Equipment Security and Chain of Custody form (see Appendix M - Equipment Security and Chain of Custody Instructions and Forms).
3. Set up the DRE units and card activator equipment.
4. Organize all equipment and supplies necessary to conduct the testing in a manner that would allow for executing the test scripts and documenting any variances.
5. Generate the “zero tally” report for each DRE.

### **B. Executing the Test Scripts**

Test teams were directed to follow a specific test execution schedule. The test schedule was developed based on voting trends. Therefore, more tests scripts were to be executed during peak times. The first peak of the day was between 7:00 am and 9:00 am, the second peak was between 11:45 am and 1:30 pm, and the last peak was between 5:00 pm and 8:00 pm

The teams were informed that there might be observers to the testing activities (see Appendix N – Observer Guidelines).

The team leaders were instructed to contact the Program Manager at Secretary of State headquarters at prescribed times: opening of the polls and initiation of

testing, mid-morning, lunch break, mid-afternoon, dinner break, at the end of testing, and any time a discrepancy disrupted the normal testing schedule (see Appendix O - November 8, 2005 Tester Contact and Events Log).

The test schedule identified set break times and set times of executing test scripts. Start and end times were printed on test scripts in order to facilitate adherence to the test schedule. The test schedule provided for 10.25 hours of testing.

### Testing Schedule

Activity	Start	End	# Tests
Set Up	6:00 am	7:00 am	
<b>Vote</b>	<b>7:00 am</b>	<b>9:00 am</b>	<b>17</b>
Break	9:00 am	9:30 am	
<b>Vote</b>	<b>9:30 am</b>	<b>10:15 am</b>	<b>6</b>
Break	10:15 am	10:30 am	
<b>Vote</b>	<b>10:30 am</b>	<b>11:15 am</b>	<b>8</b>
Lunch	11:15 am	11:45 am	
<b>Vote</b>	<b>11:45 am</b>	<b>1:30 pm</b>	<b>18</b>
Break	1:30 pm	1:45 pm	
<b>Vote</b>	<b>1:45 pm</b>	<b>2:30 pm</b>	<b>7</b>
Break	2:30 pm	2:45 pm	
<b>Vote</b>	<b>2:45 pm</b>	<b>3:30 pm</b>	<b>6</b>
Break	3:30 pm	3:45 pm	
<b>Vote</b>	<b>3:45 pm</b>	<b>4:30 pm</b>	<b>7</b>
Dinner	4:30 pm	5:00 pm	
<b>Vote</b>	<b>5:00 pm</b>	<b>6:30 pm</b>	<b>12</b>
Break	6:30 pm	6:45 pm	
<b>Vote</b>	<b>6:45 pm</b>	<b>8:00 pm</b>	<b>20</b>
Close	8:00 pm	9:00 pm	
		<b>Total:</b>	<b>101</b>

Table 3

#### C. Documenting Discrepancies

During the course of the testing, the teams completed a discrepancy report for each deviation from the test script and/or test process and for any issues related to equipment malfunction. Each discrepancy report was reviewed and signed by the team leader and logged on the discrepancy log form. Discrepancy reports were preprinted and numbered sequentially. Discrepancy reports and logs were returned to the Secretary of State's Elections Division along with all other test artifacts when testing was completed (see Appendix P – Discrepancy Reporting Instructions and Forms).

#### D. Post Test Activities

Between 8 pm and 9 pm the teams were scheduled to:

1. Run the closing tally tape for their DRE voting equipment.

2. Secure the DRE voting equipment and affix the tamper-evident security seals.
3. Document the tamper-evident seal numbers.
4. Complete sections two and three of the Equipment Security and Chain of Custody Form (see Appendix M - Equipment Security and Chain of Custody Instructions and Forms)
5. Collect, inventory and verify labels on all videotapes
6. Complete the Test Artifacts Inventory Checklist form ensuring all required items were collected and sealed for return to the Secretary of State's Office (see Appendix Q - Test Artifacts Inventory Checklist)
7. Return the equipment to the designated secure storage location.

In order to avoid any conflict of interest or bias, the test teams did not reconcile the tally tapes in the field and had no knowledge of the expected outcomes.

## **VII. Reconciling the Test Results**

Team leaders returned test artifacts to the Secretary of State's Office in Sacramento on November 9, 2005. Each team leader met with the Program Manager and provided a briefing on how the testing proceeded in their assigned county, reviewed the inventory of artifacts, discussed each discrepancy report in detail, and reviewed the required documentation to ensure all had been completed correctly and that the Program Manager understood all situations that had prompted the completion of a discrepancy report.

Test artifacts included the hardcopy tally printouts from the DRE voting equipment recording the results of the "test voting" for the day. Some DRE voting equipment generated a printout for each DRE, while other DRE voting equipment generated a consolidated printout with tally data from both DRE units.

The analysis of the data and the reconciliation of actual results to expected results included the following tasks.

1. The DRE printout from each unit, or the consolidated printout, were compared to the expected baseline tally figures from the database to identify inconsistencies between the actual results and the expected baseline tally figures (see Appendix R – Baseline Expected Tally vs. Actual Tally).
2. Discrepancy reports were reviewed and analyzed to determine what, if any, impact the described discrepancy would have on the actual results (see Appendix S – Overview of All Discrepancy Reports).
3. Variances documented in discrepancy reports were verified by completing a review of the test scripts.

4. If a discrepancy was not resolved by a review of the discrepancy reports and review of the test scripts, videotape from that portion of the testing was analyzed. If the source of the variance was identified through a review of the videotape, a discrepancy report was completed.

There were additional discrepancy forms completed in each of the counties that did not affect the actual results. These discrepancy forms usually related to testers making corrections to selections before casting the ballot, testers having to “tap” multiple times to make a vote selection register on the DRE unit or short testing delays due to changing tapes for the video recordings (See Appendix T – Discrepancy Reports).

## **VIII. Parallel Monitoring Program Findings**

Results of the reconciliation analysis indicated that the DRE voting equipment tested on November 8, 2005, recorded the votes as cast with 100% accuracy.

In three counties—Alameda, Mariposa and Monterey—the results matched exactly for all contests and no further analysis was required to reconcile the results.

In Merced County, a variation remained which could not be explained by the discrepancy reports completed during the testing. After further on-site analysis, it was determined that the source of the discrepancy was tester error.

In addition, noted with this equipment are several variances that will require follow-up with the County Elections Official and the voting system vendor. It is important to note that the variances noted in this test case did not impact tally results.

In Orange County, a completed Discrepancy Report explained the variation.

In Riverside County, testers assigned to one DRE did not execute all the test scripts. A completed Discrepancy Report explained the variation.

### **A. Analysis and Results by County**

This section provides the details of the analysis and specific test results for each county. Each county analysis is divided into three sections. Section a) describes any variations from the test methodology; section b) describes the comparison of the expected and the actual results; and section c) describes the process undertaken to determine the source of the variances.

#### **1. Alameda County**

##### **a) Variations in Test Methodology:**

Opening of Polls - Due to a delay in setting up the video equipment, testing did not begin until 7:07 am

##### **b) Comparison of Expected and Actual Results:**

After the comparison of the expected and actual results, a total of zero discrepancies were identified.

c) Reconciliation of Discrepancies:

No reconciliation was necessary.

## **2. Mariposa County**

a) Variations in Test Methodology:

As noted previously in this report, the voting system equipment was moved by the County staff and the Program testers into the secured testing room on November 7, 2005. The tamper-evident seals were intact at the time the equipment was moved and also at the time the testers reported to the room on November 8, 2005.

Opening of Polls – testing began at 7:04 am.

b) Comparison of Expected and Actual Results:

After the comparison of the expected and actual results, a total of zero discrepancies were identified.

c) Reconciliation of Discrepancies:

No reconciliation was necessary.

## **3. Merced County**

a) Variations in Test Methodology:

Opening of Polls – Three white boards located on the walls of the testing room created glare that caused concern that the video recordings would be compromised. The team rearranged the testing setting set-up, resulting in a slight delay in the beginning of the testing. Testing commence at 7:10 am

b) Comparison of Expected and Actual Results:

After the initial comparison of the expected and actual results, one discrepancy was identified.

c) Reconciliation of Discrepancies

None of the discrepancy reports completed on November 8, 2005, resolved the identified variation.

Further review resulted in the identification of the source of the variation from the expected results:

Report # 16 – Tester Error: The tester failed to execute a vote for Tom Parker as instructed by the test script.

Testers completed discrepancy reports noting additional variances, as detailed in the attached report, which will require follow-up with the County Elections Official and the voting system vendor. It is important to note that the variances noted did not impact tally results.

**Comparison of Discrepancies in Merced County**

Contest	Selection	Initial Comparison			Adjusted for Discrepancy Reports			
		<i>Expected</i>	<i>Actual</i>	<i>Diff.</i>	<i>Log #</i>	<i>Adjusted Expected</i>	<i>Adjusted Actual</i>	<i>Adjusted Diff.</i>
Merced City SD Brd.Mbr	Tom Parker	74	73	-1	16	73	73	0

**Table 4**

**4. Monterey County**

a) Variations in Test Methodology:

Opening of Polls - Due to space restrictions at the Registrar’s site, the testing room was located in a county building approximately 2.5 miles from the Registrar’s Office. This required the team to retrieve the equipment from the Registrar’s Office and transport it to the testing room. The testing began at 7:20 am

b) Comparison of Expected and Actual Results:

After the comparison of the expected and actual results, a total of zero discrepancies were identified.

c) Reconciliation of Discrepancies:

No reconciliation was necessary.

## 5. Orange County

### a) Variations in Test Methodology:

Team Member Composition – Due to the unique configuration of the system an additional team member was assigned to operate and monitor the Judges Booth Control (JBC).

The selected precinct did not provide a ballot with the option of selecting Tagalog or Japanese as language choices. The script instructing the voter to select Tagalog, and the script instructing the voter to select Japanese, were both executed in English.

Orange County is the only county in California that uses the Hart InterCivic eSlate voting system. The vendor experienced scheduling conflicts which required the testers for this county to receive voting system training in Orange County rather than at the Secretary of State's Office, as had been anticipated.

### b) Comparison of Expected and Actual Results:

After the initial comparison of the expected and actual results, a total of eleven discrepancies were identified.

### c) Reconciliation of Discrepancies:

A review of the discrepancy reports revealed that script number 60, a script calling for a provisional ballot, was voted as a regular ballot, increasing the expected tally for each contest on that ballot.

Report #5 – Tester Error: The tester improperly selected a regular ballot when the script called for a provisional ballot. This resolved all eleven discrepancies.

### Comparison of Discrepancies in Orange County

Contest	Selection	Initial Comparison			Adjusted for Discrepancy Reports			
		<i>Expected</i>	<i>Actual</i>	<i>Diff.</i>	<i>Log #</i>	<i>Adjusted Expected</i>	<i>Adjusted Actual</i>	<i>Adjusted Diff.</i>
Proposition 73	Vote No	44	45	+1	5	45	45	0
Proposition 74	Vote Yes	43	44	+1	5	44	44	0
Proposition 75	Vote Yes	43	44	+1	5	44	44	0
Proposition 76	Vote No	44	45	+1	5	45	45	0
Proposition 78	Vote No	43	44	+1	5	44	44	0
Proposition 79	Vote Yes	42	43	+1	5	43	43	0
Proposition 80	Vote No	43	44	+1	5	44	44	0
Measure B	Vote No	46	47	+1	5	47	47	0
Measure C	Vote Yes	46	47	+1	5	47	47	0
Measure D	Vote No	49	50	+1	5	50	50	0
Measure E	Vote No	49	50	+1	5	50	50	0

**Table 5**

#### 6. Riverside County

a) Variations in Test Methodology:

Testers did not execute all the scripts on one DRE unit. Test numbers 100 and 101 were not executed. Testers followed testing protocol and completed a discrepancy report.

b) Comparison of Expected and Actual Results:

After the comparison of the expected and actual results, a total of eighteen discrepancies were identified.

c) Reconciliation of Discrepancies:

A review of the discrepancy reports revealed that script number 100 and 101 were not executed.

Report # 9 – Tester Error: The tester did not execute all the scripts on one DRE unit. This resolved all eighteen discrepancies.

### Comparison of Discrepancies in Riverside County

Contest	Selection	Initial Comparison			Adjusted for Discrepancy Reports			
		<i>Expected</i>	<i>Actual</i>	<i>Diff.</i>	<i>Log #</i>	<i>Adjusted Expected</i>	<i>Adjusted Actual</i>	<i>Adjusted Diff.</i>
Proposition 74	Vote Yes	45	44	-1	9	44	44	0
Proposition 75	Vote Yes	45	44	-1	9	44	44	0
Proposition 76	Vote No	45	44	-1	9	44	44	0
Proposition 77	Vote No	45	44	-1	9	44	44	0
Proposition 78	Vote No	46	45	-1	9	45	45	0
Proposition 79	Vote Yes	43	42	-1	9	42	42	0
Proposition 80	Vote No	45	44	-1	9	44	44	0
Palo Verde CCD GBM	Samuel Burton	73	72	-1	9	72	72	0
Palo Verde CCD GBM	Francis "Ted" Arneson	72	71	-1	9	71	71	0
Palo Verde CCD GBM	Lincoln Edmond	72	71	-1	9	71	71	0
Palo Verde CCD GBM	Valentina Gwinnup Tejada	38	37	-1	9	37	37	0
Palo Verde CCD GBM	Francisco J. Tejada	39	38	-1	9	38	38	0
Blythe CCM	Richard "Dickie" Soto	35	34	-1	9	34	34	0
Blythe CCM	Joseph "Joey" De Connick	25	24	-1	9	24	24	0
Blythe CCM	Larry J. Williams	26	25	-1	9	25	25	0
Blythe City Clerk	Virginia C. "Virgie" Rivera	98	97	-1	9	97	97	0
Blythe Treasure	Leann Kay Martin	98	97	-1	9	97	97	0
Palo Verde HCD Measure I	Vote Yes	48	47	-1	9	47	47	0

**Table 6**

## **Appendix A**

### **Secretary of State Conditions for Use of Voting Systems in California**



**BRUCE McPHERSON** | SECRETARY OF STATE | STATE OF CALIFORNIA  
ELECTIONS | 1500 11th Street, 5th floor, Sacramento, CA 95814 | tel 916.657.2166 | fax 916.653.3214 | www.ss.ca.gov

## SECRETARY OF STATE

### CONDITIONS FOR USE OF VOTING SYSTEMS IN CALIFORNIA

September 16, 2005 – December 31, 2005

It is essential in a democracy for voters to have confidence in the accuracy, reliability and security of the equipment upon which votes are cast. The purpose of these conditions for use of voting systems in California is to provide means and measures by which those essential goals can be accomplished. The California Elections Code in Division 19 provides for the approval and use of voting systems throughout the State of California. This document implements the provisions of Division 19 for all elections held during the remainder of 2005. As of January 1, 2006, additional provisions of federal and state election laws become effective with regard to security and accessibility of voting systems.

The Secretary of State has determined that the following conditions need to be in effect for elections held during the remainder of 2005:

1. **Security Plans:** At least 29 days before the November 8, 2005 Special Statewide Election (Oct. 10), the Secretary of State shall review all election observer, physical security, and communication plans, as applicable, on file from counties and may require updates to any such plans to be filed by the counties no later than 15 days before the November 8, 2005 Special Statewide Election (Oct. 24). After the November 8, 2005 Election, the Secretary of State shall convene a working group of designated Secretary of State staff and county election officials to prepare a best practices report/model plans that can be used by counties to improve security and communications in future elections.
2. **Modifications to Voting Systems:** Any request by a county election official or voting equipment vendor for a change or modification to a certified voting system (hardware or software) after September 23, 2005(E-46) shall only be considered by the Secretary of State if the requested change is deemed necessary to assure the accuracy and/or efficiency of the voting system.
3. **Back-up Ballots:** Any direct record electronic (DRE) voting system that is certified for use in California with an electronic provisional ballot module may use this module for casting of provisional ballots in accordance with the adopted procedures for the voting system or, alternatively, may use paper provisional ballots. All county election officials shall have an adequate supply of paper ballots, as determined by the election official, available at the voting locations for use in the event of a power failure or, where applicable, temporary loss of the ability to use electronic equipment, or if a voter chooses not to vote on electronic equipment. These ballots may be cast as provisional ballots.

Secretary of State Conditions for Use of Voting Systems  
September 16, 2005  
Page 2 of 2

4. Parallel Monitoring: The Secretary of State shall conduct "parallel monitoring" in conjunction with the November 8, 2005 Special Statewide Election to validate the accuracy of DRE voting systems. The Secretary of State shall establish, coordinate and fund this program in a similar manner to the parallel monitoring programs conducted in conjunction with the March and November 2004 elections. Results of the parallel monitoring will be posted on the Secretary of State's website and released by general news release as soon as available.
5. Disability Access Devices: In counties where disability access devices are used, counties shall instruct poll workers to connect such audio headsets or hand-held keypads to the voting units prior to the time the polls open.
6. Posting Results: For counties using DRE voting systems, a copy of the results from each voting unit that is capable of printing the results shall be posted for public inspection at the close of polls.
7. Security: No component of a DRE voting system shall be connected at any time to the internet. No component of a DRE voting system shall be permitted to receive official results through the public telephone system nor shall official election results be transmitted or received through wireless communication. This restriction does not apply to semi-official canvass results transmitted on election night.
8. Tampering Penalties Posted: Counties shall post at each polling place, in applicable languages, a notice regarding the penalties for tampering with any component of the voting system in use. The Secretary of State shall provide to counties sample language and/or posters to meet this requirement.

###

## **Appendix B**

### **Memo to the Participating Counties**



Date: September 30, 2005  
TO: All County Clerks/Registrars of Voters (CCROV #05261)  
FROM: \_\_\_\_\_  
BRADLEY J. CLARK  
Assistant Secretary of State, Elections  
RE: November 2005 Special Statewide Election, Parallel Monitoring Program

The Secretary of State, in conjunction with participating counties, is beginning work to implement the Parallel Monitoring Program (Program) for DRE voting systems for the upcoming November 8<sup>th</sup> Special Statewide Election. Six counties have agreed to participate in this effort. The counties are Alameda, Mariposa, Merced, Monterey, Orange, and Riverside.

The following is a brief overview of how the Program will be conducted.

For each of the participating counties, the Secretary of State will randomly select two DRE unit(s) and one activator unit for use in the Program. A representative from the Secretary of State will make the selection and secure the machines within the county's main office until Election Day. This selection and storage will occur on a timeline arranged between the Secretary of State and each county during the time after the county has completed programming and sealing against tampering, according to normal procedures, but before distribution to polling places. As in previous programs, we will not remove machines from polling places as part of the Program.

On Election Day, teams consisting of five to six individuals, at least one of which will be an employee of the Secretary of State, will arrive in each selected county to conduct the Program using specially developed test scripts. Security measures will be implemented to ensure that results from these machines will not be included in unofficial or official tabulation results.

Additional details about the Program are included in the accompanying draft Program overview and procedures.

For the **Election Officials in the selected counties**, we are asking the following:

1. Please send a list of your precincts for this election to me as soon as possible (preferably no later than noon on Tuesday, October 4, 2005).
2. Please send your county's poll worker guide including instructions for opening and closing of the polls and procedures to use in the event of equipment malfunction as soon as possible.
3. Please review the attached Program overview and procedures and make note of any questions, concerns and/or comments you may have.
4. Please participate in a conference call on Thursday, October 6 from 12:00 to 1:30 to discuss the Program. The call in number is (916) 227-9394. *(Please feel free to eat your lunch while on the call!).*

If you have additional questions you can reach me by email at [bclark@ss.ca.gov](mailto:bclark@ss.ca.gov), by phone at (916) 653-8235 or by fax at (916) 653-4620.

Thank you for your continued time and consideration as we work together on this Program. We will work to keep our disruption of your duties, schedules and routines to a minimum.

## **Appendix C**

### **November 2005 Special Statewide Election Parallel Monitoring Program Overview and Procedures**

**Parallel Monitoring Program**  
**November 8, 2005 Special Statewide Election**  
**Program Overview and Procedures**

**I. Introduction**

Current federal, state, and county accuracy testing of Direct Recording Electronic (DRE) voting systems occurs prior to elections and does not mirror actual voting conditions. The Parallel Monitoring Program (Program) has been developed as a supplement to the current accuracy testing processes. The goal of the Program is to determine the presence of malicious code by testing the accuracy of the machines to record, tabulate, and report votes using a sample of DRE equipment in selected counties under actual voting conditions on an election day.

Six counties, utilizing certified DRE voting systems used in polling place voting, will be participating in the Program for the November 2005 Special Statewide Election. The participating counties are:

- Alameda
- Mariposa
- Merced
- Monterey
- Orange
- Riverside

**II. Equipment Selection**

1. Two (2) DRE units will be selected for testing in each county. Selection of voting equipment in each of the counties will be determined by random, utilizing a random number generator software tool to eliminate human error or bias.

In counties where the DRE equipment is pre-programmed and/or pre-assigned to a specific precinct, two units in the selected precinct will be identified.

In counties where the DRE equipment is not pre-programmed and/or pre-assigned to a specific precinct, selection will be accomplished by randomly selecting two numbers from the total number of DRE units in the county inventory.

2. Voting equipment selected for testing will be fully operational, prepared for the November 8, 2005 Election by the county, and accessible for selection prior to November 8<sup>th</sup> and for testing on November 8<sup>th</sup>.
3. Representatives from the Secretary of State's Office will travel to and meet with the county election official (or designee) at a mutually agreed upon day and time for the purpose of identifying and securing selected DRE equipment and other equipment necessary to conduct the testing on November 8, 2005. Voting equipment will be selected after the devices have been programmed and sealed against tampering according to normal county procedures and before distribution to polling places.

4. The Secretary of State's representative will attach tamper evident, serially numbered security labels on the selected voting equipment to identify the equipment as part of the Parallel Monitoring Program and to provide additional protection against tampering.
5. Equipment name, firmware version, serial number, and a confirmation that the equipment has been prepared according to county procedures and the Elections Code will be documented, and the county election official (or designee) will be asked to verify the information as accurate.
6. The equipment will then be segregated from the balance of the county inventory and secured on the county premises for housing until November 8, 2005. Encoders or voter card activators, voter access cards, supervisor cards, and other items necessary for testing will also be secured and remain on the county premises.
7. The Secretary of State's representative and county election official (or designee) will agree on a secure, appropriately equipped location with controlled access, within the county's main election office to conduct the testing on November 8, 2005. The Secretary of State's requests that the room provide adequate lighting, power, tables for equipment and testing supplies, chairs, etc.

### III. Testing Approach

1. A testing approach has been created to provide a framework for developing test scripts, defining the roles and training of testers, observers and team leaders, documenting testing activity and discrepancy reporting, equipment security and tracking test artifacts.
2. The Secretary of State's staff will request that each county election official compile a list of precincts in their county. Within each of the counties, one precinct will be identified utilizing a random number generator computer software tool to eliminate human error or bias. The election official in each county will be requested to provide the official ballot of the selected precinct. The ballot will provide the foundation for the development of test scripts used in that county.

### IV. Test Team Composition and Training

1. Testing teams will be comprised of thirty-five (35) individuals including Secretary of State employees, independent consultants and videographers. Each county team will consist of five to six individuals, at least one (1) of which will be a Secretary of State employee.
2. The county election official will be informed of the names, roles and employment affiliation of all individuals who will be conducting testing activities in their counties on November 8, 2005. Information will be submitted to each county not later than November 1, 2005. The parties understand that last minute substitutions may be necessary due to circumstances outside the control of the Secretary of State. If such a substitution should be necessary, the Secretary of State will notify the county in a timely manner.
3. Team members will be required, at all times while onsite in a county, to display an official Secretary of State badge identifying them as a member of the Secretary of State Parallel Monitoring Program team. In addition, team members are required to adhere to county security procedures at all times.

4. Testers will be provided a minimum of four (4) hours of parallel monitoring program training including hands-on training on the voting system they will be assigned to test. In addition, team leaders will be provided an additional 2 hours of training specific to team lead responsibilities.
5. The county election official (or designee) will supply the Secretary of State's representative with poll workers instruction materials, including instructions for opening and closing the polling places, activating voter cards and procedures in the event of equipment malfunctions.

#### V. Test Execution

1. Test teams will arrive at their assigned county at ~5:45 a.m. (or at such time as otherwise agreed to) on November 8, 2005 to meet with the county election official (or designee).
2. In the presence of the county election official (or designee), team members will move, or monitor the movement of, the selected voting system equipment from the county storage area to the agreed upon testing room.
3. The county election official (or designee) and the Secretary of State's team leader will view the testing room to ensure that previously agreed to conditions are met (i.e., adequate lighting, power, tables, chairs, etc).
4. The county election official (or designee) will provide instruction for and will be available to assist or provide guidance on logistical issues while the team is in the county prior to and on November 8<sup>th</sup>. The election official (or designee) is encouraged, but not required, to oversee the opening and closing of the polls.
5. Test teams will follow a specific test schedule that identifies set times of executing the test scripts on each DRE unit. The schedule provides for 9.25 hours of testing over a 13-hour period. All testing activity will be video recorded.
6. During the course of the testing, the teams will complete a Discrepancy Report for each deviation from the test script and/or test process and for any issues related to equipment malfunction.
7. At the completion of the testing (the closing of the polls) each team will produce the closing tally report for their assigned DRE unit(s) in the presence of the county election official (or designee). The test teams will not reconcile the tally tapes in the field and will have no knowledge of the expected outcomes. The tally tapes and memory cards will be secured in a pouch sealed with a tamper evident security label and will be returned to the Secretary of State's Sacramento office.
8. Tamper evident seals will be applied to the equipment and the county election official (or designee) will escort the Secretary of State's team leader and the equipment back to the secure storage area. The equipment will remain in secured storage until such time as directed by the Secretary of State.
9. The county election official and the Secretary of State's team leader will sign a form documenting the transfer of the equipment back to the county's secured housing area, the location and the time.

## VI. Program Results

1. The analysis of the data and the reconciliation of actual to expected results will begin on November 9, 2005. The analysis will include a review of the tally tapes and Discrepancy Reports for all counties and the videotapes, as necessary, to determine the source of all discrepancies.
2. A summary of results of the reconciliation analysis of the DRE equipment tested on November 8, 2005 will be compiled and made available to the participating counties not later than November 29, 2005.

## VII. Other Considerations

1. The county election official (or designee) may assign county staff to observe the Parallel Monitoring team on November 8, 2005. The Secretary of State does request, however, that observers not be allowed to distract the testers during the course of the testing activity.
2. The county election official (or designee) shall determine what, if any, other observers, including but not limited to members of the news media, they wish to allow observe the parallel monitoring team on November 8 2005. The Secretary of State does request, however, that observers not be allowed to distract the testers during the course of the testing activity.
3. The county election official (or designee) may utilize reserves to replace DRE units and/or card activators/encoders selected for use in the Parallel Monitoring Program.
4. The county election official (or designee) maintains the right to inspect any and all film, personnel, bags or equipment brought on to or removed from county premises.
5. In the event of a breach of seals, the county election official (or designee) may request that the Secretary of State randomly select a unit(s) from its reserves and continue with the test and document the change consistent with testing protocol.
6. Testing artifacts removed from a county site will be returned to the county within 90 days of the completion of testing or at such other time as may be determined by the Secretary of State. If the Secretary of State retains the artifacts beyond 90 days, the counties will be reimbursed for the cost of the artifact(s) retained by the Secretary of State. Testing artifacts will include, but may not be limited to, DRE memory cards, voter cards, and supervisor cards.
7. The county election official (or designee) may request that a copy be made of the test scripts used in the testing of the DRE equipment in their county and the tally tapes or printed material generated as a part of the test activities. The county election official (or designee) may make copies of the above on November 8, 2005 once testing activity is completed and all test equipment has been sealed and secured in the storage area. At all times, all testing artifacts will remain in full view of the Secretary of State's team leader. If the county election official (or designee) requests a second DRE tally tape be generated, such tape will be generated and given to the county official on November 8, 2005 after the required testing artifacts have been generated and secured by the Secretary of State's team leader.

8. The county official (or designee) may also request copies of the videotapes made during the course of testing activities. Such tapes will be duplicated after November 9, 2005, and will be distributed to the requesting counties as soon as practicable.
9. The county official (or designee) may also request that a back-up or secondary memory card be made of the memory cards removed by the testing teams. For those systems capable of producing a second memory card, such a card will be produced and given to the county official on November 8, 2005, after the required testing artifacts have been produced and secured by the Secretary of State's team leader. For systems not capable of producing a second memory card, the memory cards will be brought to the Secretary of State's Office, duplicated on a "clean system" after November 8, 2005 and then distributed to the requesting counties as soon as practicable.

**VIII. Reimbursement of Costs Associated with the Program**

The Secretary of State's Office shall bear the costs associated with the Parallel Monitoring Program. These costs include but are not limited to the replacement and reprogramming of voting system components selected for the Parallel Monitoring Program.

## **Appendix D**

### **Voting System Component Selection**

**November 2, 2004 Election Parallel Monitoring Program**  
**Voting System Component Selection**  
**Alameda County**

SOS Representative: Jocelyn Whitney

Date: 10/28/2005

County Representative: \_\_\_\_\_

Vendor System: Diebold

Confirm Precinct Number: 545000  Yes  No **Confirm Ballot. Does Ballot have 2<sup>nd</sup> Page?**

Number of assigned DRE units in selected precinct: \_\_\_\_\_ units (random select is: \_\_\_\_\_)

Location Equipment is secured until November 8, 2005: \_\_\_\_\_

Equipment Description and firmware (e.g., DRE AccuVote TS 4.3.15.d, Spyvus Voter Card Encoder v.1.3.2, SOS PMP pouch)	Manufacturers Serial Number (if applicable)	County Seal/Label (if applicable)	SOS Seal Number	Location of Seal (e.g., front of unit, data port--if a pouch record contents)
Diebold TS				Front -card key slot
				Printer Compartment
				Carton
Diebold TS				Front-card key slot
				Printer Compartment
				On Carton
Pouch Seal				Vote card Encoder 10 access card, keys

The equipment above represents all the equipment required to operate the DRE voting system in a polling place (to set-up the equipment, run a zero tape, activate and operate the DRE, run a tally tape of activity, etc). This equipment has been prepared consistent with the County Policies & Procedures and the State of California Election Code. The equipment is now and will remain in a secured environment with controlled access until moved to the agreed upon testing room on November 8, 2005.

County Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Secure all equipment needed to conduct the testing (to operate the DRE voting system in a polling place).** This will include, but may not be limited to, two DRE units, and for each of the DRE units: a card activator (one activator may be used for both machines), a supervisor card, voter cards (several in case of failure so we won't need to bother the ROV) and the DRE keys. **Discuss this with the ROV to ensure all equipment is secured.**

Seal all ports, the front of the DRE unit and the DRE case with SOS numbered seals and document the seal numbers and locations of the seals above. Place the card activator in an SOS pouch and seal and record the seal number above. Place the supervisor cards, voter access cards and the DRE keys in an SOS pouch and seal and record the seal number above. For any other equipment or item required, but not listed above, seal in such a manner so as to make any tampering evident. Sign your name and record the date on each of the seals. **Seals must be rubbed hard to ensure an effective seal.**

**Appendix E**

**Equipment and Tamper-Evident Seal Index**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Equipment and Seals Index**

County	Item Description and Serial Number	Pre-Test Seal Number	Seal Location	Post-Test Seal Number
<b>Alameda</b>	Diebold TS Serial No. 142072	County P664582 SOS 010351	Front of Case	SOS 010408
	Diebold TS Serial No. 109238	County J442365 SOS 010350	Front of Case	SOS 010407
	Pouch (containing 10 Voter access cards, 1 supervisor card, 2 Spyrus, 2 keys)	SOS 010341	Over Pouch Zip Lock	SOS 010419 (2 activators, 2 keys) SOS 010420 (memory card M03650) SOS 010418 (memory card M03149) SOS 010421 (Supervisor Card)

County	Item Description and Serial Number	Pre-Test Seal Number	Seal Location	Post-Test Seal Number
Mariposa	AVC Edge Serial No. 35177	County 174444	Poll open/close	SOS 010425
		County 174184	Cartridge	SOS 010426
		SOS 010362	Outside Case	SOS 010433
	Card Activator Serial No. 5865	County 174442	Case Zipper	SOS 010422
		SOS 010356	Card Slot	SOS 010423
		SOS 010357	Port	SOS 010424
		SOS 010358	Port	
	Pouch with Voter Cards (10)	SOS 010359	Over Zip Lock	SOS 010429 (voter cards) SOS 010431 (memory card 35177 & 35214, VVPAT Printer Tape 14124 & 13232)
	AVC Edge Serial No. 35214	County 174497	Poll open/close	SOS 010428
		County 174494	Cartridge	SOS 010436
		SOS 010361	Outside Case	SOS 010435
	Printer Serial No. 14124	County 174412 or 174429	On Case Zipper	
		County 174438	On Unit	SOS 010434
		SOS 010352	On Unit	
	Printer Serial No. 13232	County 174412 or 174429	On Case Zipper	
		County 174422	On Unit	SOS 010430
		SOS 010354	On Unit	

County	Item Description and Serial Number	Pre-Test Seal Number	Seal Location	Post-Test Seal Number
Merced	Ivotronic Serial Number 5135503	County 026088 SOS 010365	Case	SOS 010453
	Ivotronic Serial Number 5119257	County 026078 SOS 010364	Case	SOS 010452
	Communications Pack Serial Number CP 03001494	County 0004421 SOS 010363	Under Handle	SOS 010454
	SOS Pouch with 2 battery chargers and screen wipes	SOS 010366	Over Zip Lock	SOS 010465

County	Item Description and Serial Number	Pre-Test Seal Number	Seal Location	Post-Test Seal Number
Monterey	AVC Edge Serial Number 35775	County 003979	Outside Case	SOS 010442
		SOS 010384		SOS 010437 (memory card)
	AVC Edge Serial Number 35750	County 003329	Outside Case	SOS 010441
		SOS 010375		SOS 010439 (memory card)
	Card Activator Serial Number 6073	SOS 010382	Port	SOS 010382
	Pouch with eight voter access cards	SOS 010378	Over Zip Lock	SOS 010443
Printer Serial Number 12446	County 10025447	Printer Unit	SOS 010438 (printer tape)	
	SOS 010380			
Printer Serial Number 13121	County 10025426	Printer Unit	SOS 010440 (printer tape)	
	SOS 010379			

County	Item Description and Serial Number	Pre-Test Seal Number	Seal Location	Post-Test Seal Number
<b>Orange</b>	<b>JBC</b> Serial Number C 0120 B	SOS 10394	MBB Door	SOS 01479
		SOS 10386	Serial Port	SOS 10478
		SOS 10385	Modem Port	SOS 10480
		SOS 10089	Outside Box	SOS 10477
		SOS 10395	Printer Port	SOS 10481 (printer port) SOS 10474 (Pouch containing MBB for JBC C 0120B, zero tape & tally tapes)
	<b>eSlate</b> Serial Number 05727	SOS 10388	Outside Box	SOS 10467
		SOS 10389	Outside Box	SOS 10468
	<b>eSlate</b> Serial Number 04370	SOS 10390	Outside Box	SOS 10476
		SOS 10391	Outside Box	SOS 10475

County	Item Description and Serial Number	Pre-Test Seal Number	Seal Location	Post-Test Seal Number
Riverside	AVC Edge Serial Number 3303	SOS 10406	Poll open/close	SOS 010486
		SOS 10405	Ports	SOS 010485
		SOS 10398	Outside Box	SOS 010487
		SOS 10399	Outside Box	SOS 010488
	AVC Edge Serial Number 3305	SOS 10404	Poll open/close	SOS 010489
		SOS 10403	Ports	SOS 010490
		SOS 10400	Outside Box	SOS 010491
		SOS 10401	Outside Box	SOS 010492
	Card Activator (in ROV case) Inside are ~50 voter cards	SOS 10397	Across zipper	SOS 010484 & 010493
		SOS 10402	Serial Port	same as pre-test (not removed)
		SOS 10396	Cartridge	same as pre-test (not removed)

**Appendix F**  
**Test Script Characteristics by County**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

Test Script Characteristics by County by DRE

	<b>Alameda</b>	<b>Mariposa</b>	<b>Merced</b>	<b>Monterey</b>	<b>Orange</b>	<b>Riverside</b>
# of Test Scripts	101	101	101	101	101	101
# of Provisional Ballots	0	1	0	0	1	1
Variations of Contest Selections # Ballots:						
• All Contests	88	81	90	91	89	92
• Some Contests (Under Vote)	11	18	9	8	10	7
• No Contests (Blank Ballot)	1	1	1	1	1	1
• Card Reuse	1	1	1	1	1	1
# Contests	8	8	14	12	12	14
# Contest Vote Selections	16	16	35	28	24	41
# of Common User Situations						
• Change Selection on Same Screen	1	1	1	1	1	1
• Change Selection on Previous Screen	1	1	1	1	1	1
• Change Selection from Final Screen	1	1	1	1	1	1
# Write In candidates	0	0	3	3	0	4

All contests and candidates are included for each county; all scripts verified against official ballot.	X	X	X	X	X	X
All candidate names are spelled correctly	X	X	X	X	X	X
A language will be specified for each test script	X	X	X	X	X	X
Each county includes a contest drop off rate of 7 to 18% for statewide propositions	11%	18%	9%	8%	10%	7%
Ballot selections are sorted in the same order as the official ballot	X	X	X	X	X	X

## Appendix G

### **Language Choice by County**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Language Choice by County**

County	English		Spanish		Chinese		Tagalog		Japanese		Vietnamese		Korean	
	#	%	#	%	#	%	#	%	#	%	3	%	#	%
Alameda	91	91.00%	3	3.00%	6	6.00%								
Mariposa	100	100.00%												
Merced	99	99.00%	1	1.00%										
Monterey	99	99.00%	1	1.00%										
Orange	94	94.00%	1	1.00%	1	1.00%	1	1.00%	1	1.00%	1	1.00%	1	1.00%
Riverside	99	99.00%	1	1.00%										

Appendix H

**Sample Test Script**

**Parallel Monitoring Program, Nov, 2005 Special State Wide Election**

<b>SECTION 1</b>	<i>County</i>	<i>Vendor</i>	<i>Precinct #</i>	<i>Time Block:</i>	11:45am - 1:30pm	<b>Test Order</b>
	Riverside	Sequoia	47-012	<i>Actual Start Time:</i>		
<i>Tester:</i>				<i>Video Operators:</i>		
<i>Observer:</i>						<b>48</b>
<b>SECTION 2</b>	<i>Language:</i>	English			<b>CHANGE VOTE-SAME SCREEN</b>	

**SECTION 3**

**Step Action**

- 1 Display Test Order number for video camera
- 2 Activate a voter card according to the vendor instructions.
- 3 Insert the voter access card into the DRE unit.
- 4 Tester votes according to the script and initials in the "Select" box as EACH vote selection is made.
- 5 Tester STOPS at the confirmation screen.
- 6 Observer reviews the selections made against the script.
  - A. If a selection is verified as correct, the observer initials in the "Verify" box.
  - B. If a selection is verified as incorrect the Observer documents the defect by placing their initials in the "Defect" column of the script, informs the tester of the needed correction and completes a discrepancy form for review and sign off by the Team Leader.
    - i. The Tester then makes the correction and STOPS at the confirmation screen.
    - ii. The Observer repeats step 6.
- 7 Once all selections are confirmed as correct, the Tester casts the ballot.

Contest	Selection	Select	Verify	Defect
Statewide Measures	Prop 73 (Waiting Period and Parental Notification) - Vote NO	<input type="checkbox"/>	<input type="checkbox"/>	
Statewide Measures	Prop 74 (Public School Teachers) - Vote YES	<input type="checkbox"/>	<input type="checkbox"/>	
Statewide Measures	Prop 75 (Public Employee Union Dues) - Vote YES	<input type="checkbox"/>	<input type="checkbox"/>	
Statewide Measures	Prop 76 (State Spending and School Funding Limits) - Vote NO	<input type="checkbox"/>	<input type="checkbox"/>	
Statewide Measures	Prop 77 (Redistricting) - Vote NO	<input type="checkbox"/>	<input type="checkbox"/>	
Statewide Measures	Prop 78 (Discounts on Prescription Drugs) - Vote NO	<input type="checkbox"/>	<input type="checkbox"/>	
Statewide Measures	Prop 79 (Prescription Drug Discounts) - Vote YES	<input type="checkbox"/>	<input type="checkbox"/>	
Statewide Measures	Go back to Prop 79 and Change Vote to NO	<input type="checkbox"/>	<input type="checkbox"/>	
Palo Verde CCD, Gov Brd Mbr	SAMUEL BURTON	<input type="checkbox"/>	<input type="checkbox"/>	
Palo Verde CCD, Gov Brd Mbr	FRANCIS "TED" ARNESON	<input type="checkbox"/>	<input type="checkbox"/>	
Palo Verde CCD, Gov Brd Mbr	LINCOLN EDMOND	<input type="checkbox"/>	<input type="checkbox"/>	
Palo Verde USD, Gov Brd Mbr	JIM SHIPLEY	<input type="checkbox"/>	<input type="checkbox"/>	
Palo Verde USD, Gov Brd Mbr	VALENTINA GWINNUP TEJEDA	<input type="checkbox"/>	<input type="checkbox"/>	
City of Blythe - City Council Member	ROBERT A. CRAIN	<input type="checkbox"/>	<input type="checkbox"/>	
City of Blythe - City Council Member	RICHARD "DICKIE" SOTO	<input type="checkbox"/>	<input type="checkbox"/>	
City of Blythe - City Council Member	JOSEPH "JOEY" DE CONINCK	<input type="checkbox"/>	<input type="checkbox"/>	
City of Blythe - City Clerk	VIRGINIA C. "VIRGIE" RIVERA	<input type="checkbox"/>	<input type="checkbox"/>	
City of Blythe - Treasurer	LEANN KAY MARTIN	<input type="checkbox"/>	<input type="checkbox"/>	
Palo Verde Health Care District	Measure I - Vote YES	<input type="checkbox"/>	<input type="checkbox"/>	

# **Appendix I**

## **Test Script Options**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Test Script Options**

**List A – Ballot Type**

Regular
Provisional

**List B – Language Choice**

Korean
Spanish
Chinese
Vietnamese
English
Japanese
Tagalog

**List C – Script Types**

Every contest on the ballot has a selection up to the maximum (vote for one, vote for no more than two, vote for no more than three)
Every contest on the ballot has a selection – some contests have fewer selections than the maximum
One or more contests have selections, but not all contests
No contests have selections (blank ballot)
Voter Card Reuse

**List D – Contests (All Precincts)**

<b>State Propositions</b>
Proposition 73 – Yes
Proposition 73 – No
Proposition 74 – Yes
Proposition 74 - No
Proposition 75 - Yes
Proposition 75 - No
Proposition 76 - Yes
Proposition 76- No
Proposition 77 - Yes
Proposition 77 - No

Proposition 78 – Yes
Proposition 78 – No
Proposition 79 – Yes
Proposition 79- No
Proposition 80 – Yes
Proposition 80 – No

**LIST E –  
Contests (Precinct Specific)**

<b>Merced</b>
<b>Merced Union HSD – Board of Trustees</b>
TIM O'NEILL
IDA JOHNSON
CAPPI QUIGLEY
Write in – Abe Lincoln
<b>Merced City SD – Governing Board Member</b>
JUAN GARCIA
DARRELL CHERF
TOM PARKER
DENNIS PAUL JORDAN
<b>City of Merced, Mayor</b>
RICK OSORIO
ELLIE WOOTEN
<b>City of Merced, City Councilmember</b>
JOE CORTEZ
BILL SPRIGGS
JAMES D. SANDERS
CARL POLLARD
Write In - JOHN ADAMS
<b>Merced Irrigation District, Director</b>
JACK F. HOOPER
JOE F. SAPIEN
<b>City Measures</b>
Measure C - Vote YES
Measure C - Vote NO

<b>Monterey</b>
<b>Salinas Union HSD, Governing Board Member</b>
JIM REAVIS
ROBERT V. OCAMPO
Write In - GEORGE WASHINGTON
<b>Santa Rita Union SD, Governing Board Member</b>
MERI KEISER
CHUCK STAGNER
PERRY F. VARGAS
ELVA L. ARELLANO
Write In - HARRY TRUMAN

<b>County Measures</b>
Measure C - Vote YES
Measure C - Vote NO
<b>Local Measures</b>
Measure V - Vote YES
Measure V - Vote NO

<b>Orange</b>
<b>Local Measures</b>
Measure B - Vote YES
Measure B - Vote NO
Measure C - Vote YES
Measure C - Vote NO
Measure D - Vote YES
Measure D - Vote NO
Measure E - Vote YES
Measure E - Vote NO

<b>Riverside</b>
<b>Palo Verde CCD, Governing Board Member</b>
DEBBIE BIRDSONG
SAMUEL BURTON
FRANCIS "TED" ARNESON
LINCOLN EDMOND
Write In - ANDREW JACKSON
<b>Palo Verde USD, Governing Board Member</b>
NORMAN GUTH
MIKE KISILEWICZ
JIM SHIPLEY
VALENTINA GWINNUP TEJEDA
FRANCISCO J. TEJEDA
<b>City of Blythe – City Council Member</b>
EDNA G. GILLIS
ROBERT A. CRAIN
CARIE D. COVEL
RICHARD "DICKIE" SOTO
DEBRA POWELS
DALE S. REYNOLDS
GEORGE W. THOMAS
BEVERLY A. MAYS
JOSEPH "JOEY" DE CONINCK
LARRY J. WILLIAMS
Write In - BEN FRANKLIN
<b>City of Blythe – City Clerk</b>
VIRGINIA C. "VIRGIE" RIVERA
<b>City of Blythe - Treasurer</b>
LEANN KAY MARTIN

<b>Palo Verde Health Care District</b>
Measure I - Vote YES
Measure I - Vote NO

**List F – Vote Selection Changes**

Key stroke error - change selection from the same screen
Key stroke error - change selection on previous screen
Key stroke error - change selection from final view/summary screen

## **Appendix J**

### **Team Member Index**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Team Member Index**

<b>County</b>	<b>Name</b>	<b>Organization</b>	<b>Role</b>
	Jocelyn Whitney	R&G Associates	Program Manager
	Stephanie Golka	R&G Associates	Core Team Member
	David Hahn	R&G Associates	Core Team Member
Alameda	<b>Karl Dolk</b>	R&G Associates	Team Leader
Alameda	Gail Estrella	R&G Associates	Tester/Observer
Alameda	Leonard Larson	Secretary of State	Tester/Observer
Alameda	Eric Haff	Kendall Concepts	Video Operator
Alameda	Brian Kendall	Kendall Concepts	Video Operator
Mariposa	<b>Marini Ballard</b>	R&G Associates	Team Leader
Mariposa	Debbie Knight	R&G Associates	Tester/Observer
Mariposa	Roy Allmond	Secretary of State	Tester/Observer
Mariposa	Tom Simrak	South Coast Studios	Video Operator
Mariposa	Bob Simrak	South Coast Studios	Video Operator
Merced	<b>Linda Van Dyke</b>	R&G Associates	Tester/Observer
Merced	Susan Buki	R&G Associates	Tester/Observer
Merced	Blaine Lamb	Secretary of State	Tester/Observer
Merced	Angela Reed	Secretary of State	Tester/Observer
Merced	Andy Cauble	South Coast Studios	Video Operator
Merced	Toby Wallwork	South Coast Studios	Video Operator
Monterey	<b>Mark Havener</b>	R&G Associates	Team Leader
Monterey	Michael Karnardi	R&G Associates	Tester/Observer
Monterey	Dana Stinson	Secretary of State	Tester/Observer
Monterey	Deborah Johnson	Secretary of State	Tester/Observer
Monterey	James Rotondo	South Coast Studios	Video Operator
Monterey	Randy Fogg	South Coast Studios	Video Operator
Orange	<b>Dave Hahn</b>	R&G Associates	Team Leader
Orange	Chin May Wong	R&G Associates	Tester/Observer
Orange	Vince Hoban	R&G Associates	Tester/Observer
Orange	Jason Fanner	Secretary of State	Tester/Observer
Orange	Justin Wilhelm	Secretary of State	Tester/Observer
Orange	Trey Solberg	South Coast Studios	Video Operator
Orange	Troy Witt	South Coast Studios	Video Operator

Riverside	<b>Nick Wolf</b>	R&G Associates	Lead Tester
Riverside	Adam Watts	R&G Associates	Tester/Observer
Riverside	Jean Paman	Secretary of State	Tester/Observer
Riverside	Nancy Rembulat	Secretary of State	Tester/Observer
Riverside	Mike Gallagher	South Coast Studios	Video Operator
Riverside	Jonathan Lawrence	South Coast Studios	Video Operator

## **Appendix K**

### **Training Agenda**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Training Agenda**

**November 4, 2005**

**Session 1** 8:30 am – 12:30 pm All Testers and Alternate Testers

**Session 2** 1:30 pm – 3:00 pm Team Leaders and Alternate Team Leaders

Second Floor Board Room

---

**Session 1**

**8:30 am – 10:00 am** All Testers and Alternate Testers

1. Introductions
2. Parallel Monitoring Program Overview
3. Team Composition and Roles
4. Testing Activities Overview
5. Documenting Testing Activity
6. Security Protocols
7. Travel Information
8. Voting System Demonstration Objectives

**10:00 am – 10:15 am** Break

**10:15 am – 11:45 am** Convene for Vendor System Demonstrations

1. Diebold Election Systems Room 480
2. Election Systems and Software Room 385
3. Sequoia Voting Systems 2<sup>nd</sup> Floor Board Room

**11:45 pm – 12:30 pm** Re-convene for wrap up

**12:30 pm** Adjourn

**Session 2**

**1:30 pm – 3:00 pm** Team Leaders and Alternate Team Leaders

1. Documenting Testing Activities
  - a. Activity Checklist
  - b. Specific Instructions for each County
  - c. Overseeing the Video Operators
  - d. Test Equipment Security and Chain of Custody Instructions and Forms
  - e. Discrepancy Reporting Instructions and Forms
  - f. Test Artifact Retention and Documentation
2. General Security and Protocols
  - a. Protocols for interacting with County Election Officials, employees, the press and other observers
  - b. Scheduled Contact with SOS
3. Schedule debriefing meeting on November 9, 2005

## **Appendix L**

### **Testing Activity Checklist**

<p><b>Parallel Monitoring Program</b>                  November 8, 2005  <b>Alameda Activity Checklist</b></p>
--

This checklist is intended to ensure all activities are accomplished in a timely manner. As an activity is accomplished the team leader will initial the "Complete" column. Note that some of the activities noted below must be performed for BOTH DRE units. This checklist will be turned at the end of testing along with the other testing artifacts

<b>Monday, November 7, 2005</b>		<b>Complete</b>
1	Team leader picks up testing materials at SOS (e.g. test script binder, team member badges).	
2	Team members travel to assigned county.	
3	The "Video Operator Responsibilities and Instruction" is included in your binder. Please familiarize yourself with this document. The video operators assigned to the county will call and check in with the team leader not later than 5 p.m. Team leader will confirm county entrance location and time to meet with video operators in the morning (November 8 <sup>th</sup> )	
4	Each team member will check in with the team leader at 7 p.m.	
5	Team leader will instruct members to meet in the hotel lobby in the morning at a specified time.	
6	Team leader will call the SOS contact, not later than 7:30 p.m. to confirm that all team members, including video operators, are present in the assigned county, have been informed of the time and place to meet and all are prepared for testing in the morning.	
<b>Tuesday, November 8, 2005</b>		
7	Team members meet in hotel lobby at the time specified the previous evening by the team leader.	
8	Team leader ensures all team members are present, distributes SOS PMP badges and ensures badges are visible on the outside of clothing. All cell phones are off, with the exception of the team leader who will ensure that his/her cell phone is on and that they can be reached at all times during the course of the day.	
9	Test team travels to assigned county and arrives no later than 5:45 a.m.	
10	Video operators join the team at the county and the team leader distributes badges to them.	
11	Designated entrance for Alameda County is: Alameda County Administration Building 1225 Fallon Street At the courthouse entrance which is located on 12 <sup>th</sup> Street (on 12 <sup>th</sup> between Fallon and Oak) Testing is in the Merritt Room, In the County Counsel Office	

12	Team leader requests to meet county representative: Mr. Thomas York (contact number 510-272-6941) and Ms. Nancy Fenton (contact number (510) 272-6970 or (510) 272-6900)	
13	Team leader and county representative discuss and the team leader documents the following. <ol style="list-style-type: none"> <li>1. Confirm that the team will display an official SOS Parallel Monitoring Program badge at all times.</li> <li>2. Confirm that copies of the videotapes will be delivered to Mr. York as soon as the SOS can process them after November 9, 2005.</li> <li>3. Inquire whether county representative wishes: <ol style="list-style-type: none"> <li>a. To be present at the time the "Zero Tally Tape" is generated? (if, so how will you contact them?)</li> <li>b. To be present when the "Tally Tape" is generated?</li> </ol> </li> </ol> <p>If copies are requested of any testing artifact the team leader will accompany the county representative and will, at all times, have visual contact with the testing artifact. The original testing artifact will be returned to the team leader and secured consistent with the Program procedures.</p>	
14	Team is escorted to equipment storage location and moves, or monitors the movement of, test equipment to the testing room. Alameda has indicated there will be no observers of the testing. We have included a copy of the "Observer Guidelines" for your information and just in case you do have observers. If you do have observers, you may post the Observer Guidelines.	
15	Video operator labels the recording media with the SOS Parallel Monitoring Program label.	
16	Video operator sets up the cameras to film seal condition, ensuring the video camera clock is accurate.	
17	Team leader completes the <i>Equipment Security and Chain of Custody -- Section I, Pre-Test Equipment Security Verification</i> .	
18	Refer to the Poll Workers Guide and set up the voting equipment. Alcohol swabs have been provided in case you have any difficulty removing the adhesive from the tamper-evident seals. Please clean the units once you have removed the seals before testing.	
19	Team members organize room for testing activities (arrange table, cover for table, chairs, supplies, etc.). Video operators set up cameras so as to capture unobstructed view of DRE screen at all times. <b>Begin video recording DRE screen &amp; record time here: _____</b>	
20	Power on equipment. <b>Record the software version displayed on the DRE here: _____</b>	
21	If the county representative has indicated they wish to be present for the generation of the "Zero Tape" let them know you are preparing to do this task.	
22	Refer to the Poll Workers guide for instructions on generating the "Zero Tally Tape" for each DRE.	

23	Generate the "Zero tally Tape"	
24	Place the "Zero Tally Tape" in the designated SOS Testing Artifacts pouch.	
<b>Open the Polls -- Testing Begins at 7:00 a.m.</b>		
25	<p><b>Commence testing promptly at 7:00 a.m. – do not start early even if the team is ready.</b></p> <p><b>In addition, make sure the video camera is recording even if the testing has not begun.</b></p> <p>Call your SOS contact to report the "Opening of the Polls" and to confirm the team leader contact number. If testing does not commence at 7:00 a.m. note the reason the team is late below and complete a <i>Discrepancy Report</i>.</p>	
26	Conduct testing as instructed, complete discrepancy reports for any deviation from the test script, testing process, or equipment malfunction.	
27	Call your SOS contact if an issue arises that halts testing or impacts testing results. Refer to the Discrepancy Reporting Instructions,	
28	Conduct a scheduled status call to the SOS contact at <b>9:35 am</b>	
29	Conduct a scheduled status call to the SOS contact at <b>11:35 am</b>	
30	Conduct a scheduled status call to the SOS contact at <b>2:35 pm</b>	
31	Conduct a scheduled status call to the SOS contact at <b>5:35 pm</b>	
<b>Close the Polls -- Testing ends at 8:00 p.m.</b>		
32	Execute test scripts according to instructions until 8:00 p.m. Do not "close the polls" before 8:00 p.m. even if you have completed all the test scripts. If testing has not been completed, finish the script you are working on and then stop. Complete a Discrepancy Report indicating what test script number(s) you were unable to complete.	
<b>Secure Test Artifacts and Complete Documentation</b>		
33	If the county representative has indicated they wish to be present for the generation of the "Tally Tape" let them know you are preparing to do this task.	
34	Refer to the Poll Workers guide for closing the polls and generating a "Tally Tape".	
35	Generate the "Tally Tape".	
36	Place the "Tally Tape" in the designated SOS Testing Artifacts pouch.	
37	If the county representative has requested you generate a second "Tally Tape" do this now. Mark the tally tape with the DRE unit serial number, the time, date, your initials and "2005 PMP Second Tally Tape".	
38	Follow the instructions for removing the DRE unit "Memory Card".	
39	Secure the "Memory Card" in the designated SOS Testing Artifacts pouch.	
40	<p>Team leader completes the <i>Equipment Security and Chain of Custody – Section 2, Post-Test Equipment Security Documentation</i>.</p> <p><b>Note: Both the County Representative and the Team leader must sign this form section.</b></p>	

41	Team Leader completes the <i>Equipment Security and Chain of Custody – Section 3, County Items to be Retained</i> . <b>Note: Both the County Representative and the Team leader must sign this form section.</b>	
42	Please tape the zip lock bag with the additional swabs on the DRE units so that the County has the swabs when they remove the seals once the testing equipment is released into inventory.	
43	Move, or monitor the movement of, the testing equipment back to the secure storage area.	
44	Team leader completes the <i>Test Artifact Inventory Checklist</i> ensuring all artifacts are inventoried, secured and returned to the Secretary of State.	
45	Mr. York indicates the team leader may take testing artifacts this evening if he has a record of the memory card number located beneath the barcode. Please record this number on the <i>Test Artifact Inventory Checklist</i> make sure Thomas York has a copy of this before you leave.	
46	Call SOS contact to report the testing activities are complete, the team is leaving the county premises and confirm your debrief meeting time for November 9, 2005.	
<b>Wednesday, November 9, 2005</b>		
47	Team members travel back to Sacramento	
48	Team leader returns testing artifacts to the SOS and participates in a debriefing meeting with the Project Manager.	
<p>Team Leader: <i>Karl Dolk</i> _____ Signature</p>		

## **Appendix M**

### **Equipment Security and Chain of Custody Instructions and Forms**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Equipment Security and Chain of Custody  
Instructions and Forms**

**Introduction**

The Equipment Security and Chain of Custody is used to document the condition of the tamper-evident seals previously applied to the equipment and to document the movement of the test equipment from the storage area into the testing room and back to the storage area once testing is complete. In addition, the form will be used to document the County items that will be temporarily retained by the Secretary of State.

**Section 1 Pre-Test Equipment Security Verification**

The Pre-Test Equipment Security Verification is used to document the condition of the previously applied tamper-evident security seals and to document the movement of the test equipment from the storage area into the testing room.

1. Record the specific room name and/or location where you are escorted to pick up the equipment (e.g. the ballot vault, the server room).
2. Examine the equipment and check the seals for evidence of tampering. Compare the serial numbers of the equipment and the serial numbers of the seals and check if they are consistent with the information recorded on the form. If the seals show no evidence of tampering and the serial numbers are consistent with the table, document that information on the form and move the equipment to the testing room.
3. If there is evidence of tampering and/or the equipment serial numbers are not consistent with the form call your SOS contact for further instructions.

**Section 2 Post-Test Equipment Security Documentation**

1. The Post-Test Equipment Security Record is used to document the serial number of the tamper-evident seal applied to the equipment after testing has been completed. It will also document the movement of the equipment from the testing room to a secure area where the equipment will be temporarily housed until directed by the Secretary of State.
2. Record the serial number of each piece of equipment or item and the serial number and placement of the tamper-evident seals applied by the team leader.
3. Record the room name and/or location where you are instructed by the county representative to place the equipment (e.g. the ballot vault, the server room).

**Section 3 County items to be Retained**

This section is used to inventory each county item that will be temporarily retained by the Secretary of State.

1. The "Item Description" column should be completed with a short description and/or name of the equipment or item to be retained and the quantity of that item to be retained (e.g. One Memory Card, ten voter access cards, one supervisor card).
2. Record the serial number of each item (if available) and the serial number and placement of seals applied by the team leader (e.g., over the zipper of the pouch).

#### **Section 4 Signatures**

The SOS Representative and the County Representative will print and sign their names. By signing the form the parties are acknowledging that the equipment documented on the form was moved to and from the secured storage room and that the SOS Representative is removing specific County items, as documented on the form, from County premises. These items will either be returned to the county or the Secretary of State will reimburse the county for the cost of the items pursuant to the Parallel Monitoring Program Procedures.

**Parallel Monitoring Program  
November 8, 2005 Special Statewide Election  
Equipment Security and Chain of Custody  
County of \_\_\_\_\_**

**Section 1 Pre-Test Equipment Security Verification**

County Team Leader: \_\_\_\_\_ County Representative: \_\_\_\_\_ Time: \_\_\_\_\_

Record the location where the test equipment is stored: \_\_\_\_\_

Item Description & Serial #	Seal #	Seal Location	Item Serial # & Seal # Consistent? If not, explain

If the seals are intact and the serial numbers are consistent with the information above move the equipment to the testing room and begin set up. If the seals are **NOT** intact and/or the serial numbers are **NOT** consistent with the information above call your SOS contact immediately.

**Signature of County Team Leader:** \_\_\_\_\_

**Section 2 Post-Test Equipment Security Documentation**

County Team Leader: \_\_\_\_\_ County Representative: \_\_\_\_\_

Record the location where the test equipment will be stored: \_\_\_\_\_

Item Description	Item Serial Nmber	Tamper-Evident Seal Number	Tamper-Evident Seal Location

The equipment identified above has been returned to the secured location identified. The equipment is now and will remain in a secured environment with controlled access until directed by the Office of the Secretary of State.

**Signature of County Team Leader:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature of County Representative:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Section 3 County Items to be Temporarily Retained by the Secretary of State**

County Team Leader \_\_\_\_\_ County Representative: \_\_\_\_\_

Item Description	Quantity	Item Serial Number	Tamper-Evident Seal Number	Tamper-Evident Seal Location

**Signature of County Team Leader:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Signature of County Representative:** \_\_\_\_\_ **Time:** \_\_\_\_\_

By signing this form the parties are acknowledging that the SOS Representative is removing specific County items, as documented above, from County premises. These items will either be returned to the County or the Secretary of State will reimburse the county for the cost of the items pursuant to the Parallel Monitoring Program Procedures.

## **Appendix N**

### **Observer Guidelines**

**Parallel Monitoring Program**  
**November 8, 2005 Special Statewide Election**

**Observer Guidelines**

1. Observers may request copies of the procedures for the Parallel Monitoring Program by contacting the Secretary of State's press office at (916) 653-6575.
2. Pursuant to the procedures of the Parallel Monitoring Program, the public, including the news media, may be allowed to observe the Parallel Monitoring Program in accordance with the policies and procedures of the participating county and considering any security limitations of the room where the Parallel Monitoring Program is conducted.
3. Due to the necessity to ensure a controlled testing environment, members of the news media and public will not be allowed to interrupt or distract members of the testing teams in any way. Further, those observing the program will be required to maintain strict silence while in the observation room.
4. Members of the Secretary of State testing teams will not be available for discussion or interview before, during or after the testing. All questions should be directed to the county elections official or the Secretary of State's press office at (916) 653-6575.
5. Members of the testing team will be executing test scripts on November 8, 2005. While team members will generate and secure the totals tallied by the voting machine, they will not have access to the expected results for comparison. Analysis of the data by the Secretary of State and contractor will begin November 9, 2005.

## **Appendix O**

### **November 8, 2005 Tester Contact and Events Log**

**November 8, 2005 Parallel Monitoring Program Tester Contact and Events Log**

County	Name	Contact Description	Open Polls	Status Calls	Close Polls
Alameda	Karl Dolk Gail Estrella Leonard Larson	11/7/2005 7:00 pm All testers/video operators present and accounted for. 11/8/05 7:09 Polls Open @ 7:07 am 9:35 Status—all is well. 11:35 Status—all is well. 11:40 Made a mistake and activated a voter card for Chinese when the script was for English (37). Scroll to end of ballot and select “cancel”. Record discrepancy report and vote script. 11:42 reported that ballot cancel did not impact vote count. 2:35 Status—all is well. 5:35 Status—all is well. 8:00 Close the Polls 9:01 Leaving County	7:07	9:35 11:35 2:35 5:35	8:00 Lv 9:01

County	Name	Contact Description	Open Polls	Status Calls	Close Polls
Mariposa	Marini Ballard Debbie Knight Roy Allmond	<p>11/7/2005 4:25 pm All testers/video operators present and accounted for except Roy who previously arranged to arrive late. Request to break seal and prepare equipment for tomorrow and leave in locked room. Denied. Equipment is to remain sealed until we set up to open the polls in the morning.</p> <p>11/8/2005 6:20 am Roy arrived safely.</p> <p>11/08/05 Polls Open @ 7:04 am</p> <p>9:20 Invalid vote card should we notify county—no, this is not unusual. That’s why we have 10 voter cards.</p> <p>10:32 Status Lead did not call in for 10:05 status. I called at 10:32. All is well; lead forgot to make the status call.</p> <p>12:05 Status—all is well.</p> <p>3:05 Status—all is well.</p> <p>6:05 Status—all is well.</p> <p>8:00 Close the Polls</p> <p>8:50 Leaving County</p>	7:04	<p>10:05</p> <p>12:05</p> <p>3:05</p> <p>6:05</p>	<p>8:00</p> <p>Lv</p> <p>8:50</p>

County	Name	Contact Description	Open Polls	Status Calls	Close Polls
Merced	<p><b>Linda Van Dyke</b> Susan Buki Blain lamb Angela Reed</p>	<p>11/7/2005 7:30 pm All testers/video operators present and accounted for. 7:45 Question: BT 11 or BT 16. Select BT 16 11/8/05 7:20 Polls Open at 7:10 There are three white boards on the walls that caused a lot of glare; lead was concerned that recordings would be compromised. Team rearranges room causing slight delay in testing. 7:15 On contests where there are multiple selections (e.g. vote for no more than 3) no names show on confirmation screen. Contacted D. Brown—stated this is the way it has always been and will be until SOS certifies new version. 9:40 am Status—all is well. 11:40 am Status—all is well. Has noted two DRE functional issues: 1. Vote Selection on upper screen causes selection of a different candidate 2. Sometimes the “terminal close” shows on screen, have to select “no” to get back tom the ballot screen. She will document both issues, along with respective script numbers, so we can view on tape and provide to SOS. 2:40 Status—all is well. 5:40 Status—all is well. 7:10 Script error on 90; Board member Measure C. 8:00 Close the Polls. Secured all the PEBs in the Communications Pak, will have to undo and remove master/supervisors PEB and re-secure. 8:00 Close the polls 8:50 Leaving County</p>	7:10	<p>9:40 11:40 2:40 5:40</p>	<p>8:00 Lv 8:50</p>

County	Name	Contact Description	Open Polls	Status Calls	Close Polls
Monterey	<b>Mark Havener</b> Michael Karnadi Deborah Johnson Dana Stinson	11/7/2005 5:30 Telephone number given to video operator had Mark Havener's home phone number. 11/7/2005 7:01 pm All testers/video operators present and accounted for. 11/8/05 7:20 Polls Open Video Operators did not have battery operated cameras so they could not record the equipment seals in the Elections office prior to moving the equipment. 1 badge short 9:55 Status—all is well. 11:55 Status—all is well. 2:55 Status—all is well. 5:55 Status—all is well. 8:00 Close the Polls 8:35 Secured equipment and will return to the Elections Office 9:04 Leaving Elections Office	7:20	9:55 11:55 2:55 5:55	8:00 Lv 9:04

County	Name	Contact Description	Open Polls	Status Calls	Close Polls
Orange	<p><b>David Hahn</b>                      Vince Hoban                      Chin May Wong                      Justin Wilhelm                      Jason Fanner</p>	<p>11/7/2005 7:10 pm All testers/video operators present and accounted for.                      11/8/05 7:07 Polls Open @ 7:00 am                      1 badge short                      9:50 Status—all is well.                      11:00 Test script #25 Tagalog. No language choice selection for Tagalog or Japanese. Complete a discrepancy.                      11:50 Status—all is well.                      2:50 Status—all is well. Discrepancy documented when screen automatically jumps back to previous screen.                      5:50 Status—all is well.                      8:00 Close the Polls                      Leaving County 8:45</p>	7:00	<p>9:50                      11:50                      2:50                      5:50</p>	<p>8:00                      Lv                      8:45</p>

County	Name	Contact Description	Open Polls	Status Calls	Close Polls
Riverside	<b>Nick Wolf</b> Adam Watts Jean Paman Nancy Rembulat	11/7/2005 6:45 pm All testers/video operators present and accounted for. 11/8/2005 6:00 am One seal partially detached. Please film it. 6:10 am Video Operator asks--high definition or fewer tapes? High definition. 6:25 County tested printer yesterday. Appear to be able to use printer and print to file. Instructed to do both. 11/8/05 7:08 Polls Open @ 7:00 am 10:00 Status—all is well. 12:00 Status—all is well. 3:50 Status—all is well. Two issues—could not get the DRE to register a vote selection. Tried another candidate, which registered, then went back to previous candidate, which now registered. Has completed a discrepancy report. 6:00 Status—all is well. 8:40 All artifacts are secured; waiting for County to make copies of memory cartridge. Polls closed at 8:00 one DRE finished script 101. Other finished through 99. 9:15 Leaving County	7:00	10:00 12:00 3:00 6:00	8:00 Lv 9:15

## **Appendix P**

### **Discrepancy Reporting Instructions and Forms**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Discrepancy Reporting Instructions and Forms**

The team will complete a Discrepancy Report form for each deviation from the test script and/or test process and for any issues related to equipment malfunction that may arise during the testing of a DRE unit. Each Discrepancy Report must be reviewed and signed by the Team Leader and logged on the Discrepancy Log form. Discrepancy Reports will be numbered sequentially (starting with "1"). *Discrepancy Reports and Discrepancy Logs are specific to a DRE unit and must remain in the Team Leader binder at all times and be returned to the office of the Secretary of State.*

**Guidelines for Calling the Secretary of State Contact**

Certain circumstances may require that you contact the designated Secretary of State contact in addition to completing the Discrepancy Report form. Listed below are guidelines to be used to determine when it is necessary to call your contact. If you are ever in doubt about whether or not to call, ***please err on the side of caution and call.***

Your contact name and numbers are listed below.

Jocelyn Whitney [REDACTED] or [REDACTED]

The guideline to be applied when determining if you should call your contact immediately is if the test team encounters an issue that has delayed or halted testing **or** will impact expected results. The call should be made after the issue has been documented on the Discrepancy Report and logged on the Discrepancy Log.

Examples of issues that would require the completion of a Discrepancy Report and would trigger a call to the Secretary of State are:

- The team experiences hardware malfunctions and testing cannot continue; county representatives need to be called to assess if repairs can be done
- The video camera has malfunctioned
- A power outage, or other electrical problem, has halted tested (perhaps temporarily)
- A situation arises (other than an emergency) that requires contacting a county representative

Examples of issues that would require the completion of a Discrepancy Report but would **NOT** trigger a call to the Secretary of State are:

- The tester deviated from the test script and skipped a contest but made a correction prior to casting the ballot
- The video recorder tape needed to be changed or the recorder malfunctioned, was then repaired and all testing activity has been recorded



**Parallel Monitoring Program**

**November 8, 2005**

**Discrepancy Log**

County: _____ DRE Serial Number: _____ Firmware: _____ Team Members: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Leader</span> <span>Member</span> <span>Member</span> <span>Member</span> </div>
--

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.					
2.					
3.					
4.					
5.					
6.					

1-94 log entries provided.

## **Appendix Q**

### **Test Artifacts Inventory Checklist**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Test Artifacts Inventory Checklist**

Complete and sign this checklist for each DRE unit and ensure that all test artifacts are inventoried, secured and returned to the SOS. Add to the list below, if necessary.

County: \_\_\_\_\_

DRE unit serial numbers: \_\_\_\_\_

Unit One                      Unit Two

No.	Item	Verified
<b>Team leader binder with:</b>		
1	Completed and signed Equipment Security and Chain of Custody Forms: <ul style="list-style-type: none"> <li>• Pre-Test Equipment Security Verification</li> <li>• Post-Test Equipment Security Documentation</li> <li>• Items Retained by the Secretary of State</li> </ul>	
2	Executed Test Scripts	
3	Completed and signed Discrepancy Reports	
4	Completed and signed Discrepancy Log	
<b>SOS "Retained Test Artifacts" Pouch with:</b>		
5	Anti-Static Cellophane Pouch	
6	DRE "Zero" report	
7	DRE "Tally" report	
8	Voter Access Card(s)	
9	Supervisor Access Card(s)	
10	Memory Card (labeled)	
<b>Other items:</b>		
11	Parallel Monitoring ID badges from Team Members	
12	Individually Labeled Video Tapes	
13	Completed and signed Activity Checklist form	
14	Completed and signed Test Artifacts Inventory Checklist (this form)	
15	Additional items:	

Time verification is complete: \_\_\_\_\_

**Team member completing inventory checklist:**

\_\_\_\_\_  
Print Name
Signature

**Approved by the County Team Leader:**

\_\_\_\_\_  
Print Name
Signature

**Appendix R**

**Baseline Expected Tally vs. Actual Tally**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Baseline Expected Tally vs. Actual Tally**

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
<b>Alameda</b>										
Alameda	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	44	44	0				
Alameda	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	44	44	0				
Alameda	1	Proposition	Prop 74 (Public School Teachers) - Vote NO	45	45	0				
Alameda	1	Proposition	Prop 74 (Public School Teachers) - Vote YES	43	43	0				
Alameda	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	45	45	0				
Alameda	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	43	43	0				
Alameda	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	45	45	0				
Alameda	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	44	44	0				
Alameda	1	Proposition	Prop 77 (Redistricting) - Vote NO	43	43	0				
Alameda	1	Proposition	Prop 77 (Redistricting) - Vote YES	45	45	0				
Alameda	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	44	44	0				
Alameda	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	44	44	0				
Alameda	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	46	46	0				
Alameda	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	42	42	0				
Alameda	1	Proposition	Prop 80 (Electric Service Providers) - Vote NO	44	44	0				
Alameda	1	Proposition	Prop 80 (Electric Service Providers) - Vote YES	44	44	0				
Alameda	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	44	44	0				
Alameda	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	44	44	0				
Alameda	2	Proposition	Prop 74 (Public School Teachers) - Vote NO	45	45	0				
Alameda	2	Proposition	Prop 74 (Public School Teachers) - Vote YES	43	43	0				
Alameda	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	45	45	0				
Alameda	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	43	43	0				
Alameda	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	45	45	0				
Alameda	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	44	44	0				
Alameda	2	Proposition	Prop 77 (Redistricting) - Vote NO	43	43	0				
Alameda	2	Proposition	Prop 77 (Redistricting) - Vote YES	45	45	0				
Alameda	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	44	44	0				
Alameda	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	44	44	0				

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Alameda	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	46	46	0				
Alameda	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	42	42	0				
Alameda	2	Proposition	Prop 80 (Electric Service Providers) - Vote NO	44	44	0				
Alameda	2	Proposition	Prop 80 (Electric Service Providers) - Vote YES	44	44	0				
<b>Mariposa</b>										
Mariposa	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	40	40	0				
Mariposa	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	40	40	0				
Mariposa	1	Proposition	Prop 74 (Public School Teachers) - Vote NO	41	41	0				
Mariposa	1	Proposition	Prop 74 (Public School Teachers) - Vote YES	40	40	0				
Mariposa	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	41	41	0				
Mariposa	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	40	40	0				
Mariposa	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	39	39	0				
Mariposa	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	41	41	0				
Mariposa	1	Proposition	Prop 77 (Redistricting) - Vote NO	39	39	0				
Mariposa	1	Proposition	Prop 77 (Redistricting) - Vote YES	41	41	0				
Mariposa	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	43	43	0				
Mariposa	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	45	45	0				
Mariposa	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	42	42	0				
Mariposa	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	38	38	0				
Mariposa	1	Proposition	Prop 80 (Electric Service Providers) - Vote NO	41	41	0				
Mariposa	1	Proposition	Prop 80 (Electric Service Providers) - Vote YES	41	41	0				
Mariposa	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	40	40	0				
Mariposa	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	40	40	0				
Mariposa	2	Proposition	Prop 74 (Public School Teachers) - Vote NO	41	41	0				
Mariposa	2	Proposition	Prop 74 (Public School Teachers) - Vote YES	40	40	0				
Mariposa	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	41	41	0				
Mariposa	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	40	40	0				
Mariposa	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	39	39	0				
Mariposa	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	41	41	0				
Mariposa	2	Proposition	Prop 77 (Redistricting) - Vote NO	39	39	0				
Mariposa	2	Proposition	Prop 77 (Redistricting) - Vote YES	41	41	0				
Mariposa	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	43	43	0				
Mariposa	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	45	45	0				

Parallel Monitoring Program Summary Report for November 8, 2005

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Mariposa	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	42	42	0				
Mariposa	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	38	38	0				
Mariposa	2	Proposition	Prop 80 (Electric Service Providers) - Vote NO	41	41	0				
Mariposa	2	Proposition	Prop 80 (Electric Service Providers) - Vote YES	41	41	0				
<b>Merced</b>										
Merced	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	45	45	0				
Merced	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	45	45	0				
Merced	1	Proposition	Prop 74 (Public School Teachers) - Vote NO	46	46	0				
Merced	1	Proposition	Prop 74 (Public School Teachers) - Vote YES	44	44	0				
Merced	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	46	46	0				
Merced	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	44	44	0				
Merced	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	46	46	0				
Merced	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	45	45	0				
Merced	1	Proposition	Prop 77 (Redistricting) - Vote NO	44	44	0				
Merced	1	Proposition	Prop 77 (Redistricting) - Vote YES	46	46	0				
Merced	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	45	45	0				
Merced	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	45	45	0				
Merced	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	47	47	0				
Merced	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	43	43	0				
Merced	1	Proposition	Prop 80 (Electric Service Providers) - Vote NO	45	45	0				
Merced	1	Proposition	Prop 80 (Electric Service Providers) - Vote YES	45	45	0				
Merced	1	Brd of Trust	TIM O'NEILL	64	64	0				
Merced	1	Brd of Trust	IDA JOHNSON	68	68	0				
Merced	1	Brd of Trust	CAPPI QUIGLEY	63	63	0				
Merced	1	Brd of Trust	Write in – Abe Lincoln	2	2	0				
Merced	1	Gov BM	JUAN GARCIA	75	75	0				
Merced	1	Gov B M	DARRELL CHERF	74	74	0				
Merced	1	Gov BM	TOM PARKER	74	74	0				
Merced	1	Gov BM	DENNIS PAUL JORDAN	74	74	0				
Merced	1	Mayor	RICK OSORIO	50	50	0				
Merced	1	Mayor	ELLIE WOOTEN	49	49	0				
Merced	1	City CM	JOE CORTEZ	75	75	0				
Merced	1	City CM	BILL SPRIGGS	74	74	0				
Merced	1	City CM	JAMES D. SANDERS	74	74	0				
Merced	1	City CM	CARL POLLARD	72	72	0				

Parallel Monitoring Program Summary Report for November 8, 2005

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Merced	1	City CM	Write In - JOHN ADAMS	2	2	0				
Merced	1	Irr Dist, Dir	JACK F. HOOPER	50	50	0				
Merced	1	Irr Dist, Dir	JOE F. SAPIEN	49	49	0				
Merced	1	City	Measure C - Vote YES	49	49	0				
Merced	1	City	Measure C - Vote NO	50	50	0				
Merced	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	45	45	0				
Merced	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	45	45	0				
Merced	2	Proposition	Prop 74 (Public School Teachers) - Vote NO	46	46	0				
Merced	2	Proposition	Prop 74 (Public School Teachers) - Vote YES	44	44	0				
Merced	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	46	46	0				
Merced	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	44	44	0				
Merced	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	46	46	0				
Merced	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	45	45	0				
Merced	2	Proposition	Prop 77 (Redistricting) - Vote NO	44	44	0				
Merced	2	Proposition	Prop 77 (Redistricting) - Vote YES	46	46	0				
Merced	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	45	45	0				
Merced	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	45	45	0				
Merced	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	47	47	0				
Merced	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	43	43	0				
Merced	2	Proposition	Prop 80 (Electric Service Providers) - Vote NO	45	45	0				
Merced	2	Proposition	Prop 80 (Electric Service Providers) - Vote YES	45	45	0				
Merced	2	Brd of Trust	TIM O'NEILL	64	64	0				
Merced	2	Brd of Trust	IDA JOHNSON	68	68	0				
Merced	2	Brd of Trust	CAPPI QUIGLEY	63	63	0				
Merced	2	Brd of Trust	Write in – Abe Lincoln	2	2	0				
Merced	2	Gov BM	JUAN GARCIA	75	75	0				
Merced	2	Gov BM	DARRELL CHERF	74	74	0				
Merced	2	Gov BM	TOM PARKER	74	73	-1	16	73	73	0
Merced	2	Gov BM	DENNIS PAUL JORDAN	74	74	0				
Merced	2	Mayor	RICK OSORIO	50	50	0				
Merced	2	Mayor	ELLIE WOOTEN	49	49	0				
Merced	2	City CM	JOE CORTEZ	75	75	0				
Merced	2	City CM	BILL SPRIGGS	74	74	0				
Merced	2	City CM	JAMES D. SANDERS	74	74	0				
Merced	2	City CM	CARL POLLARD	72	72	0				

Parallel Monitoring Program Summary Report for November 8, 2005

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Merced	2	City CM	Write In - JOHN ADAMS	2	2	0				
Merced	2	Irr Dist, Dir	JACK F. HOOPER	50	50	0				
Merced	2	Irr Dist, Dir	JOE F. SAPIEN	49	49	0				
Merced	2	City	Measure C - Vote YES	49	49	0				
Merced	2	City	Measure C - Vote NO	50	50	0				
<b>Monterey</b>										
Monterey	1	GBM, Salinas	JIM REAVIS	73	73	0				
Monterey	1	GBM, Salinas	ROBERT V. OCAMPO	25	25	0				
Monterey	1	GBM, Salinas	Write In - GEORGE WASHINGTON	1	1	0				
Monterey	1	GBM, S-Rita	MERI KEISER	74	74	0				
Monterey	1	GBM, S-Rita	CHUCK STAGNER	74	74	0				
Monterey	1	GBM, S-Rita	PERRY F. VARGAS	74	74	0				
Monterey	1	GBM, S-Rita	ELVA L. ARELLANO	73	73	0				
Monterey	1	GBM, S-Rita	Write In - HARRY TRUMAN	2	2	0				
Monterey	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	46	46	0				
Monterey	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	45	45	0				
Monterey	1	Proposition	Prop 74 (Public School Teachers) - Vote NO	47	47	0				
Monterey	1	Proposition	Prop 74 (Public School Teachers) - Vote YES	44	44	0				
Monterey	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	46	46	0				
Monterey	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	45	45	0				
Monterey	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	45	45	0				
Monterey	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	46	46	0				
Monterey	1	Proposition	Prop 77 (Redistricting) - Vote NO	46	46	0				
Monterey	1	Proposition	Prop 77 (Redistricting) - Vote YES	46	46	0				
Monterey	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	45	45	0				
Monterey	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	46	46	0				
Monterey	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	46	46	0				
Monterey	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	45	45	0				
Monterey	1	Proposition	Prop 80 (Electric Service Providers) - Vote NO	44	44	0				
Monterey	1	Proposition	Prop 80 (Electric Service Providers) - Vote YES	47	47	0				
Monterey	1	County	Measure C - Vote YES	50	50	0				

Parallel Monitoring Program Summary Report for November 8, 2005

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Monterey	1	County	Measure C - Vote NO	49	49	0				
Monterey	1	Local	Measure V - Vote YES	50	50	0				
Monterey	1	Local	Measure V - Vote NO	49	49	0				
Monterey	2	GBM, Salinas	JIM REAVIS	73	73	0				
Monterey	2	GBM, Salinas	ROBERT V. OCAMPO	25	25	0				
Monterey	2	GBM, Salinas	Write In - GEORGE WASHINGTON	1	1	0				
Monterey	2	GBM, S-Rita	MERI KEISER	74	74	0				
Monterey	2	GBM, S-Rita	CHUCK STAGNER	74	74	0				
Monterey	2	GBM, S-Rita	PERRY F. VARGAS	74	74	0				
Monterey	2	GBM, S-Rita	ELVA L. ARELLANO	73	73	0				
Monterey	2	GBM, S-Rita	Write In - HARRY TRUMAN	2	2	0				
Monterey	2	County	Measure C - Vote YES	46	46	0				
Monterey	2	County	Measure C - Vote NO	45	45	0				
Monterey	2	Local	Measure V - Vote YES	47	47	0				
Monterey	2	Local	Measure V - Vote NO	44	44	0				
Monterey	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	46	46	0				
Monterey	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	45	45	0				
Monterey	2	Proposition	Prop 74 (Public School Teachers) - Vote NO	45	45	0				
Monterey	2	Proposition	Prop 74 (Public School Teachers) - Vote YES	46	46	0				
Monterey	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	46	46	0				
Monterey	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	46	46	0				
Monterey	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	45	45	0				
Monterey	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	46	46	0				
Monterey	2	Proposition	Prop 77 (Redistricting) - Vote NO	46	46	0				
Monterey	2	Proposition	Prop 77 (Redistricting) - Vote YES	45	45	0				
Monterey	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	44	44	0				
Monterey	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	47	47	0				
Monterey	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	50	50	0				
Monterey	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	49	49	0				
Monterey	2	Proposition	Prop 80 (Electric Service Providers) - Vote NO	50	50	0				
Monterey	2	Proposition	Prop 80 (Electric Service Providers) - Vote YES	49	49	0				

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
<b>Orange</b>										
Orange	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	44	45	+1	5	45	45	0
Orange	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	44	44	0				
Orange	1	Proposition	Prop 74 (Public School Teachers) - Vote NO	45	45	0				
Orange	1	Proposition	Prop 74 (Public School Teachers) - Vote YES	43	44	+1	5	44	44	0
Orange	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	45	45	0				
Orange	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	43	44	+1	5	44	44	0
Orange	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	44	45	+1	5	45	45	0
Orange	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	45	45	0				
Orange	1	Proposition	Prop 77 (Redistricting) - Vote NO	44	44	0				
Orange	1	Proposition	Prop 77 (Redistricting) - Vote YES	45	45	0				
Orange	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	43	44	+1	5	44	44	0
Orange	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	45	45	0				
Orange	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	46	46	0				
Orange	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	42	43	+1	5	43	43	0
Orange	1	Proposition	Prop 80 (Electric Service Providers) - Vote NO	43	44	+1	5	44	44	0
Orange	1	Proposition	Prop 80 (Electric Service Providers) - Vote YES	45	45	0				
Orange	1	Local	Measure B - Vote YES	51	51	0				
Orange	1	Local	Measure B - Vote NO	46	47	+1	5	47	47	0
Orange	1	Local	Measure C - Vote YES	46	47	+1	5	47	47	0
Orange	1	Local	Measure C - Vote NO	53	53	0				
Orange	1	Local	Measure D - Vote YES	50	50	0				
Orange	1	Local	Measure D - Vote NO	49	50	+1	5	50	50	0
Orange	1	Local	Measure E - Vote YES	50	50	0				
Orange	1	Local	Measure E - Vote NO	49	50	+1	5	50	50	0
Orange	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	44	44	0				
Orange	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	44	44	0				
Orange	2	Proposition	Prop 74 (Public School Teachers) - Vote NO	45	45	0				
Orange	2	Proposition	Prop 74 (Public School Teachers) - Vote YES	43	43	0				
Orange	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	45	45	0				
Orange	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	43	43	0				
Orange	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	44	44	0				
Orange	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	45	45	0				

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Orange	2	Proposition	Prop 77 (Redistricting) - Vote NO	44	44	0				
Orange	2	Proposition	Prop 77 (Redistricting) - Vote YES	45	45	0				
Orange	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	43	43	0				
Orange	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	45	45	0				
Orange	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	46	46	0				
Orange	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	42	42	0				
Orange	2	Proposition	Prop 80 (Electric Service Providers) - Vote NO	43	43	0				
Orange	2	Proposition	Prop 80 (Electric Service Providers) - Vote YES	45	45	0				
Orange	2	Local	Measure B - Vote YES	51	51	0				
Orange	2	Local	Measure B - Vote NO	46	46	0				
Orange	2	Local	Measure C - Vote YES	46	46	0				
Orange	2	Local	Measure C - Vote NO	53	53	0				
Orange	2	Local	Measure D - Vote YES	50	50	0				
Orange	2	Local	Measure D - Vote NO	49	49	0				
Orange	2	Local	Measure E - Vote YES	50	50	0				
Orange	2	Local	Measure E - Vote NO	49	49	0				
<b>Riverside</b>										
Riverside	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	45	45	0				
Riverside	1	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	46	46	0				
Riverside	1	Proposition	Prop 74 (Public School Teachers) - Vote NO	47	47	0				
Riverside	1	Proposition	Prop 74 (Public School Teachers) - Vote YES	45	44	-1	9	44	44	0
Riverside	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	46	46	0				
Riverside	1	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	45	44	-1	9	44	44	0
Riverside	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	45	44	-1	9	44	44	0
Riverside	1	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	46	46	0				
Riverside	1	Proposition	Prop 77 (Redistricting) - Vote NO	45	44	-1	9	44	44	0
Riverside	1	Proposition	Prop 77 (Redistricting) - Vote YES	47	47	0				
Riverside	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	46	45	-1	9	45	45	0
Riverside	1	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	46	46	0				
Riverside	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	48	48	0				
Riverside	1	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	43	42	-1	9	42	42	0
Riverside	1	Proposition	Prop 80 (Electric Service Providers) - Vote NO	45	44	-1	9	44	44	0
Riverside	1	Proposition	Prop 80 (Electric Service Providers) - Vote YES	46	46	0				
Riverside	1	GBM,Palo Verde CCD	DEBBIE BIRDSONG	75	75	0				

Parallel Monitoring Program Summary Report for November 8, 2005

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Riverside	1	GBM,Palo Verde CCD	SAMUEL BURTON	73	72	-1	9	72	72	0
Riverside	1	GBM,Palo Verde CCD	FRANCIS "TED" ARNESON	72	71	-1	9	71	71	0
Riverside	1	GBM,Palo Verde CCD	LINCOLN EDMOND	72	71	-1	9	71	71	0
Riverside	1	GBM,Palo Verde CCD	Write In - ANDREW JACKSON	2	2	0				
Riverside	1	GBM Palo Verde USD	NORMAN GUTH	40	40	0				
Riverside	1	GBM Palo Verde USD	MIKE KISILEWICZ	40	40	0				
Riverside	1	GBM Palo Verde USD	JIM SHIPLEY	39	39	0				
Riverside	1	GBM Palo Verde USD	VALENTINA GWINNUP TEJEDA	38	37	-1	9	37	37	0
Riverside	1	GBM Palo Verde USD	FRANCISCO J. TEJEDA	39	38	-1	9	38	38	0
Riverside	1	Blythe CCM	EDNA G. GILLIS	36	36	0				
Riverside	1	Blythe CCM	ROBERT A. CRAIN	35	35	0				
Riverside	1	Blythe CCM	CARIE D. COVEL	35	35	0				
Riverside	1	Blythe CCM	RICHARD "DICKIE" SOTO	35	34	-1	9	34	34	0
Riverside	1	Blythe CCM	DEBRA POWELS	26	26	0				
Riverside	1	Blythe CCM	DALE S. REYNOLDS	25	25	0				
Riverside	1	Blythe CCM	GEORGE W. THOMAS	24	24	0				
Riverside	1	Blythe CCM	BEVERLY A. MAYS	25	25	0				
Riverside	1	Blythe CCM	JOSEPH "JOEY" DE CONINCK	25	24	-1	9	24	24	0
Riverside	1	Blythe CCM	LARRY J. WILLIAMS	26	25	-1	9	25	25	0
Riverside	1	Blythe CCM	Write In - BEN FRANKLIN	2	2	0				
Riverside	1	Blythe City Clerk	VIRGINIA C. "VIRGIE" RIVERA	98	97	-1	9	97	97	0
Riverside	1	Blythe Treasurer	LEANN KAY MARTIN	98	97	-1	9	97	97	0
Riverside	1	PVerde HCD	Measure I - Vote YES	48	47	-1	9	47	47	0
Riverside	1	PVerde HCD	Measure I - Vote NO	50	50	0				
Riverside	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote NO	45	45	0				
Riverside	2	Proposition	Prop 73 (Waiting Period and Parental Notification) - Vote YES	46	46	0				
Riverside	2	Proposition	Prop 74 (Public School Teachers) - Vote NO	47	47	0				

Parallel Monitoring Program Summary Report for November 8, 2005

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Riverside	2	Proposition	Prop 74 (Public School Teachers) - Vote YES	45	45	0				
Riverside	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote NO	46	46	0				
Riverside	2	Proposition	Prop 75 (Public Employee Union Dues) - Vote YES	45	45	0				
Riverside	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote NO	45	45	0				
Riverside	2	Proposition	Prop 76 (State Spending and School Funding Limits) - Vote YES	46	46	0				
Riverside	2	Proposition	Prop 77 (Redistricting) - Vote NO	45	45	0				
Riverside	2	Proposition	Prop 77 (Redistricting) - Vote YES	47	47	0				
Riverside	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote NO	46	46	0				
Riverside	2	Proposition	Prop 78 (Discounts on Prescription Drugs) - Vote YES	46	46	0				
Riverside	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote NO	48	48	0				
Riverside	2	Proposition	Prop 79 (Prescription Drug Discounts) - Vote YES	43	43	0				
Riverside	2	Proposition	Prop 80 (Electric Service Providers) - Vote NO	45	45	0				
Riverside	2	Proposition	Prop 80 (Electric Service Providers) - Vote YES	46	46	0				
Riverside	2	GBM,Palo Verde CCD	DEBBIE BIRDSONG	75	75	0				
Riverside	2	GBM,Palo Verde CCD	SAMUEL BURTON	73	73	0				
Riverside	2	GBM,Palo Verde CCD	FRANCIS "TED" ARNESON	72	72	0				
Riverside	2	GBM,Palo Verde CCD	LINCOLN EDMOND	72	72	0				
Riverside	2	GBM,Palo Verde CCD	Write In - ANDREW JACKSON	2	2	0				
Riverside	2	GBM Palo Verde USD	NORMAN GUITH	40	40	0				
Riverside	2	GBM Palo Verde USD	MIKE KISILEWICZ	40	40	0				
Riverside	2	GBM Palo Verde USD	JIM SHIPLEY	39	39	0				
Riverside	2	GBM Palo Verde USD	VALENTINA GWINNUP TEJEDA	38	38	0				
Riverside	2	GBM Palo Verde USD	FRANCISCO J. TEJEDA	39	39	0				
Riverside	2	Blythe CCM	EDNA G. GILLIS	36	36	0				
Riverside	2	Blythe CCM	ROBERT A. CRAIN	35	35	0				
Riverside	2	Blythe CCM	CARIE D. COVEL	35	35	0				
Riverside	2	Blythe CCM	RICHARD "DICKIE" SOTO	35	35	0				
Riverside	2	Blythe CCM	DEBRA POWELS	26	26	0				

Parallel Monitoring Program Summary Report for November 8, 2005

County	Team	Contest	Selection	Initial Comparison			Adjusted for Discrepancy Logs			
				Exp.	Actual	Diff.	Log #	Adjusted Expected	Adjusted Actual	Adjusted Diff.
Riverside	2	Blythe CCM	DALE S. REYNOLDS	25	25	0				
Riverside	2	Blythe CCM	GEORGE W. THOMAS	24	24	0				
Riverside	2	Blythe CCM	BEVERLY A. MAYS	25	25	0				
Riverside	2	Blythe CCM	JOSEPH "JOEY" DE CONINCK	25	25	0				
Riverside	2	Blythe CCM	LARRY J. WILLIAMS	26	26	0				
Riverside	2	Blythe CCM	Write In - BEN FRANKLIN	2	2	0				
Riverside	2	Blythe City Clerk	VIRGINIA C. "VIRGIE" RIVERA	98	98	0				
Riverside	2	Blythe Treasurer	LEANN KAY MARTIN	98	98	0				
Riverside	2	PVerde HCD	Measure I - Vote YES	48	48	0				
Riverside	2	PVerde HCD	Measure I - Vote NO	50	50	0				

**Appendix S**  
**Overview of All Discrepancy Reports**

**Secretary of State  
Parallel Monitoring Program  
November 8, 2005 Special Statewide Election**

**Overview of All Discrepancy Reports**

County	Discrepancy Report Number								
	Affected Tally			Did Not Affect Tally					
	Tester Error	Script Error	Equipment	Vote Selection Corrected	Script Error	Equipment Functionality	Card Activator	Videotape Change	Setup/ Close
Alameda DRE: 109238				3					1(started late) 2-camera off-line
Alameda DRE: 142072				2,3		4(camera malfunction)			1(started late)
Mariposa DRE:35177				9(started early)		4	3(reuse of voter card)	2,5-8,10	1(dim screen)
Mariposa DRE:35214				5-6			2,8	3,4,7,9-11	1(started late)
Merced DRE: 5119257	16			3,4,6-13 5(voided report)	14 15(expected outcome)	2(Summary does not show multiple selections)			1(started late)
Merced DRE: 5135503				3,5-8,10,11,13	14 15(expected outcome)	2(Summary does not show multiple selections) 4, 9	12		1

Monterey DRE: 35775				6(script to camera) 7,8, 22,24		9(camera focus) 12,13,15,16,18, 20,25,26 (hit twice)	11	10,14,17,19,21, 23	1(no battery operated camera) 2(supply issue) 3(spare printer) 4(late start) 5(video), 27(audit form)
Monterey DRE: 35750				4-6,13,15		3(camera issue) 11,12,18(hit screen twice)	17	7-10,14,16,	1(late start) 2(supply issue) 19(audit form)
Orange DRE:04370				4	1,3	2,5,6			
Orange DRE:05727	5			1,3,6,7	2,4				
Riverside DRE:3305				2,3,5-8			4,9		1(video)
Riverside DRE:3303	9			6,8		2,4,5,7 3(printer set-up)			1(video) 3(printer set-up)

## **Appendix T**

### **Discrepancy Reports**

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Alameda DRE Serial Number: 109238 Firmware: 43.15

Team Members: Karl Dolk Leader      Gail Estrella Member      Leonard Larson Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	LATE START	1	GE/RD	7:07A	
2.	CARPET OFFENSE <del>VOTE CHARGED</del>	BETWEEN 90 & 91	GE/LL	7:13A	
3.	VOTE CHARGED	29	RD/GE	11:06A	
4.					
5.					
6.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Alameda</u>	County Team Leader: <u>Karl Dolk</u>
Testers involved: <u>GAIL ESTRELLA</u>	_____
Print Name	Print Name
DRE Serial Number: <u>109238</u>	Time: <u>7:07</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

STARTED LATE - 7:07AM

2. If applicable, record the test script number the team was performing: N/A

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

CALLED J. WHITEN @ 7:07AM

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Karl Dolk \_\_\_\_\_  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Karl Dolk \_\_\_\_\_  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Alameda</u>	County Team Leader: <u>Karl Dolk</u>
Testers involved: <u>GINA ESABELLA</u> Print Name	<u>LEONARD LARSON</u> Print Name
DRE Serial Number: <u>109238</u>	Time: <u>7:13P</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

CASSETTE DE-POWERED FOR ABOUT ONE MINUTE

2. If applicable, record the test script number the team was performing: BETWEEN 90791

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Karl Dolk Karl Dolk  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Karl Dolk Karl Dolk  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Alameda</u>	County Team Leader: <u>Karl Dolk</u>
Testers involved: <u>KARL DOLK</u>	_____
Print Name	Print Name
DRE Serial Number: <u>109238</u>	Time: <u>11:06 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

TOUCHED SCREEN WITH KNUCKLE WHEN VOTING PROP 78  
ADD VOTE ON PROP 76 WAS REMOVED. REVOTED PROP 76  
TO YES.

2. If applicable, record the test script number the team was performing: 29

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: KARL DOLK Karl Dolk  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Karl Dolk Karl Dolk  
Print Name Signature

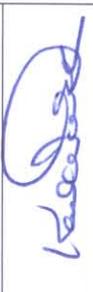
# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Alameda DRE Serial Number: 142072 Firmware: 4.3.15

Team Members: Karl Dolk Gail Estrella Leonard Larson  
 Leader Member Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	STARTED LATE	1	LL/KD	7:07A	
2.	VOTES DO NOT SHOULD HAVE BEEN NON-VOTE	25	LL/GE	10:35A	
3.	SELECTED CALIFORNIA INSTEAD OF ENGLISH	37	LL/GE	12:20P	
4.	CALIFORNIA NOT FUNCTIONING; NEW CALIFORNIA INSTALLED	Between 46-47	LL/GE	1:18P	
5.					
6.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Alameda</u>	County Team Leader: <u>Karl Dolk</u>
Testers involved: <u>LEGUADA LABSON</u>	_____
Print Name	Print Name
DRE Serial Number: <u>142072</u>	Time: <u>7:07AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

STARTED LATE - 7:07AM

2. If applicable, record the test script number the team was performing: N/A

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

CALLED J. WHITNEY @ 7:07AM

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Karl Dolk \_\_\_\_\_  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Karl Dolk \_\_\_\_\_  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Alameda</u>	County Team Leader: <u>Karl Dolk</u>
Testers involved: <u>Leonard Larson</u>	Print Name
DRE Serial Number: <u>142072</u>	Time: <u>10:35</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Voted No on Prop 80. Should have been a non-Vote. Corrected to non-Vote

2. If applicable, record the test script number the team was performing: 25

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Gail Estrella Gail Estrella  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Karl Dolk [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Alameda</u>	County Team Leader: <u>Karl Dolk</u>
Testers involved: <u>Leonard Larson</u>	Print Name
DRE Serial Number: <u>142072</u>	Time: <u>12:20</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Selected Chinese. Cancelled ballot on Summary Page

2. If applicable, record the test script number the team was performing: 37

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

Called J. White; Cancelled ballot; Ballot not included in Count.

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Gail Estrella Print Name Gail Estrella Signature

7. Report Reviewed and Approved by County Team Leader: Karl Dolk Print Name Karl Dolk Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Alameda</u>	County Team Leader: <u>Karl Dolk</u>
Testers involved: <u>Leonard Larson</u>	Print Name
DRE Serial Number: <u>142072</u>	Time: <u>1:19 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Between # 46 + # 47 - Camera malfunctioned.  
No video of waiting lost. Swapped to  
new camera

2. If applicable, record the test script number the team was performing: Not performing script

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Gail Estrella Gail Estrella  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Karl Dolk Karl Dolk  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Mariposa DRE Serial Number: 35177 Firmware: Seq 4012

Team Members: Marini Ballard Leader Debbie Knight Member Roy Allmond Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	brightened the screen (it was dim) (AT SLOWED SPEED)		Marini, Debbie Roy	7:10 a.m	HARRIS Ballard
2.	Changed Tape		during Break 8:30am	8:44	HARRIS Ballard
3.	Inadvertently, put in inactivated <sup>cast</sup>	18	Roy / Debbie	9:40	HARRIS Ballard
4.	Jumped to 2nd screen without clicking <sup>next</sup> (AT RIGHT SPEED)	20	Roy / Debbie	9:50	HARRIS Ballard
5.	CHANGED TAPE	BEFORE 23 AFTER 50	Roy / Debbie	10:50	MARRIS Ballard
6.	CHANGED TAPE		Roy / Marini	12:48	HARRIS Ballard

#35177

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	Changed Tape	after 56	Deb/Roz	2:46	HARKIN Ballou
8.	Changed Tape	after 69	Deb/Roz	4:40 <sup>46</sup>	HARKIN Ballou
9.	*Observation viewing <del>changed tape</del>	82	Deb/Marina	(a little early) 6:40	HARKIN Ballou
10.	Changed Tape	after 82	Deb/Marina	6:46pm	HARKIN Ballou
11.					
12.					
13.					
14.					
15.					
16.					
17.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Debbie Knight</u> Print Name	<u>Roy Allmord</u> Print Name
DRE Serial Number: <u>35177</u>	Time: <u>7:10 a.m.</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

The screen was dim, someone from the county brightened it

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Marini

Print Name

Marini Ballard

Signature

7. Report Reviewed and Approved by County Team Leader:

Marini Ballard

Print Name

Marini Ballard

Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: _____	_____
Print Name	Print Name
DRE Serial Number: <u>35177</u>	Time: <u>8:46</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Changed Tape

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

during  
8:30 am break

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: \_\_\_\_\_

Deb Knight  
Print Name

[Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader: \_\_\_\_\_

Marini Ballard  
Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Roy</u>	Print Name
DRE Serial Number: <u>35177</u>	Time: <u>9:46 a.m</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Inadvertently, a card that hadn't been activated, was popped in. The team lead pushed the yellow 'activate' button to get the card out

2. If applicable, record the test script number the team was performing: 18

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Marini Marini Ballard  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard Marini Ballard  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Roy Allmond</u>	Print Name
DRE Serial Number: <u>35177</u>	Time: <u>9:50</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

When voter card pressed in, 2nd screen came up #75

~~When voter card pressed in, 2nd screen came up #75~~

2. If applicable, record the test script number the team was performing: 20

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: DKnight [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Raymond Roy</u> Print Name	<u>Marini Debbie</u> Print Name
DRE Serial Number: <u>35177</u>	Time: <u>10:50</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Changed tape - previous tape running at a slower recording speed

2. If applicable, record the test script number the team was performing: Between what scripts?

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Deb Knight Debt  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard Marini Ballard  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Roy Almond</u>	<u>Marini Ballard</u>
Print Name	Print Name
DRE Serial Number: <u>35177</u>	Time: <u>12:48</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Tape change

2. If applicable, record the test script number the team was performing: Before 50

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Roy Almond Roy Almond  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard Marini Ballard  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 7

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Deb</u>	<u>Roy</u>
Print Name	Print Name
DRE Serial Number: <u>35177</u>	Time: <u>2:46</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Changed tape after # 56

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Deb Knight [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 8

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Deb</u>	<u>Roy</u>
Print Name	Print Name
DRE Serial Number: <u>35177</u>	Time: <u>4:46</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Changed Tape after #69

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Deb Knight [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 9

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Deb</u>	<u>Marini</u>
Print Name	Print Name
DRE Serial Number: <u>35177</u>	Time: <u>6:40pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Cast a ballot (#82) for an observer  
at 6:40pm, a little earlier than  
scheduled time.

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Deb Knight [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard \_\_\_\_\_  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 10

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Deb</u>	<u>Marini</u>
Print Name	Print Name
DRE Serial Number: <u>35177</u>	Time: <u>6:46 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Changed Tape after 82

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Deb Knight [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Mariposa DRE Serial Number: 35214 Firmware: Sequiza

Team Members: Marini Ballard Leader Debbie Knight Member Roy Allmond Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	started testy later	N/A	Marini, Debbie, Roy	7:15 a.m.	<i>MARINI Ballard</i>
2.	voter card & invalid	5	Roy / Debbie	7:38 a.m.	<i>MARINI Ballard</i>
3.	changed tape	after test #17		8:45 a.m.	<i>MARINI Ballard</i>
4.	changed tape DID NOT HOLD UP SCRIPT	after test #29	Debbie Marini	10:45 a.m.	<i>MARINI Ballard</i>
5.		32	<del>MAINI</del> / ROY	11:47	<i>MARINI Ballard</i>
6.	checked wrong ON # 77 (corrected)	48	ROY / MAINI	12:30	<i>MARINI Ballard</i>

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	CHANGED TAPE	BEFORE 56	Debbie / ROY	12:45	MARINI Ballb
8.	CARD NOT VAND?	53	MARINI / ROY	1:51	MARINI Ballb
9.	TAPE CHANGE	BEFORE 57	ROY / MARINI	2:46	MARINI Ballb
10.	TAPE CHANGE	AFTER 67	ROY / MARINI	4:45	MARINI Ballb
11.	TAPE CHANGE	AFTER 81	ROY / MARINI	6:45	MARINI Ballb
12.					
13.					
14.					
15.					
16.					
17.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Debbie Knight</u> Print Name	<u>Roy Allmond</u> Print Name
DRE Serial Number: <u>35214</u>	Time: <u>7:15 a.m.</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Started testing at 7:15 a.m. The county officials arrived late, we needed more time.

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

Called Jocelyn at 7:05 a.m. and left a message

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Marini Ballard  
Print Name

Marini Ballard  
Signature

7. Report Reviewed and Approved by County Team Leader:

Marini Ballard  
Print Name

Marini Ballard  
Signature



# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Debbie Knight</u>	<u>Roy Allmond</u>
Print Name	Print Name
DRE Serial Number: <u>35214</u>	Time: <u>8:45 a.m.</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

changed tape

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Marini  
Print Name

Marini Ballard  
Signature

7. Report Reviewed and Approved by County Team Leader:

Marini Ballard  
Print Name

Marini Ballard  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>MARINI Ballard</u> Print Name	<u>DeBBie KNIGHT</u> Print Name
DRE Serial Number: <u>35214</u>	Time: <u>10:43</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

TAPE CHANGE

2. If applicable, record the test script number the team was performing: AFTER 29

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Roy Almond Roy Almond  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard Marini Ballard  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Marini</u>	_____
Print Name	Print Name
DRE Serial Number: <u>35214</u>	Time: <u>11:47</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Forgot to hold up script in front of screen

2. If applicable, record the test script number the team was performing: # 32

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Marini

Print Name

Marini Ballard

Signature

7. Report Reviewed and Approved by County Team Leader:

Marini Ballard

Print Name

Marini Ballard

Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Roy Allmond</u>	Print Name
DRE Serial Number: <u>35214</u>	Time: <u>12:30 p.m.</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Checked a wrong vote on prop 77 (test #48)  
from verify screen - went back & changed voted.

2. If applicable, record the test script number the team was performing: 48

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Marini Marini Ballard  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard Marini Ballard  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 7

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Jebbye Knight</u>	<u>Roy Allmond</u>
Print Name	Print Name
DRE Serial Number: <u>35214</u>	Time: <u>12:45</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

TAPE CHANGE

2. If applicable, record the test script number the team was performing: BEFORE 50

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Roy Allmond Roy Allmond  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard Marini Ballard  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 8

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Marini / Roy</u>	Print Name
DRE Serial Number: <u>35214</u>	Time: <u>1:51</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).  
*Previously noted card  
card not activated before inserted into DRE.  
card not valid - the red screen came up -  
activated it, tried again, and it worked*

2. If applicable, record the test script number the team was performing: 53

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Marini Marini Ballard  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 9

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Roy</u>	<u>MARINI</u>
Print Name	Print Name
DRE Serial Number: <u>35214</u>	Time: <u>2:46</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

TAPE CHANGE after script # 56

2. If applicable, record the test script number the team was performing: N/A

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Roy Allmond [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 10

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Roy Almond</u>	<u>MARINI</u>
Print Name	Print Name
DRE Serial Number: <u>35214</u>	Time: <u>4:45</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

TAPE CHANGE after #69

2. If applicable, record the test script number the team was performing: N/A

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Roy Almond Roy Almond  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard Marini Ballard  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 11

County: <u>Mariposa</u>	County Team Leader: <u>Marini Ballard</u>
Testers involved: <u>Roy</u>	<u>MARINI</u>
Print Name	Print Name
DRE Serial Number: <u>35214</u>	Time: <u>6:45</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

TAPE CHANGE

2. If applicable, record the test script number the team was performing: N/A

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Roy Allmond Roy Allmond  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Marini Ballard \_\_\_\_\_  
Print Name Signature

# Parallel Monitoring Program

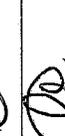
November 8, 2005

## Discrepancy Log

County: Merced DRE Serial Number: 5119257 Firmware: ivotroni

Team Members: Linda VanDyke Susan Buki Blaine Lamb Angela Reed  
 Leader Member Member Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	Started Late	1	BLAINE / ANGELA	7:09 AM.	
2.	Summary did not show multiple selections.	AW 1	BLAINE / ANGELA	7:35 A.M.	
3.	Forgot to select Dennis from Jordan's <sup>work</sup> <sub>music</sub> <sub>pub</sub>	4	BLAINE / ANGELA	8:06 A.M.	
4.	Went back to verify everything OK MEASURED C / MORE NO SN	8	BLAINE / ANGELA	8:30 A.M.	
5.	Selected incorrectly FSA Johnson S/B CAPD / <sup>Angley</sup>	27	BLAINE / ANGELA	10:44 A.M.	

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	Selected Prop 73 YEs and NO - <sup>made</sup> correction	35	Blaine / Angela	11:46 am	
8.	PROP 76 VOTE DUB SHOULD BE NO <sup>CORRECTED</sup>	38	BLAINE / ANGELA	12:10 p.m	
9.	Selected "write in" in error / printed close to link	39	Blaine / ANGELA	12:16 pm	
10.	Write in ABRAHAM LINCOLN <sup>should be ABELINE</sup>	45	Blaine / Angela	12:48 pm	
11.	Tried to cast a vote without measuring ballot sensor	64	Blaine / Angela	3:52 pm	
12.	Hit Prop 76 instead of Prop 77 - <sup>corrected</sup>	65	Blaine / Angela	3:55 pm	
13.	HIT TIM O'WELL <del>WOT</del> 10 A JOHNSON <sup>CORRECTED</sup>	83	BLAINE / ANGELA	6:50 pm	
14.	SCRIPT ERROR - MEASURE C VOTE NO	90	BLAINE / ANGELA	7:13 pm	
15.	SCRIPT ERROR CAN'T DO 101 - NO CARDS	101	ANGELA / BLAINE	7:45 pm	
16.					
17.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Merced</u>	County Team Leader: <u>Kinda Van Dyke</u>
Testers involved: <u>ANGELA REED</u> Print Name	<u>BLAINE LAMB</u> Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>7:09</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

late start due to glaring screens

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

Team leader contacted Jocelyn Whitney

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: ANGELA REED [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L. Van Dyke [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Merced</u>	County Team Leader: <u>LINDA VAN DUKE</u>
Testers involved: <u>AUGELA REED</u>	<u>BLAINE LAUB</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>7:30</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

SELECTION MADE ON TESTING DOES NOT APPEAR ON REVIEW SCREEN - ALL SELECTIONS REQUIRING MORE THAN ONE ARE NOT ON SCREEN

2. If applicable, record the test script number the team was performing: 1

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

JOCELYN - SAYS PROGRAM PROGRAMMED INCORRECTLY

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: BLAINE LAUB Blaine Laub  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Linda Van Duke L. Van Duke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Merced</u>	County Team Leader: <u>Kinda Van Dyke</u>
Testers involved: <u>BLAINE KAMB</u>	<u>ANGELA REED</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>8:06 A.M.</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Tester forgot to select Dennis Paul Jordan, returned to page and made selection

2. If applicable, record the test script number the team was performing: 4

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

ANGELA REED

Print Name

Angela Reed

Signature

7. Report Reviewed and Approved by County Team Leader:

K Van Dyke

Print Name

K Van Dyke

Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Merced</u>	County Team Leader: <u>Linda VAN DYKE</u>
Testers involved: <u>BLAINE LAMB</u>	<u>ANGELA REED</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>8:30</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

WENT BACK TO CHECK VOTE - EVERYTHING OK

2. If applicable, record the test script number the team was performing: 8

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: BLAINE LAMB Blaine Lamb  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L. Van Dyke L. Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

*VOID*

County: <u>Merced</u>	County Team Leader: <u>VAN DYKE</u>
Testers involved: _____	_____
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u><del>10:20</del> 1</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: \_\_\_\_\_  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: \_\_\_\_\_  
Print Name Signature *A Van Dyke*

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Merced</u>	County Team Leader: <u>Linda Van Dyke</u>
Testers involved: <u>BLAKE LAMB</u>	<u>ARCEW REED</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>10:44 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

SELECTED INCORRECTLY - IAN JOHNSON,  
SHOULD HAVE BEEN C/OP/ BULGEY  
CORRECTED

2. If applicable, record the test script number the team was performing: 27

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: BLAKE LAMB Blaine Lamb

Print Name

Signature

7. Report Reviewed and Approved by County Team Leader:

L Van Dyke L Van Dyke

Print Name

Signature

Parallel Monitoring Program

November 8, 2005

Discrepancy Report

Report No: 7



County: Merced County Team Leader: LINDA Van Dyke  
 Testers involved: BLAINE KAMB ANGELA REED  
 Print Name Print Name  
 DRE Serial Number: 5119257 Time: 11:46AM

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Selected Prop. 73 YES and NO  
MADE correction

2. If applicable, record the test script number the team was performing: 35

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: ANGELA REED [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: [Signature] [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 8

County: <u>Merced</u>	County Team Leader: <u>VANDIKE</u>
Testers involved: <u>BLAINE LAWS</u> Print Name	<u>ANGELA REED</u> Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>12:10 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

VOTED PROD 76 YES SHOULD HAVE BEEN NO  
CORRECTED

2. If applicable, record the test script number the team was performing: 38

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. CORRECTED

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: BLAINE LAWS Blaine Laws  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyke L Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 9

County: <u>Merced</u>	County Team Leader: <u>Linda Van Dyke</u>
Testers involved: <u>Blaine Kams</u>	<u>Angela Reed</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>12:16</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Selected "write in" in error / pointed close to line / corrected & continued

2. If applicable, record the test script number the team was performing: 39

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Angela Reed Angela Reed  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyke L Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 10

County: <u>Merced</u>	County Team Leader: <u>Jinda Van Dyke</u>
Testers involved: <u>Blaine Lamb</u> Print Name	<u>ANGELA REED</u> Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>18:48</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Write in Abraham Lincoln should be Abe Lincoln - corrected

2. If applicable, record the test script number the team was performing: 45

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

ANGELA REED  
Print Name

Angela Reed  
Signature

7. Report Reviewed and Approved by County Team Leader:

J. Van Dyke  
Print Name

J. Van Dyke  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 11

County: <u>Merced</u>	County Team Leader: <u>Linda Van Dyke</u>
Testers involved: <u>Blaine Frmb</u>	<u>Angela REED</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>3:52</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

tried to cast a vote without advancing ballot summary - corrected

2. If applicable, record the test script number the team was performing: 64

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: ANGELA REED Angela Reed  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L. Van Dyke L. Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 12

County: <u>Merced</u>	County Team Leader: <u>Finda Van Dylke</u>
Testers involved: <u>Blaine Lamb</u>	<u>ANGELA REED</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>3:55 p.m.</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change). Hit Prop 76 instead of Prop 77 - corrected

2. If applicable, record the test script number the team was performing: 65

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: ANGELA REED Angela Reed  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: F Van Dylke F Van Dylke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 13

County: <u>Merced</u>	County Team Leader: <u>LINDA VANDYKE</u>
Testers involved: <u>BLAINE LAUB</u>	<u>ANGELA REED</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>6:50</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

HIT TIM O'NEILL NOT JOA JOHNSON  
CORRECTED

2. If applicable, record the test script number the team was performing: 83

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: BLAINE LAUB Blaine Laub  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Linda Vandyke Linda Vandyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 14

County: <u>Merced</u>	County Team Leader: <u>LINDA VANDUYKE</u>
Testers involved: <u>ANGELA REEP</u>	<u>BLAINE LAMB</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>7:13</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

SCRIPT ERROR - MEASURE C/FOR BOARD OF TRUSTEE

2. If applicable, record the test script number the team was performing: 90

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Blaine Lamb Blaine Lamb  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyke L Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 15

County: <u>Merced</u>	County Team Leader: <u>LINDA VAN DYKE</u>
Testers involved: <u>BLAINE LAUB</u>	<u>ANGELA REED</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>7:45 p.m.</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Script Error Reuse previous voter card  
"Does not apply to this equipment"

2. If applicable, record the test script number the team was performing: 101

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

ANGELA REED  
Print Name

[Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader:

L Van Dyke  
Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 16

County: <u>Merced</u>	County Team Leader: <u>Linda Van Dyke</u>
Testers involved: <u>Blaine Lamb</u>	<u>Angela Reed</u>
Print Name	Print Name
DRE Serial Number: <u>5119257</u>	Time: <u>7:04 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Script 87 called for the selection of Tom Parker for the office of Merced City SD, Governing Board Member, the selection was not made and was not detected as not having been selected before casting the vote.

2. If applicable, record the test script number the team was performing: 87

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. Reconciliation adjustment required.

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Stephanie Golka  
Print Name

Stephanie Golka  
Signature

7. Report Reviewed and Approved by County Team Leader:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Merced DRE Serial Number: 5135503 Firmware: Ivotronic

Team Members: Linda Vandyke Leader     Susan Buki Member     Blaine Lamb Member     Stephanie Hamashitt Member     Angela Reed Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	Started late	1	Susan Buki / Linda Van Dyke	7:09am	
2.	Summary did not show Multiple selections.	all scripts	Susan Buki / Linda Van Dyke	7:35am	
3.	Hit incorrect vote key	3	" "	<del>7:58</del>	
4.	Close Terminal some approved-checked No	4 <sup>29</sup>	" "	8:02	
5.	Did not remove PEB	4	" "	8:03	
6.	Voted incorrectly Fixed	9	" "	8:33	

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	Voted in correctly went back & fixed	9	SB / LV	8:34	
8.	"	9	"	8:36	
9.	Highlighted 1 selection another lit up checked	<del>10</del> <sup>32</sup>	"	8:48	
10.	Did not go thru all Review screens	18	"	9:33	
11.	Did write-in for wrong area - SB Board of Trustees	35	"	11:52	
12.	Removed PEB prior to Selecting Ballot 16	48	"	12:38	
13.	#76 did not vote - went back & voted	54	"	2:00	
14.	Script Error Brd of Trustees Vote No	91	"	7:13	
15.	Script-error No Voter Card	101	"	7:45	
16.					
17.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Merced</u>	County Team Leader: <u>L. Van Dyke</u>
Testers involved: <u>Susan Butki</u> Print Name	<u>Linda Van Dyke</u> Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>7:00 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

BT type was requested & no data in book to indicate ballot #

2. If applicable, record the test script number the team was performing: 1

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

Called 7:28 am

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. 1st set to ballot 11 per Joslyn then had to reset to ballot 16

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: L Van Dyke Linda A. Van Dyke  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Merced</u>	County Team Leader: <u>L. Van Dyke</u>
Testers involved: <u>S. Buki</u>	<u>L Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>7:35 Am</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Review of ballot selections does not display multiple choice items.

2. If applicable, record the test script number the team was performing: 1

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

Called Joshyn 7:35 to inform; will have error on all scripts - refer to this error

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: L. Van Dyke L Van Dyke  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyke L Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Merced</u>	County Team Leader: <u>Linda Van Dyke</u>
Testers involved: <u>Susan Buki</u>	<u>L. Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>7:58am</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

tester touched si instead of NO on  
Measure C. Corrected on same page +  
continued.

2. If applicable, record the test script number the team was performing: 3

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Susan Buki Susan Buki  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader:

L Van Dyke L Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Merced</u>	County Team Leader: <u>L. Van Dyke</u>
Testers involved: <u>S Buki</u> Print Name	<u>L. Van Dyke</u> Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>8:03</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Put in PEB - Close Terminal option came up - checked No & continued

2. If applicable, record the test script number the team was performing: 4

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: L. Van Dyke Linda Van Dyke  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L. Van Dyke Linda Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

County: <u>Merced</u>	County Team Leader: <u>L. Van Dyke</u>
Testers involved: <u>S. Buki</u>	<u>L. Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>8:05</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Trud to vote without removing PEB

2. If applicable, record the test script number the team was performing: H

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: L. Van Dyke L. Van Dyke  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L. Van Dyke L. Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Merced</u>	County Team Leader: <u>L Van Dyke</u>
Testers involved: <u>S Buki</u> Print Name	<u>L. Van Dyne</u> Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>8:33</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

#76 Voted incorrectly + had to correct

2. If applicable, record the test script number the team was performing: 9

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: L. Van Dyne L Van Dyne  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyne L Van Dyne  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 7

County: <u>Merced</u>	County Team Leader: <u>L Van Dyke</u>
Testers involved: <u>S. Buki</u>	<u>L. Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>8:33</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Did not select 3 & had to back  
& vote for James

2. If applicable, record the test script number the team was performing: 9

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Linda Van Dyke L Van Dyke  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyke L Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 8

County: <u>Merced</u>	County Team Leader: <u>Linda VanDyke</u>
Testers involved: <u>Susan Buki</u>	<u>L. Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>8:36</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Measure 74 came out as "no selection made"  
Had to go back to fix it to "NO"

2. If applicable, record the test script number the team was performing: 8

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Susan Buki Susan Buki  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Linda VanDyke L. Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 9

*\*  
Jumped to  
other candidate*

County: <u>Merced</u>	County Team Leader: <u>L. Van Dyke</u>
Testers involved: <u>S Buki</u> Print Name	<u>L. Van Dyke</u> Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>8:48 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

*Hit O'Neil & did not highlight but  
bottom section did highlight (Tom Parker)*

2. If applicable, record the test script number the team was performing: 3/15

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Susan Buki  
Print Name

Susan Buki  
Signature

7. Report Reviewed and Approved by County Team Leader:

L. Van Dyke  
Print Name

L. Van Dyke  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 10

County: <u>Merced</u>	County Team Leader: <u>L Van Dyke</u>
Testers involved: <u>S Buker</u>	<u>L Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>9:33</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Did not view all summary pages -  
went back to view & cast ballot  
Voted Script, 1<sup>st</sup> Conf screen w/ Props, Touch screen did not  
cont. to 2<sup>nd</sup> review  
to record vote

2. If applicable, record the test script number the team was performing: 17
3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: L Van Dyke L Van Dyke  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyke L Van Dyke  
Print Name Signature

**Parallel Monitoring Program**

November 8, 2005

**Discrepancy Report**

Report No: 11

County: Merced County Team Leader: L. Van Dyke  
Testers involved: Susan Butki L. Van Dyke  
Print Name Print Name  
DRE Serial Number: 5135503 Time: 11:56 am

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Wrote in for "Governing Board member" when it should have been write - in for "Board of Trustees", Caught error - Review screen - corrected + carried a-

2. If applicable, record the test script number the team was performing: 35

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Susan Butki Susan Butki  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L. Van Dyke L. Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 12

County: <u>Merced</u>	County Team Leader: <u>L. Van Dyke</u>
Testers involved: <u>Susan Buki</u>	<u>L. Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>12:38 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

removed PEB prior to selecting BT 16,  
Had to re-place PEB.

2. If applicable, record the test script number the team was performing: 48

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Susan Buki Susan Buki  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L. Van Dyke L. Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 13

County: <u>Merced</u>	County Team Leader: <u>L. Van Dyke</u>
Testers involved: <u>Susan Buki</u>	<u>L. Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>2:00 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Skipped 76 when needed to vote "NO"  
went back + fixed

2. If applicable, record the test script number the team was performing: 54

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Susan Buki Susan Buki  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L. Van Dyke L. Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 14

County: <u>Merced</u>	County Team Leader: <u>L Van Dyke</u>
Testers involved: <u>Susan Buki</u>	<u>L Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>7:12 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Script error (Measure C - Vote No)  
for Bd. of Trustees

2. If applicable, record the test script number the team was performing: 90

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Susan Buki Susan Buki  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: L Van Dyke L Van Dyke  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 15

County: <u>Merced</u>	County Team Leader: <u>L Van Dyke</u>
Testers involved: <u>Susan Buki</u>	<u>L Van Dyke</u>
Print Name	Print Name
DRE Serial Number: <u>5135503</u>	Time: <u>7:45 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

script error — "Re-use previous Voter Card" = N/A

2. If applicable, record the test script number the team was performing: 101

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Susan Buki

Print Name

Susan Buki

Signature

7. Report Reviewed and Approved by County Team Leader:

L Van Dyke

Print Name

L Van Dyke

Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Monterey DRE Serial Number: 35750 Firmware: 4.3.320

Team Members: Mark Havener Leader Michael Karnadi Member Deborah Johnson Member Dana Stinson Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	LATE START	N/A	DJ / MH	7:25	<i>[Signature]</i>
2.	CARD COUNT VARIABLE 10/68	N/A	DJ / MH	7:15	<i>[Signature]</i>
3.	CAMERA ZOOM & PAN	N/A	DJ / MH	7:58	<i>[Signature]</i>
4.	MEASURE V CORRECTED NO TO YES	7	DJ / MH	7:57	<i>[Signature]</i>
5.	79 CORRECTED YES TO NO	11	DJ / MH	8:14	<i>[Signature]</i>
6.	VOTE 4 SD, went to 7B, went back	1	DJ / MH	7:25	<i>[Signature]</i>

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	CHANGE TAPES	N/A	MH/DJ	9:44 A	
8.	CHANGE TAPES	N/A	MH/DJ	11:12 A	
9.	CHANGE TAPES	98	DJ/MA	1:16 P	
10.	" "	62	MH/DJ	3:15 P	
11.	HIT NEXT X2	64	MH/DJ	3:50 P	
12.	" " X2	64	MH/DJ	3:50 P	
13.	MEASURE 'C' HIT YES, CORRECT TO NO	70	DJ/MH	5:04 P	
14.	CHANGE TAPE	N/A	DJ/MH	5:19	
15.	PROP — NO, De-select, NO	85	MH/DJ	6:55	
16.	CHANGE TAPE	N/A	DJ/MH	7:18	
17.	CARD POPPED OUT	94	DJ/MH	7:24	

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
18.	RE-HIT Roberto	98	DJ/MH	7:36	
19.	No "Close Calls" Audit Form	1/A	DJ/MH	8:01	
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>Deborah Johnson</u>	<u>Mark Havener</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>7:25</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Started testing activities late

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Deborah S. Johnson [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MARK</u>	<u>DEB</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>7:15</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

CARD POUCH INDICATED 10 CARDS, ONLY 8  
ACTUALLY PRESENT

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: M.H [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MARK H</u>	<u>DEBORAH J</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>7:58</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

UNABLE TO HAVE FULL SCREEN ON CAMERA & READ TEXT. ~~RECORD~~ ZOOM TO READ, PAN FOR ALL BUTTONS

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MARK H [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DEBOERT J</u>	<u>MARK H</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>7:57 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

MEASURE V- HIT NO, CORRECTED TO YES

2. If applicable, record the test script number the team was performing: 7

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DEB J.</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>8:14</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

79 - HIT YES, change to NO

2. If applicable, record the test script number the team was performing: 11

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Mark Havener [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DJ</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>7:25</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

ONLY VOTED FOR 1 SD MEMBER, WENT TO 73, THEN WENT BACK & VOTED FOR 3

2. If applicable, record the test script number the team was performing: 1

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 7

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MH- 1</u>	<u>DJ</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>9:04</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

CHANGE TAP  
TAPE #1 : SCRIPTS 1-17

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 8

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MH</u>	<u>DJ</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>11:12</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Change TAPE # 2  
18-31

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 9

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DJ</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>1:16 P</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

CHANGE TAPE  
\* Change in middle of #48

2. If applicable, record the test script number the team was performing: #48

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 10

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DJ</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>3:15</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

CHANGE TAPE  
finished # 62

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 11

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MH</u>	<u>DJ</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>3:50</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

HIT NEXT TWICE AFTER 77/78

2. If applicable, record the test script number the team was performing: 64

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 12

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MH</u>	<u>DJ</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>3:50</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

HIT NEXT TWICE AFTER 79/80

2. If applicable, record the test script number the team was performing: 64

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required: \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 13

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DJ</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>5:04</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Mem. C- H.7 yes, fixed to NO

2. If applicable, record the test script number the team was performing: 70

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

MH

Print Name

[Signature]

Signature

7. Report Reviewed and Approved by County Team Leader:

Mark Havener

Print Name

[Signature]

Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 14

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MH</u>	<u>DJ</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>5:19</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

CHANGE TAPE AFTER TEST #71

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 15

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>Deborah J</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>6:55 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Hit no, accidentally deselected no, Hit no again

2. If applicable, record the test script number the team was performing: 85

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Deborah Johnson [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 16

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DJ</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>7:18</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Change TAPE

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 17

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DJ</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>7:24</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

INSERTION CARD, STARTED Cycle, popped out,  
Re-Inserted CARD

2. If applicable, record the test script number the team was performing: 94

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 18

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DJ</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>7:36</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

ROBERTO DID NOT REGISTER KIT,  
RE-DID

2. If applicable, record the test script number the team was performing: 98

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 19

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>OJ</u>	<u>MH</u>
Print Name	Print Name
DRE Serial Number: <u>35750</u>	Time: <u>8:01</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

No "Close Polls Audit Form"

124 / 100

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MH [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Monterey DRE Serial Number: 35775 Firmware: V: 4.3.320

Team Members: Mark Havener Michael Karnadi Deborah Johnson Dana Stinson  
 Leader Member Member Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	Unable to video equip. in storage RM.		M. Havener	6:00 am	<del>M. Havener</del>
2.	Only 5 keyboards supplied		" "	6:30 am	
3.	Picked up spare printer		" "	6:05 am	
4.	Started testing activities late		Dana Stinson / Michael Karnadi	7:21 am	
5.	Didn't tape "0" totals on server		" "	7:14 am	
6.	DIDN'T HOLD SCRIPT #1	1	DS / MK	7:27 am	

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	<del>TAPE</del> WENT BACK AFTER NEXT #1	#1	DS / MK	7:27 AM	
8.	PROP 73 CHANGED	#4	DS / MK	7:38 AM	
9.	FOCUS / ISSUE		DS / MK	7:55 AM	
10.	TAPE #1 TO #2	#18	MK / DS	9:04 AM	
11.	Had to get vote voter	#22	MK / DS	9:52 am	
12.	select vote x 2 (PROP 77)	#21	MK / DS	9:50 am	
13.	Select votes x 2 (PROP 80)	#22	MK / DS	9:53 am	
14.	TAPE #2 TO #3	#31	MK / DS	10:10 am	
15.	TWICE ON PROP 77	#38	DS / MK	12:25 pm	
16.	SELECT JIM TWICE	#49	DS / MK	1:12 pm	
17.	CHANGE TAPE #3 TO #4	#49	DS / MK	1:17 pm	

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
18.	Jim Reavis - select hit x 2 to vote	#59	Mk / DS.	2:57pm	
19.	TAPE #4 to #5	#62	Mk / DS	3:15pm	
20.	Meri Kaiser - select hit x 2 to vote	#66	Mk / DS.	3:56pm	
21.	Tape #5 to #6	#74	Mk / DS	5:20pm	
22.	selected no vote box prop 74 - deselected	#85	Mk / DS	6:57pm	
23.	Tape #6 to #7	#92	Mk / DS	7:27pm	
24.	switch vote on measure V	#93	Mk / DS	7:32pm	
25.	selected measure C twice to vote	#97	Mk / DS	7:40pm	
26.	Selected Robot Dampu x 2 to vote	#98	Mk / DS	7:42pm	
27.	no "close polls audit form"	—	MH	8:01pm	
28.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MARK HAVENER</u>	_____
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>6:00 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

UNABLE TO VIDEO EQUIPMENT IN STORAGE ROOM

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MARK HAVENER [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MARK HAVENER</u>	_____
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>6:30</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

ONLY 5 BADGES SUPPLIED.

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MARK HAVENER [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MARK HAVENER</u>	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>6:05</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

PICKED UP SPARE PRINTER

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MARK HAVENER [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>Dana Stinson</u>	<u>Michael Kamadi</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:21 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

started testing activities late 7:21 AM

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue ~~delayed~~ or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Dana Stinson  
Print Name

Dana Stinson  
Signature

7. Report Reviewed and Approved by County Team Leader:

Mark Havener  
Print Name

Mark Havener  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>Dana Spinson</u> Print Name	<del>Mark H</del> <u>Michael Karnadi</u> Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:14 am</u> [7:14] <u>pt</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

powered on and didn't have video/zipper capture  
"0" total on screen of machine

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Dana Spinson Dana Spinson  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener \_\_\_\_\_  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MR DS</u>	<u>BS MIC</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:27 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

DIDN'T HOLD UP TEST SCRIPT #1

2. If applicable, record the test script number the team was performing: 1

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MIC Louise  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 7

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u><del>MS</del> DS</u>	<u><del>DS</del> MK</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:27 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

#1 AFTER MERI KEISER WAS CHOSEN, PRESS NEXT AND WENT BACK TO ~~CHOOSE~~ CHUCK STAGNER AND PERRY F. VARGAS

2. If applicable, record the test script number the team was performing: # 1

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MK *Lowndes*  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener *Mark Havener*  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 8

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DS</u>	<u>MIC</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:36 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

# 4 PROP 73 was selected as yes and changed to no

2. If applicable, record the test script number the team was performing: # 4

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MIC Lowell  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 9

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DS</u>	<u>MK</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:55 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

WE ARE UNABLE TO KEEP FOCUS ON THE FULL SCREEN WITHOUT ZOOMING INTO THE SELECTION TO SEE THE TEXT

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MK [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 10

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MK</u>	<u>DS</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>9:04</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

TAPE CHANGE FROM #1 TO #2  
#1 1-17

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MK [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 11

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>M.R.</u>	<u>DS</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>9:52 am</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

when trying to use card-machine saying need to re-activate & activated same card 2nd time (ok)

2. If applicable, record the test script number the team was performing: # 27

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Dana Simpson  
Print Name

[Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader:

Mark Havener  
Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 12

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>Mk.</u>	<u>DS.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>9:50 am</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

When selecting prop 77-yes; had to hit twice for vote to register

2. If applicable, record the test script number the team was performing: 21

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Dana Sanson [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 13

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>Mk.</u>	<u>DS.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>9:53 am</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

When selecting prop. 80-no; had to hit twice for vote to register

2. If applicable, record the test script number the team was performing: 72

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Dana Johnson Dana L. Ser  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 14

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MIC</u>	<u>DS</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>11:10 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Tape change #2 to #3  
#2 18-34

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MK Lowb

Print Name

Signature

7. Report Reviewed and Approved by County Team Leader:

Mark Havener

Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 15

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DS</u>	<u>MK</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>12:25 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

PRESS TWICE ON "NO" ON PROP 77

2. If applicable, record the test script number the team was performing: 38

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MK [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 16

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DS</u>	<u>MK</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>1:12 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

SELECT JIM REAVIS TWICE

2. If applicable, record the test script number the team was performing: 49

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MK Lowell  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 17

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DS</u>	<u>MK</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>1:17pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

CHANGE TAPE #3 TO #4  
#3 32 TO 49

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MIC Lawler  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 18

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>M.K.</u>	<u>D.S.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>2:51 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

When selecting 1st candidate - Jim Keavis - had to hit screen 2 times for vote to register

2. If applicable, record the test script number the team was performing: #59

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Dana Spinson Dana Spinson  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 19

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>MIC</u>	<u>DS</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>3:15 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

TAPE CHANGE #4 TO #5  
#4 50-62

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: MIC [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 20

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>M.K.</u>	<u>D.S.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>3:56</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

When selecting Mari Kaiser - had to hit screen twice to get vote to register.

2. If applicable, record the test script number the team was performing: #66

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Dana Stinson  
Print Name

Dana Stinson  
Signature

7. Report Reviewed and Approved by County Team Leader:

Mark Havener  
Print Name

Mark Havener  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 21

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DS</u>	<u>M.K.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>5:30 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Tape change #5 to #6  
#5 = #63 - 74

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Dana Stinson Dana Stinson  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener M.H.  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 22

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>D.S.</u>	<u>M.K.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>6:54 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Selected a "no" vote for prop 74 - had to  
de-select (script indicates "no selection")

2. If applicable, record the test script number the team was performing: #85

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Dana Stinson  
Print Name

Dana Stinson  
Signature

7. Report Reviewed and Approved by County Team Leader:

Mark Havener  
Print Name

Mark Havener  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 23

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>D.S.</u>	<u>M.R.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:27 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Tape change #6 to #7  
#6 = #64-92

2. If applicable, record the test script number the team was performing: #92

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Dana Hanson Jana S...  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 24

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>D.S.</u>	<u>M.K.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:32</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

had to switch vote measure V from yes to no

2. If applicable, record the test script number the team was performing: #93

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Dana Stinson Dana Stinson  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 25

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>D.S.</u>	<u>Mk.</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:40</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

When selecting measure C - had to hit twice for vote to register

2. If applicable, record the test script number the team was performing: # 97

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Dana Stinson  
Print Name

Dana Stinson  
Signature

7. Report Reviewed and Approved by County Team Leader:

Mark Havener  
Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 26

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>DS</u>	<u>MLC</u>
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>7:42 pm</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

When selecting vote for Robert Ocampo - had to hit twice for vote to register

2. If applicable, record the test script number the team was performing: #98

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Dana Grignon  
Print Name

Dana Grignon  
Signature

7. Report Reviewed and Approved by County Team Leader:

Mark Havener  
Print Name

Mark Havener  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 27

County: <u>Monterey</u>	County Team Leader: <u>Mark Havener</u>
Testers involved: <u>M. Havener</u>	_____
Print Name	Print Name
DRE Serial Number: <u>35775</u>	Time: <u>8:01<sup>45</sup> pm</u> [8:01]

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

*124/100*  
*NO "Close the Polls audit form"*  
*(same on both machines)*

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Dana Stinson [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Mark Havener [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Orange DRE Serial Number: 04370 Firmware: \_\_\_\_\_

Team Members: Dave Hahn Vince Hoban Chin May Wong Jason Fanner Justin Wilhelm  
 Leader Member Member Member Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	No Tagalog / Selected English	25	Jason Fanner	10:38	<i>Justin Wilhelm</i>
2.	Page jumps to next page automatically HBB TO <del>BACK</del> 48	48	Jason Fanner	12:44	<i>Justin Wilhelm</i>
3.	No Japanese / Selected English	55	Jason Fanner	2:01	<i>Justin Wilhelm</i>
4.	Page 73 was marked and should not have been selected.	91	Chin Wong	7:19	<i>Justin Wilhelm</i>
5.					
6.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Jason Fanner</u> Print Name	<u>Chin Wong</u> Print Name
DRE Serial Number: <u>04370</u>	Time: <u>10:38</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

No Tagging selection / English selected

2. If applicable, record the test script number the team was performing: 25

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Jason Fanner [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Jason Fanner</u> Print Name	<u>Chin Wong</u> Print Name
DRE Serial Number: <u>04370</u>	Time: <u>12:44</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

The page changed before a selection could be changed.  
As soon as vote selected - automatically jumped to next page

2. If applicable, record the test script number the team was performing: 48

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Jason Fanner  
Print Name

[Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn  
Print Name

David A. Hahn  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Jason Farnel</u>	<u>Chin Woy</u>
Print Name	Print Name
DRE Serial Number: <u>04370</u>	Time: <u>2.01</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

No Japanese - Selected English

2. If applicable, record the test script number the team was performing: 55

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Chin Woy Chin Woy  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn Dave Hahn  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Chin Wong</u>	_____
Print Name	Print Name
DRE Serial Number: <u>04370</u>	Time: _____

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Prop 73 was selected and no selection should have been made. CHANGED TO NO SELECTION!

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Jason Farmer  
Print Name

[Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader:

Dave Hahn  
Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Orange DRE Serial Number: 05727 Firmware: \_\_\_\_\_

Team Members: Dave Hahn Leader Vince Hoban Member Chin May Wong Member Jason Fanner Member Justin Wilhelm Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	<del>YES</del> SELECED "NO" SHOULD HAVE BEEN "YES." ADDED TO "YES" BEFORE MOVING PASSED MEASURE D	10	JUSTIN/VINCE	7:24	David Hahn
2.	TAGALOG - BALUC - TAGALOG NOT A LANGUAGE OPTION. VOTED IN ENGLISH	25	VINCE/JUSTIN	10:33	David Hahn
3.	VICED "YES" MEASURE D CHANGED TO "NO" BEFORE CONFIRMING	35	VINCE/JUSTIN	11:57	David Hahn
4.	No Japanese on Mach. Vote in English	55	Vince/Justin	1400	David Hahn
5.	"PROVISIONAL" BALUC VOTED AS "REGULAR" BALUC	60	JUSTIN/VINCE	2:53	Dave Hahn
6.	VOTED "NO" ON M.D. CHANGED TO "YES" PRIOR TO CONFIRMING	70	JUSTIN/VINCE	5:03	Dave Hahn

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	VOICED FOR FOOT 74 WITHIN STAIRWELL, STAIR. CONTAINED IN NO MORE PRIOR.	89	VINCE / JUSTIN	7:07	<i>[Signature]</i>
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>JUSTIN</u>	<u>VINCE</u>
Print Name	Print Name
DRE Serial Number: <u>05727</u>	Time: <u>7:26</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

MEASURED VOTED "NO." SCRIPT CALLED FOR "YES."  
CHANGED "NO" VOTE TO "YES" PRIOR TO VOTING ON  
NEXT MEASURE.

2. If applicable, record the test script number the team was performing: 10

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: JUSTIN [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Vince Hoban</u>	<u>Justin</u>
Print Name	Print Name
DRE Serial Number: <u>05727</u>	Time: <u>10:38</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Script calls for TAGALOG - no tagalog on machine. Completed vote in English

2. If applicable, record the test script number the team was performing: 25

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Vince Hoban VAD  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn David A. Heck  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Vince</u>	<u>Justin</u>
Print Name	Print Name
DRE Serial Number: <u>05727</u>	Time: <u>1157</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Voted 'yes' on measure 'D'  
Should have been 'no' Changed vote  
to no B4 moving off screen

2. If applicable, record the test script number the team was performing: 35

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Vince Hoban [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Vince</u> Print Name	<u>Justin</u> Print Name
DRE Serial Number: <u>05727</u>	Time: <u>1400</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

No Japanese on machine for script  
voted in English

2. If applicable, record the test script number the team was performing: 55

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Vince Hoban [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Joscar</u>	<u>Vince</u>
Print Name	Print Name
DRE Serial Number: <u>05727</u>	Time: _____

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Script error Script was not highlighted properly, was voted as normal ballot rather than Provisional

2. If applicable, record the test script number the team was performing: 60

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Vince Hoban \_\_\_\_\_  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn \_\_\_\_\_  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>Joscin</u> Print Name	<u>VINCE</u> Print Name
DRE Serial Number: <u>05727</u>	Time: <u>5:03</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

VOICED "NO" ON MEASURE D, SHOULD HAVE BEEN "YES"  
CHANGED TO "YES" PRIOR TO CONTINUING.

2. If applicable, record the test script number the team was performing: 70

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Joscin Print Name [Signature] Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn Print Name [Signature] Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 7

County: <u>Orange</u>	County Team Leader: <u>Dave Hahn</u>
Testers involved: <u>VWCZ</u>	<u>JUSTIN</u>
Print Name	Print Name
DRE Serial Number: <u>05727</u>	Time: <u>1907</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Voted no on Prop 74 SHOULD A BEEN  
NO VOTE - RESELECTED + BYPASSED

2. If applicable, record the test script number the team was performing: 89

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_

\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: V. Hoban [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Dave Hahn [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Riverside DRE Serial Number: 3303 Firmware: 4.05

Team Members: Nick Wolf Leader Adam Watts Member Nancy Rembulat Member Jean Paman Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	VIDEO DID NOT CAPTURE BREAKING FIRST SET OF SETS	N/A	ADAM WATTS	6:30	<i>Nick Wolf</i>
2.	PROBLEM WITH SELECTING "DEBRIE BROADCAST" OCCURRED THROUGHOUT POSSIBLE CHIRBATION ISSUE	5.6	ADAM WATTS JEAN PAMAN	7:31	<i>Nick Wolf</i>
3.	PRINTER SET-UP PROBLEM DELAYED OPENING POLL	N/A	ADAM WATTS	7:05	<i>Nick Wolf</i>
4.	PROBLEM TRYING TO SELECT "DEBRIE BROADCAST" POSSIBLE CHIRBATION ISSUE	23	JEAN PAMAN ADAM WATTS	10:14 AM <del>7:28</del>	<i>Nick Wolf</i>
5.	SCREEN FLICKERING	N/A	JEAN PAMAN ADAM WATTS	10:14	<i>JPW</i>
6.	SELECTED "YES" IN ERROR, CORRECTED AND CONTINUED	40	JEAN PAMAN ADAM WATTS	12:57	<i>JPW</i>

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	SELECTION FLICKERED & TABS CLEARED AND TO PD-SELECT.	79	JEAN PARMAR ADAM WATTS	6:16	[Signature]
8.	SELECTED YES ON 79 IN STAGE & WENT TO NEXT SCREEN. WENT BACK & CORRECTED TO BLANK.	87	JEAN PARMAR ADAM WATTS	7:04	[Signature]
9.	POLLS CLOSED BEFORE BEGINNING SCR.#700	100 101	JEAN PARMAR ADAM WATTS	8:00	[Signature]
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>Adam Watts</u>	<u>Jean Paman</u>
Print Name	Print Name
DRE Serial Number: <u>3303</u>	Time: <u>6:30 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

*Video*  
Recording did not start correctly.  
Did not record breaking seals 010398  
and 010399 on machine 3303

2. If applicable, record the test script number the team was performing: N/A

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Adam Watts [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>JEAN PAMAN</u>	<u>ADAM WATES</u>
Print Name	Print Name
DRE Serial Number: <u>3303</u>	Time: <u>7:31</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

ON SCRIPT # 5! COULD NOT SELECT "DEBBIE BIRDSON" UNTIL AFTER SELECTING "SHARON BIRDSON" (CAN SELECT UP TO 3 FOR THIS QUESTION) APPARENT CALIBRATION ISSUE. ONCE OTHER SELECTIONS WERE MADE, "DEBBIE BIRDSON" BECAME EASILY SELECTABLE (SELECTION AFTER)

2. If applicable, record the test script number the team was performing: 5,6

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. HAVE MAINTENANCE CHECK CAL. BRATIONS. POSSIBLE DESIGN ISSUE.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

ADAM WATES  
Print Name

[Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader:

Nick Wolf  
Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>Adam Watts</u>	<u>Nick Wolf</u>
Print Name	Print Name
DRE Serial Number: <u>3303</u>	Time: <u>105</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

DUE TO PROBLEM SETTING UP PRINTER FOR ZERO TALLY REPORT, POLLS OPENED A FEW MINUTES LATE

2. If applicable, record the test script number the team was performing: N/A

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

RESULTS NOT AFFECTED. BEGINNING WAS DELAYED ONLY.  
JOCELYN CALLED AT 7:30 AND NOTIFIED.

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Adam Watts \_\_\_\_\_  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf \_\_\_\_\_  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>SEAN PAMAN</u>	<u>ADAM WATTS</u>
Print Name	Print Name
DRE Serial Number: <u>3303</u>	Time: _____

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

CALIBRATION PROBLEM: UNABLE TO SELECT "EDNA GILLS" UNTIL AFTER SELECTING "DEBRA POWERS". THEN COULD SELECT EASILY. (EDNA GILLS SELECTION AREA)

2. If applicable, record the test script number the team was performing: 23

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. HAVE MAINTENANCE CHECK CALIBRATION. POSSIBLE DESIGN ISSUE.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: ADAM WATTS [Signature]  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf [Signature]  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>JOAN PAMIAN</u> Print Name	<u>ADAM WATTS</u> Print Name
DRE Serial Number: <u>3303</u>	Time: <u>10:14</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

SCREEN FLICKERING

2. If applicable, record the test script number the team was performing: \_\_\_\_\_

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. EMERGENCY MAINTENANCE CHECKED.

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: ADAM WATTS Print Name [Signature] Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf Print Name [Signature] Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>JEAN PIRMAN</u>	<u>ADAM WATTS</u>
Print Name	Print Name
DRE Serial Number: <u>3303</u>	Time: <u>1257</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

MISTAKENLY SELECTED "YES" - Deselecting and  
CORRECTLY SELECTED NO

2. If applicable, record the test script number the team was performing: 40

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

ADAM WATTS  
Print Name

[Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader:

Nick Wolf  
Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 7

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>JOHN PAMA</u>	<u>ADAM WATTS</u>
Print Name	Print Name
DRE Serial Number: <u>3303</u>	Time: <u>6:16 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

SELECTED "NO" ON 78, SELECTION FLICKERED AS SELECTED AND THEN CLEARED. HAD TO RE-SELECT.

2. If applicable, record the test script number the team was performing: 78

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

ADAM WATTS  
Print Name

[Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader:

Nick Wolf  
Print Name

[Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 8

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>John Pama</u>	<u>Adam Watts</u>
Print Name	Print Name
DRE Serial Number: <u>3303</u>	Time: <u>7:04</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

MISTAKENLY MARKED "75" AS YES AND PROCEEDED TO  
NEXT SCREEN. SELECTED "BACK" AND UNCHECKED "YES", MOVED  
FORWARD AND FOLLOWED SCRIPT.

2. If applicable, record the test script number the team was performing: 87

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Adam Watts \_\_\_\_\_  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf \_\_\_\_\_  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 9

*finished 99  
& closed polls*

County: Riverside County Team Leader: Nick Wolf

Testers involved: JEAN PAMAN ADAM WATTS  
Print Name Print Name

DRE Serial Number: 3303 Time: 8:00

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

POLLS CLOSED BEFORE BEGINNING SCRIPT #100.  
COULD NOT RUN TEST SCRIPT #100 OR #101.

2. If applicable, record the test script number the team was performing: 100 & 101 AFFECTED

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:  
NOTIFIED JOCELYN OF SITUATION. POLLS CLOSED PER  
STANDARD PROCEDURE.

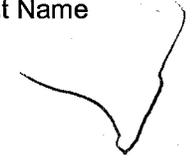
4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: ADAM WATTS \_\_\_\_\_  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: \_\_\_\_\_  
Nick Wolf Nick Wolf  
Print Name Signature



# Parallel Monitoring Program

November 8, 2005

## Discrepancy Log

County: Riverside DRE Serial Number: 3305 Firmware: 4.05

Team Members: Nick Wolf Leader Adam Watts Member Nancy Rembulat Member Jean Paman Member

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
1.	Seal # 010400 partially pulled away	N/A	Nick Wolf Adam Watts	6:00 AM	<i>Thick Wolf</i>
2.	Selected Yes on Prop 78 corrected to No	2	Nick Wolf Nancy Rembulat	7:23 AM	<i>Thick Wolf</i>
3.	Failed to select No on Prop 74, went to next screen, then back	3	Nick Wolf Nancy Rembulat	7:35 AM	<i>Thick Wolf</i>
4.	Insgerted unactivated card	27	NW NR	11:00 AM	<i>Thick Wolf</i>
5.	Selected No corrected to Yes on Prop 79	48	NW NR	1:28 PM	<i>Thick Wolf</i>
6.	Did not change back to No. Corrected.	48	NW NR	1:30 PM	<i>Thick Wolf</i>

Report No.	Brief Description of Issue/Resolution	Test Number	Tester/Observer	Time of Discrepancy	County Team Leader Signature
7.	Corrected Selection	57	NW/NR	2:49PM	<i>[Signature]</i>
8.	Corrected Selection	89	NW/NR	7:25PM	<i>[Signature]</i>
9.	Invalid Voter Card	101	NW/NR	7:58PM	<i>[Signature]</i>
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 1

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>Nick Wolf</u> Print Name	<u>Nancy Rembulat</u> Print Name
DRE Serial Number: <u>3305</u>	Time: <u>6:00 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Seal number "010400" was partially pulled away from one side. Approximately 20% of the seal on that side was still intact.

2. If applicable, record the test script number the team was performing: N/A

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

Contacted Jocelyn Whitney. She requested a camera close-up of the issue. She gave permission to continue.

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Adam Watts  
Print Name [Signature]  
Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf  
Print Name [Signature]  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 2

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>Nick Wolf</u> Print Name	<u>Nancy Rembulat</u> Print Name
DRE Serial Number: <u>3305</u>	Time: <u>7:23 AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Selected Yes on Prop 78 then corrected selection to No. (on same screen, no navigation)

2. If applicable, record the test script number the team was performing: 2

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Nancy Rembulat Nancy Rembulat  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader:

Nick Wolf Nick Wolf  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 3

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>Nick Wolf</u> Print Name	<u>Nancy Rembulat</u> Print Name
DRE Serial Number: <u>3305</u>	Time: <u>7:35AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

~~NW~~ Attempted to select No on Prop 74, navigated to next screen went back, the No was not selected. Selected No.

2. If applicable, record the test script number the team was performing: 3

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: Nancy Rembulat Nancy Rembulat  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf Nick Wolf  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 4

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>Nick Wolf</u> Print Name	<u>Nancy Rembulat</u> Print Name
DRE Serial Number: <u>3305</u>	Time: <u>11:00AM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Used unactivated card.

2. If applicable, record the test script number the team was performing: 27

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Nancy Rembulat  
Print Name

Nancy Rembulat  
Signature

7. Report Reviewed and Approved by County Team Leader:

Nick Wolf  
Print Name

Nick Wolf  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 5

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>Nick Wolf</u> Print Name	<u>Nancy Rembulat</u> Print Name
DRE Serial Number: <u>3305</u>	Time: <u>1:28 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Selected No corrected to Yes on Prop T9.

2. If applicable, record the test script number the team was performing: 48

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Nancy Rembulat  
Print Name

Nancy Rembulat  
Signature

7. Report Reviewed and Approved by County Team Leader:

Nick Wolf  
Print Name

Nick Wolf  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 6

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>NW</u>	<u>NR</u>
Print Name	Print Name
DRE Serial Number: <u>3305</u>	Time: <u>1:30 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change). Skipped step.

Did not change 79 ~~back~~ to No. Went back from Summary screen and corrected to No.

2. If applicable, record the test script number the team was performing: 48

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

---

---

---

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

---

---

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

Nancy Remblat  
Print Name

Nancy Remblat  
Signature

7. Report Reviewed and Approved by County Team Leader:

Nick Wolf  
Print Name

Nick Wolf  
Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 7

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>NW</u>	<u>NR</u>
Print Name	Print Name
DRE Serial Number: <u>3305</u>	Time: <u>2:49 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Selected Debra Powels corrected to Dale Reynolds.

2. If applicable, record the test script number the team was performing: 57

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: NR Print Name Nancy Ramlulat Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf Print Name Nick Wolf Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 8

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>NW</u>	<u>NR</u>
Print Name	Print Name
DRE Serial Number: <u>3305</u>	Time: <u>7:25PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Selected Lincoln Edmond. From Summary  
went to race, corrected to Francis "TED"  
Arneson.

2. If applicable, record the test script number the team was performing: 89

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by: NR Nancy Remulat  
Print Name Signature

7. Report Reviewed and Approved by County Team Leader: Nick Wolf Nick Wolf  
Print Name Signature

# Parallel Monitoring Program

November 8, 2005

## Discrepancy Report

Report No: 9

County: <u>Riverside</u>	County Team Leader: <u>Nick Wolf</u>
Testers involved: <u>NW</u>	<u>NR</u>
Print Name	Print Name
DRE Serial Number: <u>3305</u>	Time: <u>7:58 PM</u>

1. Provide a detailed description of the issue (e.g. script error, tester error, test process error, equipment malfunction, tape change).

Invalid voter card. Could not vote.

2. If applicable, record the test script number the team was performing: 101

3. Has this issue delayed or halted testing or will it impact expected results?  Yes  No

If yes, call your SOS contact, indicate the time of the call and document the discussion and resolution below:

4. Does this issue require further action by the SOS Office?  Yes  No

If yes, describe the action required.

5. Ask the County Team Leader to review and, if the Team Leader approves the documentation above, sign off on this Report. Once the report has been signed, the Team Leader will record the appropriate information in the Discrepancy Log.

6. Report Completed by:

NR

Print Name

Nancy Remulart

Signature

7. Report Reviewed and Approved by County Team Leader:

Nick Wolf

Print Name

Nick Wolf

Signature