



SECTION 13

SAMPLE FORMS

Fairfax County Office of Elections
12000 Government Center Pkwy, Suite 323, Fairfax, Virginia 22035
703-324-4735 or ElectionOfficers@fairfaxcounty.gov
<https://www.fairfaxcounty.gov/elections>

SAMPLE FORMS

VOTER FORMS

These forms are given to voters to complete on election day.

Forms may contain all four languages (English, Spanish, Vietnamese, and Korean), be packaged in sets of two languages (English/Spanish and Vietnamese/Korean) or have sets for each language.

- **13.2 Voter Registration Application**
- **13.3 ID Confirmation Statement**
- **13.4 Request for Assistance**
- **13.5 Affirmation of Eligibility (front)**
- **13.6 Affirmation of Eligibility (back)**
- **13.7 Request to Remove Name from Permanent Absentee Voter List**
- **13.8 Fairfax County Electoral Board Comment Form**
- **13.9 Virginia Voters' Election Day Complaint Form**
- **13.10 Request to Cancel Voter Registration**

ELECTION FORMS

These forms are completed by you or your election officers on election day.

- **13.11 Cart Security Log**
- **13.12 Election Officer Oath**
- **13.13 Election Officer Compensation Sheet**
- **13.14 Election Officer Evaluation Form**
- **13.15 Ballot Receipt**
- **13.16 Ballot Worksheet**
- **13.17 Voter Count Worksheet**
- **13.18 Voter Referral Worksheet**
- **13.19 Backup Provisional Ballot Log**
- **13.20 Drop Box Chain of Custody Form**
- **13.21 Statement of Results (front)**
- **13.22 Statement of Results (back)**
- **13.23 Printed Return Sheet**
- **13.24 Results Notice**

SAMPLE FORMS

VOTER REGISTRATION APPLICATION

Use for new voters, voters who have moved or changed address, and voters who need to correct or update their name. Do NOT add a name to the pollbook without authorization from the General Registrar.

Write SDR in red at top right of SDR applications, wrap them around the small green provisional ballot envelope and return in **Envelope #1A SDR**; return regular applications in **Envelope #8**.

SDR
Use blue or black ink

Virginia Voter Registration Application

Starred () items are required. If you do not complete all of the items that are marked with *, your application may be denied. (See instructions on reverse side).*

1. YES NO
* I am a citizen of the United States of America. * Full social security number No SSN was ever issued. * Date of birth * Gender _____

2. * Last name _____ Jr. Sr. II III IV (Circle if applicable)
* First name _____ * Middle name _____ None
* Residence address (May not be a P.O. Box) _____ Apt # _____
* City/Town _____ * ZIP _____
E-mail _____ Phone _____

3. * Have you ever been convicted of a felony or judged mentally incapacitated and disqualified to vote? YES NO If YES, has your right to vote been restored? YES NO

4. I am an active-duty uniformed services member, spouse or dependent; or an overseas citizen.
 I am providing a mailing address (below) because my residence address is not serviced by the U.S. Postal Service or I am homeless.
 I am providing a Virginia P.O. Box (below) to protect my residence address from public disclosure because I or a household member is/has:
 An active or retired law enforcement officer, judge, U.S. or Virginia Attorney General attorney.
 Been granted a court issued protective order.
 In fear for personal safety from being threatened or stalked by another person.
 A participant in the Virginia Attorney General's Address Confidentiality Program.
 Been approved to be a foster parent.

My mailing address (Complete only if you have checked a box in this section)

5. I am currently registered to vote in another state: _____. (Indicate state of previous registration)

6. I am interested in being an Officer of Election (poll worker) on Election Day. Please send me information.

7. AFFIRMATION: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation of my current registration and I have read the Privacy Act Notice.

* Signature _____ Today's date: _____

By checking this box, I affirm both that I am an individual with physical disabilities and the Affirmation Statement above. Pursuant to Article II, § 2 of the Constitution of Virginia, individuals with physical disabilities are not required to sign the application for voter registrations.

*** Virginia Voter Registration Application Receipt**

The application collector must submit your completed application within 10 days or by the deadline to register for the next election, whichever comes first. You can check your voter registration status online at www.elections.virginia.gov/registration. If you do not receive confirmation of your voter registration status within 30 days, contact your local voter registrar or the Virginia Department of Elections.

Name, phone and e-mail of office, group or individual receiving application

Date application received: _____

Thank you for applying to vote in Virginia!

VA-NVRA-1 07/2020

SAMPLE FORMS

ID CONFIRMATION STATEMENT

Voters without an acceptable ID may choose to complete an **ID Confirmation Statement**.

Return in **Envelope #8**.

ID Confirmation Statement (Commonwealth of Virginia)		Place in Envelope #8									
Declaración de Confirmación de Identificación / Giấy xác nhận thẻ ID / 신분 확인 명세서											
Officer of Election / Funcionario electoral / Các viên chức lo về bầu cử / 선거 관리원:											
A	Precinct No. / Name										
	Date:										
	Officer of Election Initials										
B	<p>Affirmation of Voter: If you do not complete this statement or show acceptable ID, you will be required to vote a provisional ballot in this election. Subject to penalty of law, I do hereby affirm that I am the identical person I represent myself to be.</p> <p>Afirmación del votante: Si no completa esta declaración o muestra identificación aceptable, será requerido que vote una boleta provisional para esta elección. <i>Sujeto a la pena de ley, por la presente afirmo que soy la persona idéntica que me represento a ser.</i></p> <p>Giấy xác nhận của cử tri: Nếu quý vị không hoàn thành giấy xác nhận này hoặc trình thẻ ID hợp lệ, quý vị có thể phải bầu lá phiếu tạm thời trong kỳ bầu cử này. <i>Theo qui định của luật, tôi xác nhận bản thân tôi chính là người đại diện của đơn này.</i></p> <p>유권자 진술서: 이 성명서를 작성하지 않거나 신분증을 제시하지 않는 경우, 이번 선거에서 잠정 투표를 해야 합니다. 법의 처벌에 따라, 본인이 동일한 사람이라는 것을 여기에서 확인합니다.</p>										
	Signature of voter / Firma del votante / Chữ ký cử tri / 유권자 서명	X _____									
	Printed name of voter / Imprima el nombre del votante / In tên cử tri / 정자체 유권자 성명										
	Optional / Opcional / Tùy chọn / 선택 사항	Birth Year and Last 4 digits of Social Security #: Año de nacimiento y últimos 4 números del SS: Năm sinh và 4 Số cuối của số An sinh Xã Hội: 생년 및 사회 보장 번호 마지막 4자리:	<table border="1"> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>#</td> <td>#</td> <td>#</td> <td>#</td> </tr> </table>		Y	Y	Y	Y	#	#	#
Y	Y	Y	Y								
#	#	#	#								
ELECT-643ID-FFX 03/2022		24.2-643 of the Code of Virginia									

SAMPLE FORMS

REQUEST FOR ASSISTANCE

Use for voter requests assistance for any reason. Return in **Envelope #8**.

Commonwealth of Virginia	Envelope #8
REQUEST FOR ASSISTANCE	
§ 24.2-649 of the Code of Virginia	
Warning: Intentionally making a materially false statement or entry on this form shall constitute the crime of election fraud, which is punishable under Virginia law as a Class 5 felony. Violators may be sentenced to up to 10 years in prison, or up to 12 months in jail and/or fined up to \$2500. You also lose your right to vote.	
OFFICER OF ELECTION	Precinct #/name: _____ Date: _____
A. REQUEST OF VOTER	
I hereby affirm, subject to penalty of law, that I require assistance to vote my ballot by reason of either blindness, physical disability, or inability to read or write, or I need the ballot translated into another language.	
I request that the person signing the agreement below in <i>Section B</i> enter the voting booth or voting machine enclosure to assist me or to vote my ballot in accordance with my instructions.	
Signature of voter: _____	Printed name: _____ Required
B. AGREEMENT OF ASSISTANT	
I hereby affirm, subject to penalty of law, that:	
<ul style="list-style-type: none">• I will vote this voter's ballot as the voter instructs.• I will not solicit or attempt to influence how the voter votes.• I will not disclose or indicate how the voter votes on any office or question.• I am not serving in this polling place today as an authorized representative of a political party or candidate or as a neutral observer authorized by the electoral board. (See § 24.2-604 for additional information)• I am not the voter's employer or agent of that employer, or an officer or agent of the voter's union. (This provision does NOT apply if the voter is blind.)	
Signature of assistant: _____	Printed name: _____ Required
Residence address: _____	City/state: _____ zip: _____ Required Required Required
C. IF VOTER ASKS OFFICER TO TRANSLATE BALLOT (AS ASSISTANT)	
See § 24.2-649(C) for additional information. Any party or candidate interpreter must sign below before observing. (Attach additional forms if necessary.)	
I hereby affirm, subject to penalty of law, that:	
<ul style="list-style-type: none">• I will not solicit or attempt to influence how the voter votes.• I will not disclose or indicate how the voter votes on any office or question.	
Signature: _____	Printed name: _____ Representing: _____
Signature: _____	Printed name: _____ Representing: _____
INSTRUCTIONS IF VOTER IS UNABLE TO SIGN OR MAKE THEIR MARK:	
For a voter who is blind, the Officer of Election must:	
<input type="checkbox"/> Write on the <i>Signature of Voter</i> line (Section A), " blind voter " (A blind voter is NOT required to sign or make their mark);	
<input type="checkbox"/> Print the voter's name on the line below the signature line (Section A); and	
<input type="checkbox"/> Have the assistant sign and complete Section B.	
For a voter who is otherwise unable to sign, the assistant must:	
<input type="checkbox"/> Write on the <i>Signature of Voter</i> line (Section A): " voter unable to sign ";	
<input type="checkbox"/> Print the voter's name on the line below the signature line (Section A); and	
<input type="checkbox"/> Sign and complete Section B.	
SBE-649 REV 9/12	

SAMPLE FORMS

AFFIRMATION OF ELIGIBILITY (front)

Use for an inactive voter, a voter who is challenged, or a voter whose name was omitted from pollbook. Return in **Envelope #8**.

[front side of form]

<p>COMMONWEALTH OF VIRGINIA</p> <p>AFFIRMATION OF ELIGIBILITY</p> <p>§§ 24.2-428.2, 24.2-643, 24.2-651, and 24.2-652 of the Code of Virginia</p>	<p>ENVELOPE #8</p>
<p>SECTION A – OFFICER OF ELECTION MUST COMPLETE</p> <ul style="list-style-type: none">• ENTER PRECINCT NUMBER, NAME AND DATE.• CHECK BOX THAT APPLIES. OFFICER OF ELECTION'S INITIALS: _____• HAVE VOTER READ <i>AFFIRMATION OF VOTER</i> BELOW [OR READ <i>AFFIRMATION TO VOTER</i>].• HAVE VOTER SIGN AND PRINT HIS/HER FULL NAME – BEFORE VOTING.• PLACE FORM IN ENVELOPE #8. <p>PRECINCT NO./NAME : _____ CONG. DIST.: _____ DATE: _____</p>	
<p>IF VOTER HAS NO I.D., VOTER MUST COMPLETE A PROVISIONAL BALLOT.</p> <p>A. <input type="checkbox"/> VOTER'S NAME MARKED WITH "?" ON POLLBOOK . . . AND VOTER'S NAME OR ADDRESS HAS NOT CHANGED.</p> <p>B. <input type="checkbox"/> VOTER'S NAME OMITTED FROM POLLBOOK IN ERROR; REGISTRAR AUTHORIZES OFFICER TO ADD NAME.</p> <p>C. <input type="checkbox"/> VOTER'S NAME ON POLLBOOK . . . BUT VOTER IS CHALLENGED BY ANOTHER VOTER OR AN OFFICER WHO COMPLETES AND SIGNS STATEMENT BELOW</p>	
<p>Statement of Challenger</p> <p>"I do hereby state, subject to penalties for hindering, intimidating, or interfering with a qualified voter pursuant to § 24.2-607, that I am a qualified voter of this Commonwealth or an officer of election and that, to the best of my knowledge, information, and belief, _____ is not a qualified voter of this precinct by reason of (please check each of the following reasons that is applicable):</p> <ul style="list-style-type: none"><input type="checkbox"/> 1. The named person is not a citizen of the United States;<input type="checkbox"/> 2. The named person is not now 18 years of age or, in the case of a primary election or a special election held on a date other than a general election date, will not reach the age of 18 before the next general election;<input type="checkbox"/> 3. The named person is not a resident of the Commonwealth (or, if he has not been a resident of the Commonwealth within the preceding 30 days, he is attempting to vote for an office or issue other than electors of President and Vice President of the United States);<input type="checkbox"/> 4. The named person is not a resident of this precinct (or he has not been a resident of this precinct since the second preceding general federal election and has not continued to be a resident of this county or city and this congressional district);<input type="checkbox"/> 5. The named person is not a resident of the town in the case of a town election;<input type="checkbox"/> 6. The named person has been disqualified from voting by the Constitution and laws of the Commonwealth and this disqualification has not been removed by proper authority;<input type="checkbox"/> 7. The named person is not the identical person he represents himself to be; or<input type="checkbox"/> 8. The named person has voted in this election at this or another voting place (state when and where the named person previously voted in this election: _____)." ❖ <i>must cast a provisional ballot if pollbook indicates person already voted</i> <p>Signature of Challenger: _____</p> <p>Printed Name of Challenger: _____ Daytime Telephone Number: _____</p> <p>Residence Address: _____</p>	
<p>PRIVACY NOTICE: Section 24.2-651 of the Code of Virginia requires the person making a challenge to sign a statutory statement. Therefore, if you refuse to sign this statement, no challenge will be made. Your completed form may be provided to government officials and third parties for election-related purposes.</p>	

SAMPLE FORMS

AFFIRMATION OF ELIGIBILITY (back)

[back side of form]

SECTION B – AFFIRMATION OF VOTER IS REQUIRED

- **VOTER MUST PROVIDE ALL THE INFORMATION BELOW AND SIGN.**
VOTER WHO REFUSES TO COMPLETE FORM AS REQUIRED, MAY NOT VOTE.

AFFIRMATION OF VOTER

"I DO HEREBY STATE, SUBJECT TO FELONY PENALTIES FOR MAKING FALSE STATEMENTS PURSUANT TO § 24.2-1016,

- THAT I AM A CITIZEN OF THE UNITED STATES,
- THAT I AM AT LEAST 18 YEARS OF AGE (OR WILL BE ON THE ____ DAY OF _____, _____),
- THAT I AM A RESIDENT OF THE COMMONWEALTH OF VIRGINIA
 - (OR THAT I HAVE BEEN A RESIDENT OF THIS COMMONWEALTH WITHIN THE PRECEDING 30 DAYS AND AM VOTING ONLY FOR ELECTORS OF PRESIDENT AND VICE PRESIDENT OF THE UNITED STATES),
- AND THAT ACCORDING TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, I AM NOT DISQUALIFIED FROM VOTING BY THE CONSTITUTION AND LAWS OF THIS COMMONWEALTH;
- THAT MY FULL NAME IS _____;
- THAT IN SUCH NAME I WAS DULY REGISTERED AS A VOTER OF THIS PRECINCT;
- THAT I AM NOW OR AT SOME TIME SINCE THE LAST NOVEMBER GENERAL ELECTION HAVE BEEN AN ACTUAL RESIDENT OF THIS PRECINCT;
 - OR THAT I HAVE BEEN AN ACTUAL RESIDENT OF THIS PRECINCT AT SOME TIME SINCE THE SECOND PRECEDING GENERAL FEDERAL ELECTION AND HAVE BEEN AND CONTINUE TO BE A RESIDENT OF THIS COUNTY OR CITY AND THIS CONGRESSIONAL DISTRICT;
- IF I AM VOTING IN A TOWN ELECTION TODAY, THAT I AM CURRENTLY A RESIDENT OF THAT TOWN;
- THAT I AM THE IDENTICAL PERSON I REPRESENT MYSELF TO BE;
- AND THAT I HAVE NOT VOTED IN THIS ELECTION AT THIS OR ANY VOTING PLACE AND WILL NOT VOTE IN THIS ELECTION AT ANY OTHER VOTING PLACE."

VOTER SIGNATURE: _____

PRINTED VOTER NAME: _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

CURRENT RESIDENCE ADDRESS: _____

CITY/TOWN/STATE/ZIP: _____

MAILING ADDRESS IF DIFFERENT: _____

MONTH/YEAR MOVED: _____

DAYTIME TELEPHONE NUMBER: _____

PRIVACY NOTICE: Section 24.2-651 of the Code of Virginia requires the person whose eligibility to vote is challenged to sign a statutory statement. If you do not complete this statement, you will not be allowed to vote in this election. Your completed form may be provided to government officials and third parties for election related purposes.

WARNING: MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON AND/OR FINED UP TO \$2,500.

SBE-651 07/2010

SAMPLE FORMS

REQUEST TO REMOVE NAME FROM PERMANENT ABSENTEE VOTER LIST

If a voter is on the permanent absentee voter list, but does not wish to remain, give them this form. Some voters may have accidentally selected the permanent absentee list option when requesting an absentee ballot for a past election and now automatically receive a mailed absentee ballot for all elections. Return completed forms in **Envelope #8**.

VA Code §24.2-703.1(D)

Request to Remove Name from Permanent Absentee Voter List

Solicitud para remover el nombre de la lista permanente de votantes en ausencia
Yêu cầu xóa tên khỏi danh sách cử tri vắng mặt vĩnh viễn
영구 부재자 유권자 목록에서 이름 삭제 요청

Please remove my name from the permanent absentee voter list. I understand if I wish to receive an absentee ballot by mail for a future election, I must submit an application.

Por favor, remueva mi nombre de la lista de votantes permanentes en ausencia. Entiendo que si deseo recibir una boleta de voto en ausencia por correo, para una futura elección debo de presentar una nueva solicitud.

Vui lòng xóa tên tôi khỏi danh sách cử tri bầu vắng mặt vĩnh viễn. Tôi hiểu rằng nếu tôi muốn nhận phiếu bầu vắng mặt bằng thư trong tương lai, tôi phải nộp đơn ghi danh.

부재자 투표인 영구 명단에서 본인 이름을 삭제하십시오. 모든 선거에 투표용지를 우편으로 받을려면 부재자 투표 신청을 해야함을 본인은 인정합니다.

***Required / Requerido / yêu cầu / 필수**


***Print your full name / Escriba su nombre completo / In tên đầy đủ của bạn / 귀하의 이름을 인쇄체로 기입하십시오**

***Print your registration address / Escriba su dirección de registro / In địa chỉ đăng ký của bạn / 등록 주소를 인쇄하십시오**

Last 4 of SSN / Últimos 4 # SS/ yêu cầu 4 chữ số cuối / 마지막 4 자리 필요 **Date of Birth / Fecha de Nacimiento / Ngày sinh / 생년월일**

Phone / Teléfono / Điện thoại / 전화 **Email / Correo electrónico / Email / 전자우편/팩스:**

***Signature/ Firma / Ký tên của bạn / 서명하세요** **Date / Fecha / Ngày tháng / 날짜**


Fairfax County Office of Elections
12000 Government Center Parkway, Suite 323, Fairfax, Virginia 22035
Phone: (703) 222-0776 TTY: 711 (Virginia Relay) Fax: (703) 324-2205
Email: absenteeballot@fairfaxcounty.gov Web: www.fairfaxcounty.gov/elections

ELECT-703.1D/ Fairfax County Rev. 6/2022

SAMPLE FORMS

FAIRFAX COUNTY ELECTORAL BOARD COMMENT FORM

Give this form to voters who wish to offer a suggestion, register a complaint, ask a question, or provide information. The Office of Elections will respond to voters who provide their name and address.

Return completed forms in **Envelope #2**.



FAIRFAX COUNTY ELECTORAL BOARD COMMENT FORM

Name _____ Phone _____


Address _____

Precinct _____ Date _____ Election Officer _____

SAMPLE FORMS

VIRGINIA VOTERS' ELECTION DAY COMPLAINT FORM (white 4-page form)

Give this form to voters who wish to register a complaint with the Virginia State Board of Elections. The voter is responsible for having the form notarized and mailing it to the State Board of Elections. The State Board of Elections will respond to the complaint.

	* VIRGINIA * DEPARTMENT of ELECTIONS	VIRGINIA VOTERS' ELECTION DAY COMPLAINT FORM HOW TO FILE A COMPLAINT USING THE VOTER GRIEVANCE PROCESS
VIRGINIA VOTERS' ELECTION DAY COMPLAINT FORM		
Ask an Election Official to help you if you need assistance completing this form. Please write legibly.		
Your Name (last, first, middle)		Today's Date
Your Address (Number and Street)		City State Zip Code
Your Daytime telephone number	Email address (optional)	
Polling Place Name		
Polling Place Address (Number and Street)		City State Zip Code
Name of Election Official or Volunteer if known		
Date of Incident		
Describe Your Complaint (attach additional pages if necessary)		
Your Signature		
Notary's Signature (required for formal HAVA Title III complaints)		Date
Notary's Commission Expiration Date		
OFFICE USE ONLY		
Complaint Number:		
Date Received:		
Department of Elections Staff Member Assigned:		
Hearing Date:		
Final Determination Issued:		

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SAMPLE FORMS

REQUEST TO CANCEL VOTER REGISTRATION

Use when a voter notifies you that they should no longer be registered to vote in Virginia.
Return in **Envelope #8**.

Request to Cancel Voter Registration (§ 24.2-427, Code of Virginia)

Solicitud Para Cancelar Registro de Votante / Yêu cầu hủy bỏ Ghi Danh Cử Tri / 유권자 등록 취소 요청

Place in
Envelope #8

INSTRUCTIONS: Please fill in the information below. All information on this form is required unless otherwise indicated.

Instrucciones: Por favor complete la información a continuación. Toda la información en este formulario es un requisito a menos que se le indique de otra forma.

Hướng dẫn: Vui lòng điền thông tin bên dưới. Tất cả các thông tin dưới đây là bắt buộc.

지침: 아래 양식을 작성해주세요. 다른 명시가 없는 경우 모든 정보가 필요합니다.

Please remove me from the voter registration records. I understand that I will no longer be eligible to vote in the Commonwealth of Virginia unless I reapply for registration.

Remueva mi nombre de los registros de votantes. Entiendo que ya no seré elegible para votar en el estado de Virginia a menos que vuelva a registrar.

Vui lòng xóa tên của tôi trong hồ sơ ghi danh cử tri. Tôi hiểu rằng tôi sẽ không còn đủ điều kiện để bỏ phiếu tại Virginia trừ khi tôi nộp lại đơn ghi danh cử tri.

본인을 유권자 등록에서 삭제해주세요. 본인은 등록을 재신청하지 않는 이상 Commonwealth of Virginia 에서 투표를 할 자격이 없다는 것을 이해합니다.

First Name / Primer Nombre / Tên gọi / 이름	Middle / Segundo Nombre / Tên đệm / 중간 이름	Last Name / Apellido / Tên họ / 성	Suffix
Current Virginia Registration Address / Dirección de residencia / Địa chỉ cư trú hiện thời / 현재 등록 거주지 주소			
Locality / Localidad / Địa phương / 지역구		Voter ID (optional) / Número de identificación de votante / Số cử tri / 유권자ID	
Social Security Number / NSS / SSN / 사회보장번호		Date of Birth (mm/dd/yy) / Fecha de nacimiento / Ngày sinh / 생년월일	
Current Phone (optional) / Número de teléfono / Điện thoại / 전화번호		Email (optional) / Correo electrónico / email / 이메일	
Signature / Firma / Chữ ký / 서명		Date (mm/dd/yy) / Fecha / Ngày / 날짜	
X _____		_____ / _____ / _____	

ELECT - 427A-FFX - 03/2022

SAMPLE FORMS

CART SECURITY LOG

Any time a cart is unsealed / opened / resealed, complete and sign the Cart Security Log located in the pocket on the inside of the left equipment cart door. Two officers must do this together.

100 PATRIOT

A99

PRECINCT CART SECURITY LOG





- **TWO OFFICERS REQUIRED** - At least **TWO Election Officers** must be present to open a precinct cart.
- **VERIFY SEAL** - Whenever a sealed precinct cart is opened, both Election Officers must verify and record the seal number below. If the numbers do not match, contact the Office of Elections immediately at 703-324-4735.
- **CART LOG** - When locking and sealing the cart, record the date, time, and new seal number.
- **PRINT NAME AND SIGN** - Both Election Officers must print name on and sign this Cart Security Log.
- **RETURN LOG IN CART** - Record all information below and **place this log back inside the cart before locking and sealing it.**
- **QUESTIONS?** Call the Office of Elections at 703-324-4735.

Date	Time	Reason	Seal Number	Printed Name #1	Signature #1	Printed Name #2	Signature #2
		Sealed at L&A Testing	Close				
			Open				
			Close				
			Open				
			Close				
			Open				
			Close				
			Open				
			Close				
			Open				
			Close				

SAMPLE FORMS

ELECTION OFFICER OATH

All election officers must sign this form during opening procedures. Note that the **Chief must sign in two places.**

ELECTION OFFICER OATH		RETURN IN #2 ENVELOPE
Precinct: 100 PATRIOT (Jun 2023)		Fairfax County – Democratic Primary – Jun 20, 2023
	* VIRGINIA * DEPARTMENT of ELECTIONS	COMMONWEALTH OF VIRGINIA OFFICER OF ELECTION OATH
OATH OF CHIEF OFFICER DELEGATED BY THE GENERAL REGISTRAR OR THE SECRETARY OF THE ELECTORAL BOARD TO ADMINISTER OATH TO OTHER OFFICERS		
<p>I do solemnly swear (or affirm) that I will perform the duties for this election according to law and the best of my ability, and that I will studiously endeavor to prevent fraud, deceit, and abuse in conducting this election.</p>		
	1. X	SIGNATURE OF CHIEF OFFICER OF ELECTION  SIGNATURE OF ELECTORAL BOARD SECRETARY
OATH OF ALL OTHER OFFICERS OF ELECTION I do solemnly swear (or affirm) that I will perform the duties for this election according to law and the best of my ability, and that I will studiously endeavor to prevent fraud, deceit, and abuse in conducting this election.		
Names	Signatures	
2. ASST CHIEF:	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
	1. X	SIGNATURE OF PERSON ADMINISTERING OATH CHIEF ELECTION OFFICER TITLE OF PERSON ADMINISTERING OATH JUNE 20, 2023 DATE ADMINISTERED

SAMPLE FORMS

ELECTION OFFICER COMPENSATION SHEET

All election officers must sign this form during opening procedures or whenever there is time during the day. The Chief should also note any officers who leave early.

COMPENSATION SHEET			RETURN IN #2 ENVELOPE
Precinct: 100 PATRIOT (Jun 2023)		Fairfax County – Democratic Primary – Jun 20, 2023	
INSTRUCTIONS: All officers print name and sign next to assigned number, usually based on precinct roster.			
Officer	Full Name	Signature	Do you wish to be paid?
#1 / Chief			<input type="checkbox"/> Yes <input type="checkbox"/> No
#2 / Asst. Chief			<input type="checkbox"/> Yes <input type="checkbox"/> No
#3 / EO			<input type="checkbox"/> Yes <input type="checkbox"/> No
#4 / EO			<input type="checkbox"/> Yes <input type="checkbox"/> No
#5 / EO			<input type="checkbox"/> Yes <input type="checkbox"/> No
#6 / EO			<input type="checkbox"/> Yes <input type="checkbox"/> No
#7 / EO			<input type="checkbox"/> Yes <input type="checkbox"/> No
#8 / EO			<input type="checkbox"/> Yes <input type="checkbox"/> No
#9 / EO			<input type="checkbox"/> Yes <input type="checkbox"/> No
#10 / EO			<input type="checkbox"/> Yes <input type="checkbox"/> No
TO BE COMPLETED BY THE CHIEF:			
Who is returning the election materials tonight? <small>Whoever returns the election materials will receive a \$10 travel stipend. (Chiefs receive an additional \$10 stipend for picking up supplies before election day.)</small>			
<input type="checkbox"/> Chief <input type="checkbox"/> Asst			
Did all election officers, including you, generally arrive on time? <small>If any officers arrived more than 10 minutes late, even for a valid reason (e.g. got lost, sick, family emergency, etc.), document below.</small>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Officer Name	Exact Arrival Time	Reason	
<i>EXAMPLE: John Smith</i>	<i>5:15 a.m.</i>	<i>EXAMPLE: Couldn't find building entrance</i>	
If any election officers leave early (e.g. sick, family emergency, etc.), explain here. <small>All officers (except Collector Officers) are expected to stay until polls close and all work is complete. Any officers who leave early will have their pay deducted accordingly.</small>			

SAMPLE FORMS

ELECTION OFFICER EVALUATION FORM


The Chief should complete this form during election day. The feedback you provide about your officers plays an important role in helping us determine officer assignments in future elections.

ELECTION OFFICER EVALUATION FORM		RETURN IN YELLOW ENVELOPE
Precinct: 100 PATRIOT (Jan 2023)		Fairfax County – Special Election – Jan 10, 2023
See form on reverse side.		
<p>INSTRUCTIONS: The Chief should complete this form for <u>all</u> election officers by 5:00 p.m. on election day. If you have additional comments, you may include them in the post-election online survey, call 703-324-4735, or email ElectionOfficers@fairfaxcounty.gov.</p> <p>First, evaluate your Assistant Chief. If they performed highly or poorly, <u>explain why</u> in the Comments box.</p> <p>Next, evaluate all other officers. Identify your 1 to 3 best officers and rate them in Section A. Identify all other officers who performed adequately and rate in them in Section B. If you had any officers who performed poorly, rate them in Section C.</p> <p>Write each officer's name and evaluation only once on the form. Make sure to evaluate all officers.</p> <p>As you determine your best officers, consider the following questions:</p> <ul style="list-style-type: none"> - Do they help others? - Do they show initiative? - Could they run the polling place today? - Do you recommend this person as a future Chief? <p>As you evaluate all other officers, consider the following questions:</p> <ul style="list-style-type: none"> - Is this officer friendly and helpful to voters and other election officers? - Is this officer professional and non-partisan at all times? - Is this officer alert and responsive the whole day? - Is this officer able to use the Poll Pads to check-in voters? - Is this officer able to fully perform all other election officer duties? 		
Example (for a precinct with 6 regular officers)		
OFFICER NAMES	RATING	COMMENTS
SECTION A: Who were your best officers? Could they be a Chief? Please explain why.		
<i>Barbara McClintock</i>	<input checked="" type="checkbox"/> Excellent officer and potential Chief <input type="checkbox"/> Excellent officer	<i>She knows all the equipment and policies very well. Should be a Chief next time!</i>
<i>Mae Jemison</i>	<input type="checkbox"/> Excellent officer and potential Chief <input checked="" type="checkbox"/> Excellent officer	<i>An excellent officer – she always has bright ideas. I definitely want her back!</i>
SECTION B: Who were your good or average officers? Comments are optional.		
<i>Jessica Meir</i>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Average	<i>Great officer, an expert on IDs.</i>
<i>Thomas Edison</i>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Average	<i>Great officer, a whiz on Poll Pads.</i>
<i>Rachel Carson</i>	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Average	<i>Good officer, very friendly with voters.</i>
	<input type="checkbox"/> Good <input type="checkbox"/> Average	
	<input type="checkbox"/> Good <input type="checkbox"/> Average	
SECTION C: Did you have any officers who did not perform well? Please explain why.		
<i>James Watson</i>	<input checked="" type="checkbox"/> Needs improvement <input type="checkbox"/> Needs significant improvement	<i>He's a nice guy, but was late, fell asleep, and made partisan comments to voters. He should not be assigned in the future.</i>
	<input type="checkbox"/> Needs improvement <input type="checkbox"/> Needs significant improvement	

SAMPLE FORMS

BALLOT RECEIPT

This form should be completed during opening procedures, after confirming you received the correct number of ballots.

BALLOT RECEIPT		RETURN IN #2 ENVELOPE
Precinct: 100 PATRIOT	Fairfax County – Office of Elections	
	★ VIRGINIA ★ DEPARTMENT of ELECTIONS	COMMONWEALTH OF VIRGINIA RECEIPT FOR BALLOTS
INSTRUCTIONS: Sign this form before opening any ballots.		
I solemnly swear [or affirm] that I have this day received from the designated representative of the Electoral Board one or more sealed package(s) that the Board states contain(s) the following number of official ballots (paper) for use in the current election:		
1. <u> 1000 </u> precinct-specific ballots for use only in this precinct		
1000 TOTAL		
Pursuant to § 24.2-621 of the Code of Virginia, I further certify that the seals on the package(s) of official ballots (paper) are intact and that no tampering with them appears to have occurred.		
Precinct:	100 PATRIOT	
Election Officer:	<input type="text"/>	<input type="text" value="x"/>
	NAME	SIGNATURE
Date:	<input type="text"/>	

SAMPLE FORMS

BALLOT WORKSHEET

Count the number of ballots in each pack as you open them. Record the number on this form. This will help you as you complete the Statement of Results during closing procedures.

BALLOT WORKSHEET		<small>RETURN IN</small> #2 ENVELOPE	
Precinct: 100 PATRIOT		Fairfax County – Office of Elections	
<p>Count and double-count the number of ballots in each pack as you open them. Each ballot pack should have 200 ballots. However, if any pack has more or less than 200, you will need to know for completing the Statement of Results.</p>			
Ballot pack	Number of ballots in pack (should be 200)	Ballot pack	Number of ballots in pack (should be 200)
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SAMPLE FORMS

VOTER COUNT WORKSHEET

This form will help you track the number of voters checked in and ensure it matches the number of ballots cast on the DS200 throughout the day.

VOTER COUNT WORKSHEET		RETURN IN #2 ENVELOPE	
Precinct: 100 PATRIOT (Jun 2023)		Fairfax County – Democratic Primary – Jun 20, 2023	
<p>INSTRUCTIONS: Assign an election officer or high school page to track below numbers throughout the day. They should enter numbers as close to each time as possible. Instruct them to inform you immediately if the difference is not zero.</p> <ul style="list-style-type: none"> ▪ [Total check-ins on Poll Pads] minus [Total ballots cast on DS200s + voters currently voting] should equal zero. If it is not zero, try to figure out why (e.g. did an officer not properly check in voters?) and record in Chief's Notes. Note the time the discrepancy was discovered. ▪ "Voters currently voting" includes voters at the ballot table, in the voting booths, or in line at the ballot scanner. Do not count non-voters (e.g. children who are waiting with their parents). 			
Time	Total check-ins on all Poll Pads	Total ballots cast on all DS200s + voters currently voting	Difference
<i>Example</i>	64	- 64	= 0
<i>Example</i>	118	- 118	= 0
6:00 AM		-	=
8:00 AM		-	=
10:00 AM		-	=
12:00 PM		-	=
2:00 PM		-	=
4:00 PM		-	=
6:00 PM		-	=

SAMPLE FORMS

VOTER REFERRAL WORKSHEET

This form is optional but can be helpful for processing non-routine voters. The voter fills in their information, an officer identifies the non-routine issue, and then the Chief follows up accordingly.

PRECINCT: _____

RETURN IN ENVELOPE #8

Voter Referral Worksheet

You may optionally use this form to help process non-routine voters in your polling place.

Section A: Completed by the Voter

An election officer may complete this information on behalf of a voter.

First name:	Middle:	Last:
Current address:		
Date moved to current address:	Date of birth:	Last 4 digits of SSN (<i>optional</i>):

Section B: Completed by an Election Officer

Check appropriate box(es) in the left-hand column, then give this form to the voter and refer them to the Chief.

REASON FOR REFERRAL (<i>by Officer</i>)	WHAT-IF REFERENCE (<i>for the Chief</i>)
<input type="checkbox"/> Voter has no acceptable ID	What-If #1 and Provisional Checklist A.
<input type="checkbox"/> Voter has moved	What-If #3 and #5-8.
<input type="checkbox"/> Pollbook says " Inactive "	What-If #4.
<input type="checkbox"/> Pollbook says " Federal Only "	What-If #9.
<input type="checkbox"/> Voter's name not in pollbook	What-If #10 and Provisional Checklist B.
<input type="checkbox"/> Voter is challenged	What-If #11.
<input type="checkbox"/> Voter's name marked as already voted	What-If #12 and Provisional Checklist C.
<input type="checkbox"/> Voter requests assistance	What-If #15 or #16 and Request for Assistance form.
<input type="checkbox"/> Voter is blind	What-If #17. May need Request for Assistance form.
<input type="checkbox"/> Curbside voter (OP)	What-If #18. May need Request for Assistance form.
<input type="checkbox"/> Absentee voter	What-If #19 or #20 and Provisional Checklist C.

Section C: Completed by the Chief or Assistant Chief (OPTIONAL)

Staple this sheet to the voter's registration application, if applicable.

Name of Chief/Assistant Chief helping voter:	If you called the office, who did you speak with?
Resolution:	

Fairfax County Office of Elections, Rev. 1/2020

SAMPLE FORMS

BACKUP PROVISIONAL BALLOT LOG



After the voter completes the small green provisional ballot envelope, copy the information to this form before giving them a ballot. **Use this form only if the electronic log does not work.**

BACKUP PROVISIONAL BALLOT LOG		<small>RETURN IN</small> #1A Non-SDR ENVELOPE	
Precinct: 100 PATRIOT (Jun 2023)		Fairfax County – Democratic Primary – June 20, 2023	
INSTRUCTIONS: Use only if the electronic log is not working. Copy information from each provisional envelope below.			
1.	Last name _____ Suffix _____ First name _____ Middle _____ Address _____ City/town _____, State _____ Zip code _____ Phone: _____ - _____ - _____ Birth year _____	SSN# last 4: _____	Reason code (circle): 1 2 3 4 5 6 No ID
		Notes:	
2.	Last name _____ Suffix _____ First name _____ Middle _____ Address _____ City/town _____, State _____ Zip code _____ Phone: _____ - _____ - _____ Birth year _____	SSN# last 4: _____	Reason code (circle): 1 2 3 4 5 6 No ID
		Notes:	
3.	Last name _____ Suffix _____ First name _____ Middle _____ Address _____ City/town _____, State _____ Zip code _____ Phone: _____ - _____ - _____ Birth year _____	SSN# last 4: _____	Reason code (circle): 1 2 3 4 5 6 No ID
		Notes:	
4.	Last name _____ Suffix _____ First name _____ Middle _____ Address _____ City/town _____, State _____ Zip code _____ Phone: _____ - _____ - _____ Birth year _____	SSN# last 4: _____	Reason code (circle): 1 2 3 4 5 6 No ID
		Notes:	
5.	Last name _____ Suffix _____ First name _____ Middle _____ Address _____ City/town _____, State _____ Zip code _____ Phone: _____ - _____ - _____ Birth year _____	SSN# last 4: _____	Reason code (circle): 1 2 3 4 5 6 No ID
		Notes:	
6.	Last name _____ Suffix _____ First name _____ Middle _____ Address _____ City/town _____, State _____ Zip code _____ Phone: _____ - _____ - _____ Birth year _____	SSN# last 4: _____	Reason code (circle): 1 2 3 4 5 6 No ID
		Notes:	
7.	Last name _____ Suffix _____ First name _____ Middle _____ Address _____ City/town _____, State _____ Zip code _____ Phone: _____ - _____ - _____ Birth year _____	SSN# last 4: _____	Reason code (circle): 1 2 3 4 5 6 No ID
		Notes:	

SAMPLE FORMS

STATEMENT OF RESULTS (front)

The SOR is the most important form you will complete on election day. It is the record of voters, ballots, and votes in your precinct.

STATEMENT OF RESULTS – A (original)		RETURN IN #2 ENVELOPE												
Precinct: 100 PATRIOT (Jun 2023)		Fairfax County – Democratic Primary – Jun 20, 2023												
What to do at the beginning of the day		<div style="text-align: center;">  <p>Staple DS200 tapes here (with first item on top)</p> </div> <div style="background-color: #f2f2f2; text-align: center; padding: 2px;">CLOSING TAPE</div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Ballot Status Accounting Report </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Voting Results Report (with 2 signatures) </div> <div style="background-color: #f2f2f2; text-align: center; padding: 2px;">OPENING TAPE</div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Configuration Report </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Ballot Status Accounting Report </div> <div style="margin-bottom: 5px;"> <input type="checkbox"/> Zero Totals Report (with 2 signatures) </div> <div style="text-align: center; margin-top: 20px;">  </div>												
<input type="checkbox"/> Print opening tapes from each DS200. <input type="checkbox"/> Have two officers sign all <u>three</u> zero totals reports on opening tapes.														
What to do at the end of the day														
<input type="checkbox"/> Record check-in and curbside numbers from Poll Pads in Parts 1 + 2. <input type="checkbox"/> Print closing tapes from each DS200. <input type="checkbox"/> Have two officers sign all <u>three</u> voting results reports on closing tapes. <input type="checkbox"/> Fill out every section of SOR A and SOR B. <input type="checkbox"/> Staple appropriate tapes to this page – see right column. <input type="checkbox"/> Fold bottom of tape to fit on SOR.														
1	Voters checked in													
From each Poll Pad’s home screen, review the top tan banner for the number of voters checked in. If there is an EDR number, add it to the number of voters checked in. For example, if it says “Check-ins: 99 (EDR: 1)”, that is actually 99 + 1 = 100 voters.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Number of voters checked in on Poll Pad #1</td> <td style="width: 20%;"></td> </tr> <tr> <td>Number of voters checked in on Poll Pad #2</td> <td style="text-align: center;">+</td> </tr> <tr> <td>Number of voters checked in on Poll Pad #3</td> <td style="text-align: center;">+</td> </tr> <tr> <td>Number of voters checked in on Poll Pad #4</td> <td style="text-align: center;">+</td> </tr> <tr> <td>Number of voters checked in on Poll Pad #5</td> <td style="text-align: center;">+</td> </tr> <tr> <td>Total number of voters checked in</td> <td style="text-align: center;">=</td> </tr> </table>			Number of voters checked in on Poll Pad #1		Number of voters checked in on Poll Pad #2	+	Number of voters checked in on Poll Pad #3	+	Number of voters checked in on Poll Pad #4	+	Number of voters checked in on Poll Pad #5	+	Total number of voters checked in	=
Number of voters checked in on Poll Pad #1														
Number of voters checked in on Poll Pad #2	+													
Number of voters checked in on Poll Pad #3	+													
Number of voters checked in on Poll Pad #4	+													
Number of voters checked in on Poll Pad #5	+													
Total number of voters checked in	=													
2	Curbside voters													
On any Poll Pad, open Menu, then Summary Report.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Total number of curbside check-ins</td> <td style="width: 20%;"></td> </tr> </table>		Total number of curbside check-ins												
Total number of curbside check-ins														
3	Ballots cast													
Using the Ballot Status Accounting Report from each DS200’s closing tape, record the number of ballots cast (“Public Count”).														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Number of ballots cast on DS200 #1</td> <td style="width: 20%;"></td> </tr> <tr> <td>Number of ballots cast on DS200 #2</td> <td style="text-align: center;">+</td> </tr> <tr> <td>Number of ballots counted by hand because they could not be scanned (<i>usually 0</i>)</td> <td style="text-align: center;">+</td> </tr> <tr> <td>Total number of ballots cast</td> <td style="text-align: center;">=</td> </tr> </table>		Number of ballots cast on DS200 #1		Number of ballots cast on DS200 #2	+	Number of ballots counted by hand because they could not be scanned (<i>usually 0</i>)	+	Total number of ballots cast	=					
Number of ballots cast on DS200 #1														
Number of ballots cast on DS200 #2	+													
Number of ballots counted by hand because they could not be scanned (<i>usually 0</i>)	+													
Total number of ballots cast	=													
4	Does the number of voters checked in (box 1) match the number of ballots cast (box 3)?													
<input type="checkbox"/> Yes <input type="checkbox"/> No, because...														
<input type="checkbox"/> An election officer did not properly check in some voters (write details below): <input type="checkbox"/> We had fleeing voters leave without casting their ballot (write details below): <input type="checkbox"/> Other (write details below):														

SAMPLE FORMS

STATEMENT OF RESULTS (back)

On the back of the SOR, reconcile the number of standard ballots issued with the number of standard ballots used and unused. All officers present during closing procedures must also sign at the end of the SOR.


STATEMENT OF RESULTS – A (original)		RETURN IN #2 ENVELOPE
Precinct: 100 PATRIOT (Jun 2023)		Fairfax County – Democratic Primary – Jun 20, 2023
5	Standard Ballots Issued	
	Number of ballots received in cart before election day	0
	Number of ballots received from Rover on election day <i>(usually 0)</i>	+
	Total number of ballots issued	=
6	Standard Ballots Used and Unused	
	"Total Standard Ballot Sheets" from all DS200 Ballot Status Accounting Report(s)	
	Number of hand-counted ballots <i>(usually 0)</i>	+
	Number of spoiled ballots in #4 envelope	+
	Number of voided ballots in #4 envelope	+
	Number of provisional ballots in all #1A and #1B envelopes	+
	Number of unopened ballot packs, multiplied by 200 <i>(e.g. 5 packs x 200 = 1,000)</i>	+
	Number of unused ballots remaining in the last pack(s) you opened	+
	Total number of ballots used and unused	=
7	Other Ballots	
	"Total ExpressVote Cards" from all DS200 Ballot Status Accounting Report(s)	
	Number of surrendered absentee ballots in #4 envelope	
	Number of absentee ballot envelopes collected from drop box	
	Check the box and explain if any of the following are true.	
	<input type="checkbox"/> There were more or less than 200 ballots in one or more of the packs (write details below)	
	<input type="checkbox"/> ___ ExpressVote cards were spoiled, voided, or used for provisional voters (write details below)	
8	Collect signatures to certify	
We hereby certify that the two copies of the Statement of Results are a complete record of this election and all information entered here is true and correct.		
1	Chief	Name: X
2	Asst. Chief	Name: X
3	EO	Name: X
4	EO	Name: X
5	EO	Name: X
6	EO	Name: X
7	EO	Name: X
8	EO	Name: X
9	EO	Name: X
10	EO	Name: X
11	EO	Name: X
12	EO	Name: X

SAMPLE FORMS

PRINTED RETURN SHEET

Attach a copy of the DS200 tapes and have all officers sign the form.

PRINTED RETURN SHEET	RETURN IN #2A ENVELOPE
Precinct: 100 PATRIOT (SAMPLE)	Fairfax County – General Election – Nov 8, 2022


* VIRGINIA *
DEPARTMENT of ELECTIONS

PRINTED RETURN SHEET

This form must be signed by all officers of election present during closing procedures and placed in Envelope #2A.

The Clerk of Circuit Court must make it available for public inspection on the day following the election and for sixty days thereafter.

DS200 Serial Number(s):

#1:	DS0000111111	#2:	DS0000222222
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Election officer signatures


We hereby certify that the attached totals tapes are a true and correct copy of the election results printed out by the electronic voting machines used in this precinct.

#	POSITION	NAME	SIGNATURE
1	Chief		X
2	Asst Chief		X
3	EO		X
4	EO		X
5	EO		X
6	EO		X
7	EO		X
8	EO		X
9	EO		X
10	EO		X
11	EO		X
12	EO		X
13	EO		X
14	EO		X
15	EO		X

Staple tapes here

From each DS200
opened for voting:

1. Zero totals report
2. Voting results report



ELECT-658-FFX
Rev. 10/2022

SAMPLE FORMS

PRECINCT RESULTS NOTICE

Use this form to display the voting results at the entrance of your polling place building.

RESULTS NOTICE		INSTRUCTIONS: POST ON BUILDING DOOR	
Precinct: 100 PATRIOT (Jun 2023)		Fairfax County – Democratic Primary – Jun 20, 2023	
INSTRUCTIONS FOR ELECTION OFFICERS: After polls close and voting results are ascertained, enter information below by copying numbers from Statement of Results, counting types of provisional ballots, and copying vote totals from <u>ALL</u> DS200 ballot scanners. Post this notice on the door of the polling place building so it is visible from outside.			
Total Voters Checked In (copy from Part 1 of SOR)		Provisionals: No ID	
Total Curbside Voters (copy from Part 2 of SOR)		Provisionals: Code 1 or 2	
Total Counted Ballots (copy from Part 3 of SOR)		Provisionals: Codes 3, 4, 5, or 6	
Same-day registrations (count from #1A SDR envelope)		NOTE: Same-day registration voters cast a provisional ballot. If their registration form is accepted and processed, the Electoral Board will adjudicate their provisional ballot.	
Commonwealth's Attorney, Fairfax County			
	Steve T. Descano	Ed J. Nuttall	
TOTAL VOTES (DS200 #1 + DS200 #2 + handcount)			
Sheriff			
	Stacey Ann Kincaid	Kelvin Garcia	
TOTAL VOTES (DS200 #1 + DS200 #2 + handcount)			
Chairman, Board of Supervisors			
	Jeffrey C. McKay	Lisa M. Downing	
TOTAL VOTES (DS200 #1 + DS200 #2 + handcount)			
Remove and discard this notice on or after: Thursday, June 22, 2023			