A close-up, vertical shot of an American flag, showing the stars and stripes. The flag is slightly out of focus, with a soft, golden light filtering through it, suggesting a sunset or sunrise. The background is blurred, showing other flags and trees.

2024  
PRIMARY ELECTION  
MAY 21ST  
ELECTION OFFICER  
TRAINING

---

# ELECTION OFFICER TRAINING AGENDA

- ✓ EXCUSED AND EARLY VOTING INFORMATION
- ✓ ELECTION OFFICER EXPECTATIONS
- ✓ SBE FORMS
- ✓ E-POLL BOOKS
- ✓ VERITY SCAN AND TOUCHWRITER MACHINES



EXCUSED ABSENTEE VOTING  
MAY 8TH, 9TH, 10TH, 13, 14TH & 15TH  
SHELBYVILLE CO CLERKS OFFICE  
501 WASHINGTON ST SHELBYVILLE KY 40065  
8:30AM TO 4:30PM

EARLY VOTING  
MAY 16TH & 17TH 10:00AM TO 6:00PM  
MAY 18TH 8:00AM TO 4:00PM  
SHELBYVILLE CONFERENCE & WELCOME CENTER  
219 7TH ST SHELBYVILLE

IF YOU ARE NOT WORKING AT YOUR HOME PRECINCT YOU MUST USE ONE OF THESE OPTIONS

---



# **ATTENTION!**


**ALL VOTING MACHINES ARE TO BE  
UP AND RUNNING BY 6:00AM**

# PRECINCT OFFICERS RESPONSIBILITIES

ARRIVE & END OF DAY	ARRIVE AT POLLING LOCATION AT 5:00AM TO ENSURE POLLING LOCATION IS READY TO OPEN AT 6:00AM. ALL VOTERS IN LINE BY 6:00PM WILL BE ALLOWED TO VOTE. THE SHERIFF WILL GET IN LINE AT 6:00PM TO ENSURE LAST VOTER VOTES.
ASSIST	ASSIST IN OPENING & CLOSING MACHINES
MONITOR	MONITOR VOTING MACHINE DURING VOTING PROCESS
SECURE	SECURE THE VOTING MACHINES AFTER POLLS HAVE CLOSED
CONTACT	CONTACT COUNTY CLERK TO REPORT ANY PROBLEMS



# PERSONS ALLOWED IN POLLING LOCATION

- ELECTION OFFICERS
  - VOTERS (INCLUDING MINORS WITH VOTERS)
  - LAW ENFORCEMENT OFFICERS
  - MEMBERS OF THE MEDIA FOR LIMITED PURPOSE OF FILMING THE VOTING PROCESS. THEY MAY NOT CONDUCT INTERVIEWS WITH VOTERS OR PRECINCT OFFICERS INSIDE THE POLLING LOCATION
  - CHALLENGERS
- 
- A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

ALL FORMS LOCATED IN WHITE BINDER  
PLEASE SIGN ALL FORMS REQUIRING A SIGNATURE FROM ALL OR ONE  
PRECINCT OFFICER(S)

OATH OF  
VOTER SBE32

VOTER  
ASSISTANCE SBE31

VOTER  
AFFIRMATION  
SBE71

ELECTION OFFICER  
AFFIRMATION  
SBE72

PRECINCT MAP

CITY STREET MAP  
(IF IN CITY LIMITS)

SAMPLE BALLOTS

SHERIFF REPORT  
SBE52

E-POLL  
VERIFICATION  
SHEET

LIST OF ABSENTEE  
VOTERS

VERITY SCAN  
ENVELOPE

VERITY  
TOUCHWRITER  
ENVELOPE

NAMES TAGS

PRECINCT  
LOCATIONS LIST

VOTER  
REGISTRATION  
CARDS

# SBE 79 DAILY VOTING MACHINE VERIFICATION SHEET LOCATED IN TOP PORTION OF VERITY MACHINE

BEFORE POLLS OPEN – PRECINCT OFFICERS (1 DEM & 1 REP)  
ENTER IN BEGINNING SEAL NUMBERS (RED & YELLOW) AND THE  
PUBLIC COUNT (0).

AFTER POLLS CLOSE – PRECINCT OFFICERS (1 DEM & 1 REP)  
ENTER ENDING SEAL NUMBERS (RED & BLUE) AND THE PUBLIC  
COUNT (TOTAL VOTES).



## Commonwealth of Kentucky Daily Voting Machine Verification Sheet

***THIS FORM IS REQUIRED TO BE COMPLETED BEFORE VOTING BEGINS  
AND AFTER VOTING ENDS EVERYDAY OF IN-PERSON VOTING!  
PUBLIC NUMBERS MUST BE READ ALOUD***

- Excused In-Person Absentee Voting       No-Excuse In-Person Absentee Voting  
 Election Day Voting

DATE	MACHINE LOCATION
5/16/23	EXAMPLE
TYPE OF DEVICE	DEVICE SERIAL NUMBER
VERTY SCAN	123456

Type of Device	Current Number of Seal	Status of the Seal
BEGINNING MEMORY DEVICE SEAL NUMBER	RED SEAL	<input checked="" type="checkbox"/> SEALED <input type="checkbox"/> BROKEN
BEGINNING TUB SEAL SERIAL NUMBER	YELLOW SEAL	<input checked="" type="checkbox"/> SEALED <input type="checkbox"/> BROKEN
BEGINNING PUBLIC COUNTER NUMBER	0	

Verified by:

Print \_\_\_\_\_ /Signature \_\_\_\_\_  
Democrat Election Officer

Print \_\_\_\_\_ /Signature \_\_\_\_\_  
Republican Election Officer

Type of Device	Current Number of Seal	Status of the Seal
ENDING MEMORY DEVICE SEAL NUMBER	RED SEAL	<input checked="" type="checkbox"/> SEALED <input type="checkbox"/> BROKEN
ENDING TUB SEAL SERIAL NUMBER	BLUE SEAL	<input checked="" type="checkbox"/> SEALED <input type="checkbox"/> BROKEN
ENDING PUBLIC COUNTER NUMBER	TOTAL VOTES END OF ELECTION DAY	

Verified by:

Print \_\_\_\_\_ /Signature \_\_\_\_\_  
Democrat Election Officer

Print \_\_\_\_\_ /Signature \_\_\_\_\_  
Republican Election Officer



# SBE 75 ELECTION CONTEST CHAIN OF CUSTODY :

THIS WILL BE TAPED  
ON TOP OF YOUR  
VERITY SCAN  
MACHINES.

COMPLETED  
BY ROAD  
DEPT

COMPLETED  
BY PRECINCT  
OFFICER



## KENTUCKY STATE BOARD OF ELECTIONS

### Election Contest Chain-of-Custody

Voting Site Location: \_\_\_\_\_

- *A separate form must be completed for each transfer of records between a person(s) transferring and a person(s) receiving.*

#### To Be Completed by Person(s) Transferring Election Materials:

Transferred By: \_\_\_\_\_

Site of Transfer: \_\_\_\_\_

Date/Time of Transfer: \_\_\_\_\_

Upon initial inspection, did any materials show any signs of tampering or vandalism?    Y    N

Were all locking mechanisms locked at time of arrival?    Y    N

Do any locking mechanisms appear to be tampered with?    Y    N

Name of anyone with access to materials after materials were transferred by the above-listed:

\_\_\_\_\_

Date/Time of Departure: \_\_\_\_\_

Signature(s): \_\_\_\_\_

#### To Be Completed by Person(s) Receiving Delivery of Election Materials:

Received By: \_\_\_\_\_

Site of Delivery: \_\_\_\_\_

Date/Time of Delivery: \_\_\_\_\_

Upon initial inspection, do any materials show any signs of tampering or vandalism?    Y    N

Are all locking mechanisms locked at time of arrival?    Y    N

Do any locking mechanisms appear to be tampered with?    Y    N

Name of anyone with access to materials after materials were received by the above-listed:

\_\_\_\_\_

Signature(s): \_\_\_\_\_

- *Deliver all completed Chain-of-Custody Forms to the County Clerk in the jurisdiction of the voting site location.*

# ELECTIONEERING

- NO ONE IS PERMITTED TO DO ANY ELECTIONEERING WITHIN 100 FEET OF THE POLLING PLACE ON ELECTION DAY.
- ELECTIONEERING IS NOT PERMITTED INSIDE THE POLLING AREA.
- VOTER WEARING CAMPAIGN MATERIAL AT THE PRECINCT MAY NOT BE FORCED TO LEAVE THE POLLING PLACE BECAUSE THEY ARE WEARING SUCH AS T-SHIRTS, BUTTONS, HATS, ETC UNTIL GIVEN A CHANCE TO CAST A BALLOT.

## PRECINCT ELECTION SHERIFF'S POST-ELECTION REPORT

KRS 117.355(1) Within three (3) days after any primary or general election, the precinct election sheriff shall file a report with the chairman of the county board of elections and with the local grand jury. The report shall include any irregularities observed and any recommendations for improving the election process.

County	
Date Of Election	
Precinct	
Name Of Precinct Election Sheriff (Please Print)	

**IRREGULARITIES OBSERVED:** (If you observed any irregularities, describe in your own words with as many details as possible, including names of alleged violators of election laws. Alleged violations should include, violations of KRS 117.255 relating to assisting voters and execution of the voter assistance forms, adjusting the voting machine in primary elections to enable the voter to vote for only persons for whom the voter is entitled to vote, voting more than once, or voting supplemental paper ballots. Violations of KRS 117.235 relating to electioneering shall also be reported. If more space is required, attach additional sheets as necessary. If no violations are observed, so indicate.)


**RECOMMENDATIONS FOR IMPROVING THE ELECTION PROCESS:** (Describe recommendations in your own words. If more space if required, attach additional sheets as necessary.)


SHERIFF SIGNATURE

Date Signed

Signature of Precinct Election Sheriff

SHERIFF'S  
REPORT SBE 53  
THIS REPORT  
DOCUMENTS MAJOR  
CONCERNS AND  
SUGGESTIONS FROM  
ELECTION DAY.

THE SHERIFF WILL  
COMPLETE AND SIGN  
THIS FORM.

IRREGULARITIES

RECOMMENDATIONS

# SBE 71 VOTER AFFIRMATION FORM

## USE SBE 71 IF VOTER IS USING THE FOLLOWING FORMS OF IDENTIFICATION:

- SOCIAL SECURITY CARD
- SBE APPROVED COUNTY ID CARD
- FOOD STAMP CARD
- ELECTRONIC BENEFIT CARD
- SUPPLEMENTAL NUTRITION CARD
- CREDIT/DEBIT CARD



## KENTUCKY STATE BOARD OF ELECTIONS

### Voter Affirmation Form

I, \_\_\_\_\_, do hereby affirm that the name I have given here is the name that I am generally known by or the name I have given here is as stated on my voter registration.

I further affirm that:

To the best of my knowledge and belief, my date of birth is \_\_\_\_\_.

My current residential address, including the street address number is:

\_\_\_\_\_, if my address changed in the twenty-eight (28) days prior to the date of this election, I affirm that I moved on \_\_\_\_\_ and that my prior address was:

\_\_\_\_ I am a citizen of the United States;

\_\_\_\_ I am qualified to vote in this precinct under current Kentucky laws related to voter eligibility;

\_\_\_\_ I have not voted and will not vote in any other precinct during this election;

The following impediment has prevented me from procuring proof of identification as defined under KRS 117.001:

\_\_\_\_ Lack of transportation;

\_\_\_\_ Inability to obtain my birth certificate or other documents needed to show proof of identification;

\_\_\_\_ Work schedule;

\_\_\_\_ Lost or stolen identification;

\_\_\_\_ Disability or illness;

\_\_\_\_ Family responsibilities;

\_\_\_\_ Proof of identification has been applied for, but not yet received;

\_\_\_\_ I have a religious objection to being photographed.

I understand that making a false statement as to any of the affirmations on this form is punishable under penalties of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SBE 71 04/2022

USE THIS FORM IF THE VOTER IS KNOWN BY THE ELECTION OFFICIAL BY NAME AS A RESIDENT OF THE COMMUNITY

# SBE 72 ELECTION OFFICER AFFIRMATION FORM



## KENTUCKY STATE BOARD OF ELECTIONS

### Election Officer Affirmation Form

In accordance with K.R.S. 117.228(4), I \_\_\_\_\_, do hereby affirm the identity of \_\_\_\_\_, an individual wishing to vote in this election, as this individual is known to me by name and I know this individual to be a resident of this community.

\_\_\_\_\_  
Signed Name of Election Officer

\_\_\_\_\_  
Date

SBE 72 (04/2022)



PRECINCT  
BALLOT ACCOUNTABILITY SHEET

THE STARTING NO. WILL BE  
ENTERED FOR YOU.

THE ENDING NO. WILL BE THE  
NEXT BALLOT NUMBER YOU  
WOULD HAVE ISSUED.

KEEP YOUR SPOILED BALLOT  
COUNT TO GET YOUR TOTAL  
BALLOTS USED

ALL PRECINCT OFFICERS MUST  
SIGN!

ENTERED BY  
CLERK'S  
OFFICE

ENDING NO.

SPOILED BALLOT  
COUNT

ALL PRECINCT  
OFFICERS MUST  
SIGN

PRECINCT BALLOT ACCOUNTABILITY STATEMENT

COUNTY	DATE OF ELECTION	PRECINCT NAME				PRECINCT
BOYLE	11-6-12	W. LANE				A101
	Co. BOYLE	Co/ School	Co/ School/ Ctry	Co./Ctry		
QTY. PADS ISSUED	5	10	6	10		
STARTING NO.	001	501	1501	2101		
ENDING NO. (THE NUMBER OF THE NEXT BALLOT YOU WOULD HAVE GIVEN OUT)	362	1201	1923	2704		
SPOILED BALLOT COUNT AREA	1111	11	1	1111		
EXAMPLE: 1111 11						
TOTAL BALLOTS USED						

Co.  
Clerk

Judge

All

REASON FOR DISCREPANCIES: \_\_\_\_\_

NOTES: \_\_\_\_\_

We, the undersigned, do hereby certify that the above information is accurate and complete.

Precinct Clerk \_\_\_\_\_ (SIGN) Precinct Sheriff \_\_\_\_\_ (SIGN)

Precinct Judge \_\_\_\_\_ (SIGN) Precinct Judge \_\_\_\_\_ (SIGN)

County Clerk \_\_\_\_\_ (SIGN)

# VOTER ASSISTANCE FORM SBE 31

## A VOTER MAY HAVE ASSISTANCE DUE TO:

- BLINDNESS
- PHYSICAL DISABILITY
- INABILITY TO READ ENGLISH

**IF THE VOTER HAS BEEN MARKED FOR PERMANENT ASSISTANCE, THE PERSON ASSISTING THE VOTER AND PRECINCT CLERK ASSISTING THE VOTER MUST SIGN SBE31**

**IF FILLING OUT SBE31 FOR 1ST TIME REQUIRES VOTER, PERSON ASSISTING AND PRECINCT CLERK MUST SIGN.**

## WHO MAY ASSIST THE VOTER?

- ANY PERSON OF THE VOTERS CHOICE EXCEPT:
- A VOTER'S EMPLOYER OR AGENT OF EMPLOYER
- AN OFFICER OR AGENT OF VOTER'S UNION

VOTER ASSISTANCE FORM			
NOTE: A voter requiring assistance may be assisted by the two precinct judges or a person of the voter's choice who is not an election officer, except that the voter's employer, an agent of that employer, or an officer or agent of the voter's union shall not assist a voter.			
NAME OF VOTER		DATE OF BIRTH (MM/DD/YYYY)	
RESIDENTIAL ADDRESS	Complete Street Address City Zip Code		
PRECINCT NAME OR PRECINCT NUMBER			
Check <input checked="" type="checkbox"/> one:			
<input type="checkbox"/>	Voter has been certified as requiring assistance on a permanent basis as indicated on precinct roster. The following oath must be signed <i>by the person assisting the voter</i> and be witnessed by the precinct clerk/officer.		
<input type="checkbox"/>	Voter is NOT certified as requiring assistance on a permanent basis. <i>Both</i> of the following oaths must be completed and signed by the voter, the person assisting the voter, and be witnessed by the precinct clerk/officer.		
<b><u>OATH FOR VOTER NOT CERTIFIED AS REQUIRING ASSISTANCE ON A PERMANENT BASIS</u></b> (Voter certified as requiring assistance on a permanent basis as indicated on precinct roster need not sign this oath section.)			
I hereby state, under oath (or affirmation), that I am a qualified voter in the precinct indicated above, and that the reason I require assistance in voting is (check one): <input type="checkbox"/> Blindness <input type="checkbox"/> Physical disability <input type="checkbox"/> Inability to read English			
_____ Signature or "mark" of voter			
_____ Witness (two witnesses required if "mark" is used)		_____ Witness (two witnesses required if "mark" is used)	
<b><u>OATH FOR PERSON ASSISTING VOTER</u></b> <b>(THIS PORTION MUST BE COMPLETED BY THE PERSON ASSISTING THE VOTER BEFORE ANY VOTER CAN RECEIVE ASSISTANCE)</b>			
I hereby state, under oath (or affirmation), that I will operate the voting machine in accordance with the directions of the voter requiring assistance. I further state that I am not the voter's employer, an agent of that employer, or an officer or agent of that voter's union.			
Name of person assisting voter (PLEASE PRINT)		Signature of person assisting voter	
_____		_____	
<b><u>APPLICATION REQUEST FOR PERMANENT ASSISTANCE</u></b>			
Voter who requires assistance on a permanent basis due to <input type="checkbox"/> Blindness (or) <input type="checkbox"/> Physical disability hereby applies for certification for permanent assistance.			
<b><u>SECTION TO BE COMPLETED BY PRECINCT ELECTION OFFICER</u></b>			
The parties hereto have subscribed and sworn (or affirmed) these Oaths before me this ____ day of _____, 20____.			
_____ Signature of Precinct Election Officer			
KRS 116.165	Provides that "any person who falsely signs and verifies any form requiring verification shall be guilty of perjury and subject to penalties therefor."		
KRS 117.255			
KRS 117.365			
KRS 117.995			
SBE 31 (04/2022)		WHITE: Grand Jury	
		CANARY: County Clerk	
		PINK: County Board of Elections	

# E-POLL BOOK VERIFICATION SHEET

ENTER IN NUMBER OF E-POLL BOOKS YOUR PRECINCT LOCATION.

TOTAL VOTERS IN THIS LOCATION (PRECINCT RECORDS):

TOTAL VOTERS CHECKINS:

ALL E-POLL BOOKS AND VERITY MACHINE TOTALS SHOULD MATCH.

LIST ANY DISCREPANCIES

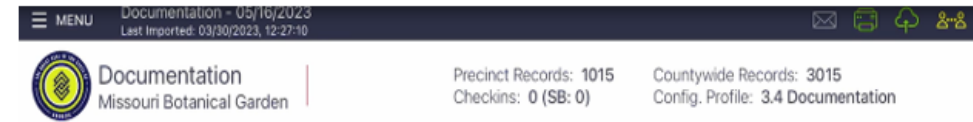
INITIAL AND DATE

# E-POLL BOOK VERIFICATION SHEET

This form needs to be done at the end of election day

PRECINCT:  
Number of E-Poll Books in this location: \_\_\_\_\_

Next 2 steps are located in the middle top of your E-Poll Book screen



1. TOTAL VOTERS IN THIS LOCATION (Precinct Records): \_\_\_\_\_

2. TOTAL VOTERS CHECKINS: \_\_\_\_\_

TOTAL NUMBER OF VOTES ON VERITY MACHINE IN THIS LOCATION: \_\_\_\_\_

**These numbers should match  
Verity Scan Machine and your E-Poll Book's**

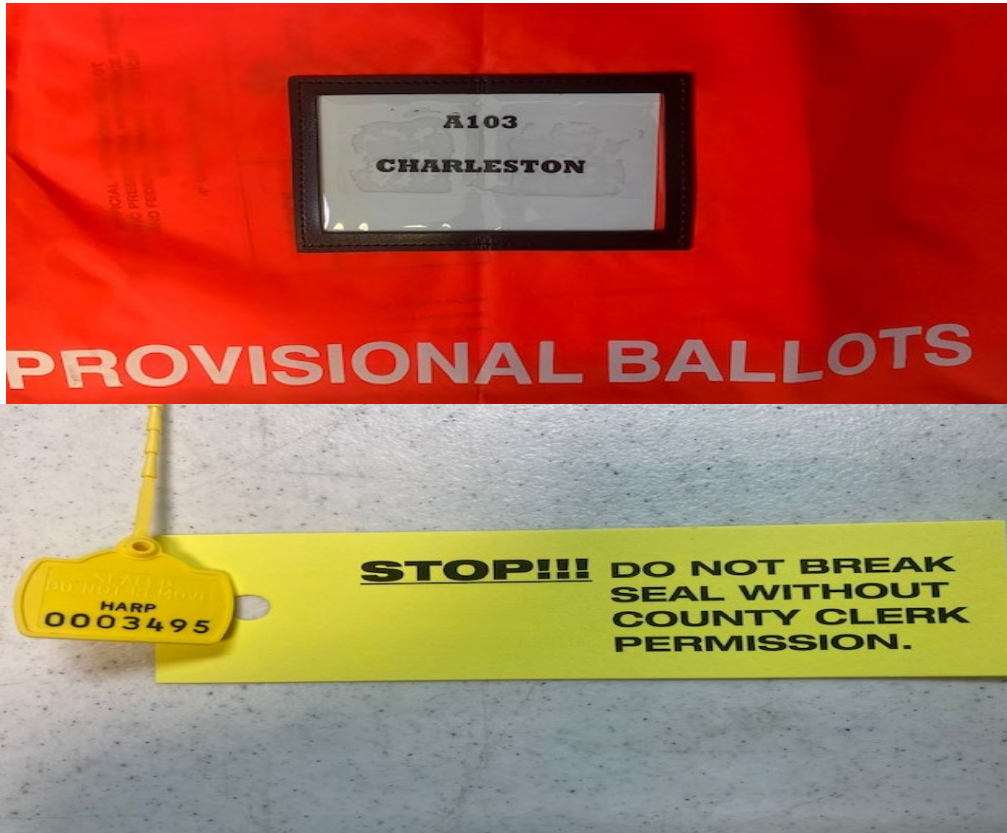
Reason for discrepancies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Election Officer Initials & Date \_\_\_\_\_

Provisional Ballot Steps begin at pg. 44

**DO NOT BREAK YELLOW SEAL** without contacting the county clerk's office first.

All Precinct Workers must sign Provisional Ballot Accountability Statement even if none are used.



PROVISIONAL BALLOT ACCOUNTABILITY STATEMENT

County	Date of Election	Precinct Name	Precinct Code

Choose Election Type: Primary or General	Ballot Stub Numbers	
	From	To
Primary Election	Democrat	
	Republican	
General Election		

We, the duly appointed precinct officers of this precinct, do certify below the number of provisional ballots issued, used, and spoiled.

Ballots	Choose Election Type: Primary or General		
	Primary Election		General Election
	Democrat	Republican	
Number of Ballots Issued to Precinct – a.			
Ballots Used (includes spoiled ballots) – b.			
Ballots Unused – c.			
Total – (b. + c.) – d.			
Number of Spoiled Ballots			

If row d. does not agree with row a., explain the difference here:


We, the undersigned, do hereby certify that the above information is accurate and complete.

Precinct Clerk	
Precinct Sheriff	
Precinct Judge	
Precinct Judge	

## SUPPLEMENTAL PROCESS

If a voter has moved **MORE** than 30 days from deadline, They must be added to E-Poll book in the **new precinct**.

Contact clerk's office oath of voter, new voter registration cards etc.

See page 22 in EPB Guide Supplemental Process

See page 12 in EPB Guide Process Voter

If voter has moved **LESS** 30 day's they will vote in same location.

If a voter has moved from another County they are **NOT** eligible to vote in Shelby County



# What's in the Case?



1. Green Case
2. Luggage tag
3. Flip Stand
4. Lightning to USB Cable and Power Adapter
5. Two (2) Stylus
6. 18" Power Cord
7. ID Tray (metal)
8. Printer (cords included)
9. Screen Cloth

Oath of Voter and Voter Registration Card are still in paper form.

Supplemental Roster will be on your E-Poll Book.

Hands on training for this portion.

- Tip: Have the voter step to the side with an precinct officer to fill out both forms once completed follow steps on E-Poll book to complete check in.

**COMMONWEALTH OF KENTUCKY  
STATE BOARD OF ELECTIONS**

**OATH OF VOTER**

When a voter has moved to a new precinct within the same county and is not listed on the current precinct roster, when the officers of an election disagree as to the qualifications of a voter, or when a voter's right to vote is disputed by a challenger, the voter shall sign the following oath as to his qualifications before he is permitted to vote.

I, \_\_\_\_\_, hereby state, under oath,  
(Name: Please Print)

that I am duly registered as a \_\_\_\_\_ voter in this precinct in  
(Political Party Preference)

\_\_\_\_\_ County, Kentucky and that I currently reside at  
(County)

\_\_\_\_\_. My previous address was  
(Current Residence Street Address, City, and Zip Code)

\_\_\_\_\_ in this county.  
(Previous Residence Street Address, City, and Zip Code)

I know of no legal disqualifications which should prevent my vote from being cast and counted in this election and I affirm that I have not voted and will not vote in another precinct or by absentee ballot in this state during this election.

I understand that any person who falsely signs and verifies any form requiring verification shall be guilty of perjury and subject to the penalties therefore. I further understand that if I execute the Oath and am not a registered voter at the current address stated above, I have committed a criminal act.

Voter must sign here \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Precinct Name or No. \_\_\_\_\_  
Signature of Precinct Election Officer or Challenger \_\_\_\_\_  
This Oath shall be returned to the County Clerk who shall deliver it to the  
Commonwealth's Attorney for investigation.

Voter moved to new precinct/new address. Not on precinct roster. Update registration.  
 Election Officer/Challenger dispute voter's qualifications.  
 Request to vote in-person after mail-in ballot request.

SBE 32 (04/2022)

**SBE 01 (03/2020) You MUST answer questions A & B below before completing this form. 5041503**

**A. Are you a citizen of the United States of America?**  YES  NO *If you checked "no" in response to either of these questions, do not complete this form.*

**B. Will you be 18 years of age on or before election day?**  YES  NO

Check one:		FOR CLERK USE ONLY			
<input type="checkbox"/> New Registration	<input type="checkbox"/> Address Change	PRECINCT CODE	PRECINCT NAME	TOWN	OTHER CODE
<input type="checkbox"/> Party Change	<input type="checkbox"/> Name Change				
Social Security Number		Date of Birth (M-D-Y)	County (where you live)	Work Phone	Home Phone
<input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name	First Name	Middle Name	Suffix (circle one) Jr. Sr. II III IV	
Address where you live (do not give PO Box address):			Apt #	City	Zip Code
Address where you get your mail <i>(if different from above):</i>			Apt #	City	Zip Code
Party Registration – check one box		<p><b>WARNING:</b> Per KRS 119.025, any person who causes himself to be registered when he is not legally entitled to register, shall be subject to penalties including fines and/or a term of imprisonment not less than one (1) year nor more than (5) years. <b>IF KENTUCKY</b></p> <p>I swear or affirm that:</p> <ul style="list-style-type: none"> <li>• I am a U.S. Citizen.</li> <li>• I am a current resident of Kentucky.</li> <li>• I will be at least 18 years of age on or before the next general election.</li> <li>• I am not a convicted felon, or if I have been convicted of a felony, my right to vote has been restored following an expungement, Executive Pardon, or Executive Order.</li> <li>• I have not been judged "mentally incompetent" in a court of law.</li> <li>• I do not claim the right to vote anywhere outside Kentucky.</li> </ul>			
<input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Other _____					
<p>If you select "Other" as your party affiliation, you are eligible to vote for only nonpartisan offices in any primary election. You may vote for any candidate in all general or special elections. Only persons timely registered shall have the right to vote.</p>					
<p><b>NOTE:</b> You may change your political party affiliation at any time on or before December 31<sup>st</sup> to remain eligible to vote in the following primary election.</p>					
		<p><input checked="" type="checkbox"/> Signature _____ Date _____</p> <p style="text-align: center;"><b>TWO WITNESSES REQUIRED IF "MARK" IS USED</b></p>			
		<p>Witnessed By: _____</p>		<p>Witnessed by: _____</p>	



## Verity Scan Setup

- All Supplies are in the black bin
- Ballot Bag
- Supply Bag
- E-poll Books
- Extension Cords/Power Strip
- Power Brick
- Privacy Screens
- Precinct Sign Tower

# Verify GREEN Seal # on Verification Sheet!!

This form must be completed and returned to the COUNTY CLERK.

## VERITY SCAN VERIFICATION FORM

ELECTION JUDGES TO VERIFY INFORMATION BEFORE OPENING POLLS	Judges' Initials
Precinct Name: _____	_____
Verity Scan Serial Number: _____	_____
Verity Scan Red Seal Number: _____	_____
Tub - Yellow Seal Number: _____	_____
Tub - Blue Seal Number: _____	_____
Tub - Black Seal Number: _____	_____
<b>Case Handle - Green Seal Number:</b> _____	_____
Verity Scan Lifetime Counter: _____	_____
Red Ballot Bag Lock Seal: _____	_____
Signature _____	

Program Administrator who sealed Verity Scan



Attach GREEN  
seal to handle  
bars of the  
Verity Scan  
Machine





# Verity Touch Writer Setup

