STATE BOARD OF ACCOUNTS
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AGENCY MANUAL FOR CONDUCT OF A RECOUNT FOR THE STATE RECOUNT COMMISSION

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INTRODUCTION

TO: Coordinators and Field Examiners:

Pursuant to Indiana Code Section 3-12-10-8, the State Board of Accounts (SBOA) "shall conduct any recount or other contest proceeding ordered by the State Recount Commission . . . ." This manual is designed to meet the needs of recounting federal, state, and legislative elections as required by law, and is subject to change. The State Board of Accounts intends this document to instruct Coordinators and Field Examiners in the internal agency procedures necessary to carry out our recount duties and responsibilities. For the convenience of our staff, we have enclosed, as an appendix, the guidelines adopted by the State Recount Commission, as well as relevant Indiana Code citations. As always, any questions or problems will be resolved by Coordinators or on-site supervisors acting through and on behalf of the State Examiner and the Deputy State Examiners who comprise the State Board of Accounts. This manual is not intended to be used by local officials for local election recounts.

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SBOA PROCEDURES FOR RECOUNT

RECOUNT PROCEDURE:

I. General Instructions

A. Head the SBOA Precinct Tally Sheet (Form 1).

B. Completely answer all the preliminary questions on the tally sheet.

C. Proceed with the appropriate counting procedures.

II. Electronic Voting Systems

A. Complete and count the signatures on the SBOA Poll List Signature Count (Form 5). That count should match the public counter reading plus absentee votes. Explain variance if possible before proceeding. Enter pertinent data on the SBOA Precinct Tally Sheet (Form 1).

B. Count the paper votes (including absentee, provisional, and emergency) by hand, determine their validity, and enter the necessary information on the SBOA Tally Sheet (Form 3). Transfer the information to the SBOA Summary Tally Sheet (Form 2). Transfer final information to the SBOA Precinct Tally Sheet (Form 1).

C. Submit any problems, questions, and discrepancies to the on-site SBOA Supervisor ("Supervisor"), his/her designee, or the Recount Director. Do not sign the SBOA Precinct Tally Sheet (Form 1) until all problems and discrepancies have been addressed.

D. Submit all Forms to the Supervisor immediately upon completion of the precinct.

E. Upon request, the Supervisor submits copies of Forms 1 through 6 and exhibits to the candidates.

F. At the direction of the Recount Director and the Supervisor, absentee or system reviews may be performed separately by separate audit teams.

G. At the direction of the Recount Director and the Supervisor, computer cartridges from electronic voting systems may be read through one or more electronic voting systems. Each individual electronic voting system will not be inspected unless specifically directed by the Recount Director and the Supervisor. For each voting system that is inspected, fill out the pertinent information on the Election Night Print Out Inspection Sheet (Form 4).

III. Ballots

A. Count the signatures on the poll list, complete the SBOA Poll List Signature Count (Form 5), and enter the pertinent data on the SBOA Precinct Tally Sheet (Form 1).

B. Examine all ballots set aside by the precinct election board as not counted and determine their validity.

RECOUNT PROCEDURE (Continued)

C. Damaged or defective ballots are replaced prior to the count on election day. The duplicate ballots must be labeled "duplicate" and bear a serial number which is recorded on the damaged or defective ballot. Verify that the number of damaged or defective ballots equals the number of duplicates and that the serial numbers match.

D. Examine for validity and manually count the damaged (if not duplicated) ballots and absentee ballots by hand. Enter the totals on SBOA Precinct Tally Sheet (Form 1).

E. Examine each ballot to determine the validity and segregate as necessary.

F. Upon request, count each ballot manually or tabulate electronically.

G. Enter the totals on the SBOA Tally Sheet (Form 3) and transfer the information to SBOA Summary Tally Sheet (Form 2). Transfer final information to the SBOA Precinct Tally Sheet (Form 1).

H. Check the totals against those certified to the clerk of the circuit court.

I. Submit all problems, questions, and discrepancies to the Supervisor and the Recount Director. Do not sign the SBOA Precinct Tally Sheet (Form 1) until all problems have been addressed.

J. Submit all Forms to the Supervisor immediately upon completion of the precinct.

K. Upon request, the Supervisor submits copies of Forms 1 through 6 and exhibits to the candidates.

IV. Working Papers

A. One member of the audit team shall physically handle all ballot materials. The other member shall record the necessary information in the workpapers, which must be kept by the audit team.

B. The following workpapers must be kept by the audit team:

1. SBOA Precinct Tally Sheet (Form 1)

2. SBOA Summary Tally Sheet (Form 2)

3. SBOA Tally Sheet (Form 3)

4. SBOA Election Night Printout Inspection Sheet (Form 4)

5. SBOA Poll List Signature Count (Form 5)

6. SBOA Exhibit List (Form 6)

7. Any other workpapers considered necessary by the Supervisor or the Recount Director

PROCEDURES FOR INDIVIDUAL INSPECTION OF BALLOTS

In accordance with the SBOA procedures for recount, validity rules, and other procedures in this manual, physically inspect the ballots as follows:

1. Hold the ballot up and declare the candidate for whom the ballot is counted in each affected race.

2. Review the validity rules and declare whether the ballot is valid or invalid.

3. After allowing the candidate watchers the opportunity to view the ballot and dispute the ballot, place the ballot on the proper stack on the table.

4. For each disputed ballot:

   a) Stamp the ballot with the exhibit stamp in a location that does not interfere with the ability to read the ballot.

   b) Complete the information requested on the exhibit stamp.

   c) Add the exhibit information to the SBOA Exhibit List (Form 6).

   d) Scan or copy the disputed materials to be attached to Forms 1 through 6.

BASIC RULES

BALLOTS AND EMERGENCY BALLOTS (NOT ABSENTEES)

Remember PIC - OM

P - Precinct Designation

I - Initials of Poll Clerks

C - Checkmark verification

O - Overvotes in Affected Race

M - Marks on the Ballot
(for identification purposes)

BASIC RULES

ABSENTEE BALLOTS AND PROVISIONAL BALLOTS

Remember PICS - OM

P - Precinct Designation

I - Initials of Board Members or Authorized Representatives

C - Checkmark verification

S - Seal and Signature of Clerk

O - Overvotes in Affected Race

M - Marks on the Ballot (for identification purposes)

CROSSVOTES AND OVERVOTES

IC 3-12-1-7

1. Straight ticket marked and ballot marked for relevant candidate of same party – count as vote for the candidate.

2. Single straight ticket marked and ballot marked for relevant candidate of opposite party – count as vote for opposite party candidate with ballot marked (Ignore straight party mark).

3. Straight ticket marked and ballot marked for irrelevant race – count as vote for relevant candidate as dictated by straight vote.

4. Multiple straight ticket marked for more than one political party results in an invalid ballot.

5. Ballot marked for more than one candidate in the same race – count as a no vote for that race.

TABLE LAYOUT

After calling, the ballots are placed on the table in the following stacks:

SECTION A - UNDISPUTED VALID BALLOTS

Stack 1 Candidate 1

Stack 2 Candidate 2

Stack 3 Candidate 3

SECTION B - UNDISPUTED INVALID BALLOTS

Stack 1 Candidate 1

Stack 2 Candidate 2

Stack 3 Candidate 3

SECTION C - DISPUTED VALID BALLOTS

Stack 1 Candidate 1

Stack 2 Candidate 2

Stack 3 Candidate 3

SECTION D – DISPUTED INVALID BALLOTS

Stack 1 Candidate 1

Stack 2 Candidate 2

Stack 3 Candidate 3

SECTION E - WRITE IN BALLOTS

SECTION F – NO VOTES

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Election Recount 2022
FORM 1

PRECINCT TALLY SHEET

District _____ Candidate 1 (C1) _____

County _____ Candidate 2 (C2) _____

Precinct _____ Candidate 3 (C3) _____

I. County Precinct Tally Certificate (tally after Election Day, requested by precinct and in grand total)

1. Number of absentee ballot votes cast in the affected race as recorded on the precinct certificate:

   C1 _____ + C2 _____ + C3 _____ + WI* ____ + NV** ____ = Total _____

2. Number of provisional ballot votes cast in the affected race as recorded on the precinct certificate:

   C1 _____ + C2 _____ + C3 _____ + WI ____ + NV ____ = Total _____

3. Number of early votes*** cast in the affected race as recorded on the precinct certificate:

   C1 _____ + C2 _____ + C3 _____ + WI ____ + NV ____ = Total _____

4. Number of emergency ballot votes cast in the affected race as recorded on the precinct certificate:

   C1 _____ + C2 _____ + C3 _____ + WI ____ + NV ____ = Total _____

5. Number of electronic ballot votes cast in the affected race as recorded on the precinct certificate:

   C1 _____ + C2 _____ + C3 _____ + WI ____ + NV ____ = Total _____

6. Number of optical scan ballot votes in the affected race as recorded on the precinct certificate:

   C1 _____ + C2 _____ + C3 _____ + WI ____ + NV ____ = Total _____

7. Number of paper ballot votes cast in the affected race as recorded on the precinct certificate:

   C1 _____ + C2 _____ + C3 _____ + WI ____ + NV ____ = Total _____

8. Total number of all votes cast (absentee, provisional, early vote, emergency, electronic, optical scan, and paper) in the affected race as recorded on the precinct certificate:

   C1 _____ + C2 _____ + C3 _____ + WI ____ + NV ____ = Total _____

II. Absentee Voters

9. Number of absentee voter applications: _____

10. Number of absentee voter affidavits: _____

* WI = write ins
** NV = no votes
*** Early votes are votes cast at satellite offices in a county where voters may cast absentee ballots before an absentee voter board (IC 3-11-10-26.3). Non-paper ballots.

11. Number of absentee votes delivered to the precinct: _____

12. Number of absentee voters listed on poll list (from Form 5): _____

    Does this figure agree with (I)(1) above: _____

13. If no, explain variance: _____

    _____

III. Provisional Votes

14. Number of provisional votes cast in precinct: _____

15. Number of provisional votes determined valid by county election board: _____

16. Number of valid provisional votes rejected due to over vote in this race, lack of initial, and distinguishing marks, etc.: _____

17. Does number of valid provisional votes, minus rejected votes, agree with I 2. above: _____

18. If no, explain variance if known: _____

    _____

IV. Reconciliation

19. Absentee Votes (Total Number of absentee voters)

    per the SBoA Poll List Signature Count (from Form 5) _____

    per SBoA Summary Tally Sheet (from Form 2) _____

    Variance _____

    Explain variance if known: _____

    _____

20. Provisional Votes

    per the County Election Board (CEB) _____

    per SBoA Summary Tally Sheet (from Form 2) _____

    Variance _____

    Explain variance if known: _____

    _____

21. Early Votes

per the SBoA Poll List Signature Count (from Form 5) _____

per the Public Counter or Cartridge Printout (per Precinct Tally) _____

Variance _____

Explain variance if known: _____

_____

22. Emergency Votes

per the SBoA Precinct Tally Sheet (Form 1) _____

per SBoA Summary Tally Sheet (from Form 2) _____

Variance _____

Explain variance if known: _____

_____

23. Electronic Votes (Total Number of "in person" voters)

per the SBoA Poll List Signature Count (from Form 5) _____

per the Public Counter or Cartridge Printout (per Precinct Tally) _____

Variance _____

Explain variance if known: _____

_____

24. Optical Scan Votes

per the SBoA Poll List Signature Count (from Form 5) _____

per the Public Counter or Cartridge Printout (per Precinct Tally) _____

Variance _____

Explain variance if known: _____

_____

25. Paper Votes

per the SBoA Precinct Tally Sheet (Form 1) _____

per SBoA Summary Tally Sheet (from Form 2) _____

Variance _____

Explain variance if known: _____

_____

26. Total Vote Count in affected race

	C1	C2	C3	WI	NV	Total
per SBoA Precinct Tally Sheet (from (I)(8))	___	___	___	___	___	___
per SBoA Summary Tally Sheet (from Form 2)	___	___	___	___	___	___

V. Disputes:

27. Have any votes been disputed in this precinct (from Form 6)? _____

28. Has the entire precinct been disputed per IC 3-12-11-17.7? _____

A. Disputed by: _____

B. Reasons stated by candidate or representative for dispute, if any:

_____

_____

_____

29. Exhibits should be identified by number and listed separately on the workpaper "Exhibit List" (Form 6).

30. Other Comments: _____

_____

31. Names of Observers: _____

_____

32. Note to SBoA Field Examiner: *notify candidates and/or representatives that this is the last opportunity to dispute a ballot.*

Field Examiner _____ Date: _____

Field Examiner _____ Date: _____

SBOA Supervisor _____ Date: _____

FORM 2

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FORM 2

Summary Tally Sheet

18. SBOA Vote Tally	Electronic (1) C1	C2	C3	Write In	No Vote	All Paper Ballots (Absentee, Provisional, Early, Emergency, Optical Scan, or Paper) (2)	C1	C2	C3	Write In	No Vote	Totals [(1) + (2)] C1	C2	C3	Write In	No Vote
A. Valid Ballots						**Valid**										
Electronic						Absentee										
						Provisional										
						Early										
						Emergency										
						Optical Scan										
						Paper						Total				
Total Valid Ballots						Total						Valid				
B. Invalid Ballots						**Invalid**										
Electronic						Absentee										
						Provisional										
						Paper										
						Emergency										
						Optical Scan										
						Paper						Total				
Total Invalid Ballots						Total						Invalid				
C. Disputed Ballots						**Disputed**										
Valid:						**Valid:**										
Electronic						Absentee										
						Provisional										
						Paper										
						Emergency										
						Optical Scan										
						Paper										
Invalid:						**Invalid:**										
Electronic						Absentee										
						Provisional										
						Paper										
						Emergency										
						Optical Scan										
						Paper						Total				
Total Disputed Ballots						Total						Disputed				

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FORM 3

Paper Ballot Tally Sheet For Absentee, Provisional, Early, Emergency, Optical Scan, and Paper Ballots

District _____
County _____
Precinct _____

Candidate (C1) _____
Candidate (C2) _____
Candidate (C3) _____

	SBOA DETERMINATION												DISPUTED BY CANDIDATES REPRESENTATIVES											
	VALID BALLOTS						INVALID BALLOTS						DISPUTED VALID						DISPUTED INVALID					
	Absentee	Provisional	Early	Emergency	Optical Scan	Paper	Absentee	Provisional	Early	Emergency	Optical Scan	Paper	Absentee	Provisional	Early	Emergency	Optical Scan	Paper	Absentee	Provisional	Early	Emergency	Optical Scan	Paper
C1																								
C2																								
C3																								
Write In																								
No Votes																								

The totals of Form 3 should be posted to Form 2

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FORM 4

ELECTION NIGHT PRINTOUT INSPECTION SHEET

District _____ Candidate 1 (C1) _____

County _____ Candidate 2 (C2) _____

Precinct _____ Candidate 3 (C3) _____

Machine Number _____

Seal Number_____

1. Was the machine sealed after use? _____ (yes or no)

2. Was election night printout in a sealed container? _____ (yes or no)

3. Did the printout show that the machine was programmed so that no over voting could occur in the affected race? _____ (yes or no)

4. Was the machine tested to ensure votes were recorded correctly? _____ (yes or no)

5. Were the vote tallies for each candidate equal to zero at the opening of the polls? _____ (yes or no)

6. Total voters: _____

7. Total votes cast in affected race:

Candidate	**Votes**
Candidate 1	
Candidate 2	
Candidate 3	

8. Does the printout reconcile to the cartridge reading for the affected race? _____ (yes or no)

X

NOTE: Attach machine tape on back of this page.

FORM 5 State Board of Accounts
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FORM 5

SBOA Poll List Signature Count

District _____
County _____
Precinct _____

How were the absentee voters identified on the poll book?

Page	Signatures	Absentee	Page	Signatures	Absentee	Page	Signatures	Absentee
1			51			101		
2			52			102		
3			53			103		
4			54			104		
5			55			105		
6			56			106		
7			57			107		
8			58			108		
9			59			109		
10			60			110		
11			61			111		
12			62			112		
13			63			113		
14			64			114		
15			65			115		
16			66			116		
17			67			117		
18			68			118		
19			69			119		
20			70			120		
21			71			121		
22			72			122		
23			73			123		
24			74			124		
25			75			125		
26			76			126		
27			77			127		
28			78			128		
29			79			129		
30			80			130		
31			81			131		
32			82			132		
33			83			133		
34			84			134		
35			85			135		
36			86			136		
37			87			137		
38			88			138		
39			89			139		
40			90			140		
41			91			141		
42			92			142		
43			93			143		
44			94			144		
45			95			145		
46			96			146		
47			97			147		
48			98			148		
49			99			149		
50			100			150		
Totals								
					Grand Totals			

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FORM 6

EXHIBIT LIST

District _____ Candidate 1 (C1) _____

County _____ Candidate 2 (C2) _____

Precinct _____ Candidate 3 (C3) _____

Note: The original exhibit should be stamped and numbered; only the first page of a poll book need be stamped and numbered if the entire precinct is challenged.

1	2	3	4	5	6
EXHIBIT NO.	SBOA DETERMINATION	VOTED FOR	REASON FOR SBOA DETERMINATION	DISPUTED BY	REASON FOR DISPUTE, IF ANY