RECORD PRECINCT PROBLEMS & CORRECTIONS BELOW

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<tr>
<th>City - Village - Township</th>
<th>Ward</th>
<th>Precinct</th>
<th>Page #</th>
<th>Time of Day</th>
<th>Brief description of item(s) to be reported to the Board</th>
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Form No. 10-G Prescribed by Secretary of State (06-06)

POWER OF ATTORNEY
WITH PHYSICIAN STATEMENT
ACKNOWLEDGED BEFORE AN ELECTION OFFICIAL
R.C. 3501.382 (A)(1)(b)

Notice: The powers granted by this document are limited. You may revoke this power of attorney if you later wish to do so.

I, ____________________________, by reason of disability, am unable to sign my name

and hereby appoint:

______________________________  ____________________________
Name of Voter  Date of Birth

______________________________  ____________________________
Name of Attorney in fact  Ohio Supreme Court Registration Number
Residence Address  (If applicable)

City and Zip

a legally competent resident of this state who is 18 years of age or older, as my attorney in fact to act for me in any lawful way with respect to the following subject:

Sign my name as a candidate, signer, or circulator on a declaration of candidacy and petition, nominating petition, other petition, or other documents under Title XVIII of the Revised Code at my direction and in my presence.

The form of signature my attorney in fact will use when signing my name is:

________________________________________

A photocopy of my attorney in fact's driver's license or state identification card issued under section 4507.50 of the Revised Code is attached to this notarized form.

Signed this __________________ day of ______________________, 2006.

________________________________________
Your Signature or Mark

PHYSICIAN'S STATEMENT

I, ____________________________, hereby state that ____________________________,

is disabled, and by reason of that disability, is physically unable to sign her/his name to petitions or other election documents.

______________________________
Signature of Licensed Physician

______________________________
Business Address

______________________________
City and Zip Code

______________________________
Telephone Number

* As indicated in Ohio Revised Code 3501.011 and 3501.382.
FORM NO. 10-H PRESCRIBED BY SECRETARY OF STATE (06-06)

POWER OF ATTORNEY REVOCATION
R.C. 3501.382

Reference is made to certain power of attorney granted by ________________
Grantor

to ________________, and dated ________________, ____________
Attorney in Fact

This document acknowledges and constitutes notice that the Grantor hereby revokes, rescinds and terminates
said power-of-attorney and all authority, rights and power thereto effective this date.

Signed under seal this ________ day of ________________________, ____________

______________________________
Signature or Mark of Grantor

______________________________
Printed or Typed Name of Grantor

JURAT OF NOTARY PUBLIC

Sworn to and acknowledged before me by ________________ on the ________ day of
Print Name of Notary

______________________________, ________________, in the city/village of ________________________

county of ________________________, state of Ohio.

______________________________
Signature of Notarial Officer
Notary Public for the State of Ohio

My commission expires on ________________________. 
PROVISIONAL BALLOT APPLICATION • FRANKLIN COUNTY BOARD OF ELECTIONS • NOVEMBER 7, 2006 GENERAL ELECTION

WHOEVER COMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

STEP 1:
VOTER INFORMATION
Each blank must be completed by the Voter.

I__________________________ (clearly print name)
solemnly swear or affirm that I am a registered voter in the
precinct in which I am voting this provisional ballot and that I
am eligible to vote in this election, for which I am casting this
provisional ballot. I am casting this provisional ballot
because my name should appear on the official precinct list,
but does not; my address has changed, my name has
changed, I requested an absentee ballot and/or I am listed
in the official precinct list as having requested an absentee
ballot for another reason.

CURRENT ADDRESS
STREET:__________________________
CITY:__________________________
COUNTY:__________________________

FORMER ADDRESS:
STREET:__________________________
CITY:__________________________
COUNTY:__________________________

FORMER NAME (if applicable)

DATE OF BIRTH (required)

I understand that if the information I provide on this
provisional ballot application is not true, complete and
correct, and/or if the board of elections determines that I am
not registered to vote, a resident of this precinct, or eligible
to vote in this election, and/or if the board of elections
determines that I have already voted in this election, this
provisional ballot will not be counted. I further understand
that knowingly providing false information is a violation of
law and subjects me to possible criminal prosecution. I
thereby declare, under penalty of election falsification, that
the above statements are true and correct to the best of my
knowledge and belief.

X__________________________ Date__________

VOTER’S SIGNATURE

STEP 2:
VOTER IDENTIFICATION
To be completed by the Voter.

You must provide one of the following forms of identification documentation

NOTE: If you are unable to provide proof of identity or if your right to vote was challenged and
you were unable to provide the necessary documentation to satisfy the challenge, you may
provide proof of identity at the Board of Elections within 10 days after the election.

☐ The last four digits of my Social Security Number are:__________________________

☐ My Ohio Driver’s License Number OR State Identification Card Number is:

☐ Other form of photo identification displaying name and current address:
   (specify kind of ID)

☐ Other (copy of current utility bill, bank statement, government check, paycheck, or other government documentary that shows my name and current address)
   (specify kind of ID)

☐ No identification documentation
   (complete Identification Affirmation below if applicable)

IDENTIFICATION AFFIRMATION

ONLY FOR VOTERS WHO CHECKED “NO ID” ABOVE
RC 3505.18(A)(4)

I__________________________ (clearly print name)
declare under penalty of election falsification that I cannot
provide a current and valid photo or military identification
showing my name and current address, nor a copy of a
current utility bill, bank statement, government check,
paycheck, or other government document showing my
name and current address, nor the last four digits of my
social security number because I have no social security
number and further declare that I am the person named on
this application and that I understand I may not cast a
provisional ballot.

X__________________________ Date__________

VOTER’S SIGNATURE
PROVISIONAL BALLOT APPLICATION • FRANKLIN COUNTY BOARD OF ELECTIONS • NOVEMBER 7, 2006 GENERAL ELECTION
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

STEP 3: POLL WORKER STATEMENT
To be completed by a Poll Worker

The preceding Provisional Ballot Application was subscribed and affirmed before me and one of the following is true concerning the identification provided by the provisional voter named on this application:

☐ Last four digits of Social Security Number

☐ Ohio Driver’s License or State Identification Card showing the voter’s name and current address.

☐ Ohio Driver’s License or State Identification Card showing the voter’s name and former address.

☐ Military ID or another form of current and valid photo identification other than an Ohio Driver’s License or State Identification Card showing the voter’s name and current address.

☐ Copy of current utility bill, bank statement, government check, paycheck, or other government-issued document showing the voter’s name and current address.

☐ Has one of the above forms of acceptable identification but is unable to provide it at this time; voter must provide identification to the Board of Elections within ten days after the election.

☐ Does not have or cannot provide the last four digits of the voter’s Social Security Number but executed the attached “Identification Affirmation.”

☐ Does not have or cannot provide the last four digits of the voter’s Social Security Number and declined from executing the attached “Identification Affirmation.”

Precinct: ________________

X __________________________

POLL WORKER’S SIGNATURE

STEP 4: VOTE!
After completing this application in its entirety:

19. POLL WORKER: Using the Precinct Street Listing, find the provisional voter’s current address in the guide and write the ballot style number for the voter’s address here:

(Ballot Style Number)

20. POLL WORKER: Remove the yellow carbon-copy of the provisional voter’s application from the booklet and go to any voting machine in your precinct. Insert the blue Supervisor PEB and select “Provisional Ballot” on the screen. Enter the following provisional ballot application number:

21. POLL WORKER: Enter the Ballot Style Number (see #1 above).

22. VOTER: Verify that the provisional ballot application number and Ballot Style Number are correct.

23. POLL WORKER: Give the yellow carbon copy to the voter.

24. VOTER: Begin voting; read and understand your rights as printed on the back of the yellow carbon copy; retain for your records.

THIS SPACE FOR OFFICE USE ONLY

DRP Code:

_______

New DRP:

300 500 600 800

Old DRP:

Other:

Old County: ______

Previous Name: ______
This notice is to be given to each provisional voter

PROVISIONAL VOTER HOTLINE

To learn if your provisional ballot was counted in the November 7th general election, please call from November 22, 2006 to December 30, 2006:

Franklin County Board of Elections
8:00 a.m. – 5:00 p.m. (Monday – Friday)
Provisional Ballot Hotline: 866-OHIO VOTE (866-644-6868)

PROVIDING PROOF OF IDENTITY WITHIN 10 DAYS AFTER THE ELECTION

If you cast a provisional ballot because you were unable or declined to provide proof of identity or your right to vote was challenged at the polling place, you may provide the proof of identity within 10 days after the election.

Before a provisional ballot can be included in the official count of an election, the board of elections must confirm the voter’s eligibility to cast the ballot, as well as the validity of the ballot that was cast. In some cases, a provisional voter can establish his or her eligibility to vote by appearing in person at the board of elections office within 10 days immediately after election day and completing the appropriate steps:

1. If you cast a provisional ballot because you had – but could not provide to election officials at the time you voted – acceptable proof of your identity or the last four digits of your social security number, you must provide to the board of the elections one of the following:

   a. Acceptable proof of your identity in the form of a current and valid photo identification, or a military identification that shows your name and current address, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document (other than a notice mailed by a board of elections under R.C. 3501.19) that shows your name and current address; or
   b. The last four digits of your social security number.

2. If you cast a provisional ballot because, at the time you voted, you had – but declined to provide – an acceptable form of identification or the last four digits of your social security number, and you declined to execute the written affirmation statement, you must provide to the board of the elections one of the following:

   a. Acceptable proof of your identity in the form of a current and valid photo identification, or a military identification that shows your name and current address, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document (other than a notice mailed by a board of elections under R.C. 3501.19) that shows your name and current address; or
   b. The last four digits of your social security number.

3. If you cast a provisional ballot because, at the time you voted, you did not have any acceptable form of identification or a social security number, and you declined to execute the written affirmation statement, you must do one of the following:

   a. Provide to the board acceptable proof of your identity in the form of a current and valid photo identification, or a military identification that shows your name and current address, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document (other than a notice mailed by a board of elections under R.C. 3501.19) that shows your name and current address; or
   b. Execute the affirmation statement.

4. If you cast a provisional ballot because your right to vote was challenged at the polling place under R.C. 3505.20, and the election officials either determined that you were ineligible to vote or were unable to determine your eligibility, you must provide any identification or other documentation required to resolve the challenge.
No XXXX

AUTHORITY TO VOTE

This document is the property of the Franklin County Board of Elections. It must be returned in the storage bin of the supply cart. Illegal use or reproduction of this card will be prosecuted under Ohio Election Laws.

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<th>Ballot Style</th>
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*Number listed in Poll Book*
FRANKLIN COUNTY
AUTHORITY TO VOTE SLIP

PUT ALL AUTHORITY TO VOTE SLIPS
IN THIS ENVELOPE
If you do not have one envelope for each voting machine,
you may use one envelope for more than one machine.

AT THE END OF ELECTION DAY, SEAL AND PLACE THIS
ENVELOPE INTO COMPARTMENT #1 OF THE
VOTING MACHINE STORAGE CART

Place a “Tick Mark” () in the boxes below every time you must
CANCEL a voter’s ballot because the voter left before pressing “cast
ballot” or “confirm” to properly cast the ballot AND for every
PROVISIONAL voter processed. At the end of Election Day, tally all
the marks from each box on each envelope and record the total on the
Election Day Balance Sheet in the Precinct Workbook. If you must
cancel a ballot for a reason other than the voter leaving before properly
casting the ballot, record this kind of ballot cancellation on the
Problems
& Corrections Page of the Precinct Workbook.

| PROVISIONAL BALLOTS | CANCELED BALLOTS |
# VOTER CONTACT PAGE

The following voters appeared at the polls to vote on this date and were unable to cast a ballot due to problems. Name, address and phone number are to be recorded and the voter contacted when the problem is corrected.

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NOTICE OF DEATH OF A REGISTERED VOTER

Name of Decedent: ____________________________________________ (Full name of decedent)
Address of Decedent: _________________________________________ (Street address, City, State, Zip)
Passed away on or about: ________________________________________ (Date)

I, the undersigned, hereby authorize the Franklin County Board of Elections to cancel the above decedent's voter registration.

_________________________________________ _______________________________ __________
Signature of person requesting this cancellation Relationship to decedent Date

NOTICE OF DEATH OF A REGISTERED VOTER

Name of Decedent: ____________________________________________ (Full name of decedent)
Address of Decedent: _________________________________________ (Street address, City, State, Zip)
Passed away on or about: ________________________________________ (Date)

I, the undersigned, hereby authorize the Franklin County Board of Elections to cancel the above decedent's voter registration.

_________________________________________ _______________________________ __________
Signature of person requesting this cancellation Relationship to decedent Date

NOTICE OF DEATH OF A REGISTERED VOTER

Name of Decedent: ____________________________________________ (Full name of decedent)
Address of Decedent: _________________________________________ (Street address, City, State, Zip)
Passed away on or about: ________________________________________ (Date)

I, the undersigned, hereby authorize the Franklin County Board of Elections to cancel the above decedent's voter registration.

_________________________________________ _______________________________ __________
Signature of person requesting this cancellation Relationship to decedent Date