

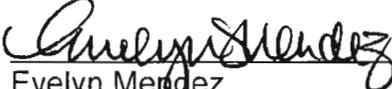


**DEBRA BOWEN** | SECRETARY OF STATE  
STATE OF CALIFORNIA | ELECTIONS

1500 11th Street, 5th Floor | Sacramento, CA 95814 | Tel (916) 657-2166 | Fax (916) 653-3214 | [www.sos.ca.gov](http://www.sos.ca.gov)

August 5, 2008

TO: ALL COUNTY CLERKS/REGISTRARS OF VOTERS (08247)

FROM:   
Evelyn Mendez  
Program Manager, Candidates & Elections

SUBJECT: Election Night Vote Reporting Survey

**- ATTENTION ELECTION NIGHT REPORTING STAFF -**

We're setting up our election reporting system and need to know how you plan to report your vote results to us on November 4, 2008.

The attached survey form contains a brief description of each of the three reporting methods. Please complete it and return at your earliest convenience.

**DUE DATE: FRIDAY, August 15, 2008**

If you have questions about this survey or other election night reporting matters, please contact the SOS Election Night Reporting Team:

Evelyn Mendez	(916) 653-9155	<a href="mailto:evelyn.mendez@sos.ca.gov">evelyn.mendez@sos.ca.gov</a>
Stephanie Golka	(916) 657-2189	<a href="mailto:stephanie.golka@sos.ca.gov">stephanie.golka@sos.ca.gov</a>
Lisa Alvis	(916) 657-2080	<a href="mailto:lisa.alvis@sos.ca.gov">lisa.alvis@sos.ca.gov</a>
Steven Carda	(916) 657-2305	<a href="mailto:steven.carda@sos.ca.gov">steven.carda@sos.ca.gov</a>

Thanks in advance for your prompt response.

Attachment

# VOTE REPORTING SURVEY

COUNTY: \_\_\_\_\_ DATE: \_\_\_\_\_

## VOTE REPORTING CONTACT INFORMATION:

County Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## VOTE REPORTING METHOD:

- Electronic file transmission. County vote counting program creates files to be placed in election night outbox on CALVOTER workstation, either by electronic transfer or by diskette. County must complete Auto-Certification process for this option.
- County Key Data Entry. County staff key enter vote totals using CALVOTER data input screens. County needs training \_\_\_YES or \_\_\_NO
- FAX. County staff will fax vote totals to election night fax machines.

## VOTE REPORTING SYSTEM / VENDOR INFORMATION:

Voting System: \_\_\_\_\_ Vendor: \_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_

**PLEASE RETURN BY AUGUST 15, 2008 TO:**

Lisa Alvis  
Elections Division  
1500 11<sup>th</sup> Street, 5th Floor  
Sacramento, CA 95814  
PHONE (916) 651-8190  
FAX (916) 651-6460  
EMAIL: [lisa.alvis@sos.ca.gov](mailto:lisa.alvis@sos.ca.gov)