

EARLY VOTING Hand-Count Audit Report

CHARLESTON County

Section A: Election & Equipment Detail	Election Type: <input type="checkbox"/> General <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Special <input type="checkbox"/> Runoff	Election Date: <u>4/2/2024</u>
Precinct Name:	<u>EARLY VOTING</u>	Polling Location: <u>CHARLESTON BVRE</u>
Tabulation Device:	<u>DS200</u>	Device/Unit Serial #: <u>0319341387</u>
Is this a primary involving both political parties?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Note, if Y to any question, the total ballots cast may <u>not</u> equal the total votes cast.
Is the chosen contest split precinct (not precinct-wide)?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Does the chosen contest allow for multiple votes?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Section B: Audit Detail			
Audit Location:	<u>CHARLESTON BVRE</u>	Names of Examiners*:	<u>MARK CORSELLI</u> (lead)
Audit Date:	<u>4/4/2024</u>	*Must have at least two.	<u>HALEY ORYELL</u>
Start Time:	<u>10:02</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<u>SUZANNE SAFRIT</u>
End Time:	<u>10:04</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		

Section C: Ballots Cast	Total Ballots Cast from Hand Count	Total Ballots Cast from Results Tape
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>	<u>6</u>	<u>6</u>

Section D: Votes Cast	Audited Contest: <u>SC HOUSE 109</u>	
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>	Total Votes Cast from Hand Count	Total Votes Cast from Results Tape
Contestant:		
<u>TIFFANY SPANN-WICDER</u>	<u>6</u>	<u>6</u>
Write-In Votes		
Undervotes (no selection)		

Comments:

Section E: Attestation		
I, <u>MARK CORSELLI</u> (lead examiner), hereby certify that the information contained herein is accurate and was obtained by an audit of the original ballots cast in this precinct/voting center for this election, which I have reviewed this day.		
Signature: <u>[Signature]</u>	Date: <u>4/4/2024</u>	

ELECTION DAY Hand-Count Audit Report

CHARLESTON County

Section A: Election & Equipment Detail	Election Type: <input type="checkbox"/> General <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Special <input type="checkbox"/> Runoff	Election Date: <u>4/2/2024</u>
Precinct Name: <u>NORTH CHARLESTON 18</u>	Polling Location: <u>W.B. GOODWIN CLEM.</u>	
Tabulation Device: <u>DS200</u>	Device/Unit Serial #: <u>0319341488</u>	
Is this a primary involving both political parties?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Note, if Y to any question, the total ballots cast may <u>not</u> equal the total votes cast.
Is the chosen contest split precinct (not precinct-wide)?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Does the chosen contest allow for multiple votes?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Section B: Audit Detail			
Audit Location: <u>CHARLESTON BVRE</u>	Names of Examiners*:	<u>MARK CORSELLI</u>	(lead)
Audit Date: <u>4/4/2024</u>	*Must have at least two.	<u>HALEY ORYELL</u>	
Start Time: <u>10:09</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<u>SURANNE SPAFRIT</u>	
End Time: <u>10:11</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			

Section C: Ballots Cast	Total Ballots Cast from Hand Count	Total Ballots Cast from Results Tape
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>	<u>18</u>	<u>18</u>

Section D: Votes Cast	Audited Contest: <u>SC HOUSE 109</u>	
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>	Total Votes Cast from Hand Count	Total Votes Cast from Results Tape
Contestant:		
<u>TIFFANY SPANN-WILDER</u>	<u>18</u>	<u>18</u>
Write-In Votes		
Undervotes (no selection)		

Comments:

Section E: Attestation		
I, <u>MARK CORSELLI</u> (lead examiner), hereby certify that the information contained herein is accurate and was obtained by an audit of the original ballots cast in this precinct/voting center for this election, which I have reviewed this day.		
Signature: <u>[Signature]</u>	Date: <u>4/4/2024</u>	

ELECTION DAY Hand-Count Audit Report

CHARLESTON County


Section A: Election & Equipment Detail	Election Type:	<input type="checkbox"/> General <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Special <input type="checkbox"/> Runoff	Election Date:	4/2/2024
Precinct Name:	NORTH CHARLESTON 19		Polling Location:	GARRETT ACADEMY
Tabulation Device:	DS 200		Device/Unit Serial #:	0319341072
Is this a primary involving both political parties?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Note, if Y to any question, the total ballots cast may <u>not</u> equal the total votes cast.
Is the chosen contest split precinct (not precinct-wide)?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Does the chosen contest allow for multiple votes?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Section B: Audit Detail				
Audit Location:	CHARLESTON BURE	Names of Examiners*:	MARK CORSELLI	(lead)
Audit Date:	4/4/2024	*Must have at least two.	HALEY O RYELL	
Start Time:	10:06		SOZANNE SAFRIT	
End Time:	10:08			

Section C: Ballots Cast		Total Ballots Cast from Hand Count	Total Ballots Cast from Results Tape
Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.		6	6

Section D: Votes Cast	Audited Contest: SC HOUSE 109		
Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.		Total Votes Cast from Hand Count	Total Votes Cast from Results Tape
Contestant:			
TIFFANY SPANN-WILDER		6	6
Write-In Votes			
Undervotes (no selection)			

Comments:

Section E: Attestation			
I <u>MARK CORSELLI</u> (lead examiner), hereby certify that the information contained herein is accurate and was obtained by an audit of the original ballots cast in this precinct/voting center for this election, which I have reviewed this day.			
Signature:		Date:	4/4/2024

ELECTION DAY Hand-Count Audit Report

CHARLESTON County


Section A: Election & Equipment Detail	Election Type:	<input type="checkbox"/> General <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Special <input type="checkbox"/> Runoff	Election Date:	4/2/2024
Precinct Name:	NORTH CHARLESTON 21		Polling Location:	LAMBS ELEMENTARY
Tabulation Device:	DS200		Device/Unit Serial #:	0319341400
Is this a primary involving both political parties?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Note, if Y to any question, the total ballots cast may <u>not</u> equal the total votes cast.
Is the chosen contest split precinct (not precinct-wide)?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Does the chosen contest allow for multiple votes?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Section B: Audit Detail				
Audit Location:	CHARLESTON BVRE		Names of Examiners*:	MARK CORSELLI (lead)
Audit Date:	4/4/2024		*Must have at least two.	HALEY ORYELL
Start Time:	10:12	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		SUZANNE SAFRET
End Time:	10:14	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		

Section C: Ballots Cast		Total Ballots Cast from Hand Count	Total Ballots Cast from Results Tape
Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.		3	3

Section D: Votes Cast	Audited Contest: SC HOUSE 109		
Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.		Total Votes Cast from Hand Count	Total Votes Cast from Results Tape
Contestant:			
TIFFANY SPANN-WILDER		3	3
Write-In Votes			
Undervotes (no selection)			

Comments:

Section E: Attestation			
I <u>MARK CORSELLI</u> (lead examiner), hereby certify that the information contained herein is accurate and was obtained by an audit of the original ballots cast in this precinct/voting center for this election, which I have reviewed this day.			
Signature:			Date: 4/4/2024

Early Voting Hand-Count Audit Report

Dorchester County

Section A: Election & Equipment Detail	Election Type:	Special Election	Election Date:	Tuesday, April 2, 2024
Precinct Name:	All Precincts		Polling Location:	Christ Community Lutheran Church
Tabulation Device:	DS200		Device/Unit Serial #:	0319342150
Is this a primary involving both political parties?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Is the chosen contest split precinct (not precinct-wide)?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Does the chosen contest allow for multiple votes?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	


Note, if Y to any question, the total ballots cast may not equal the total votes cast.

Section B: Audit Detail				
Audit Location:	Elections Warehouse		Names of Examiners*:	Kizzie M. Scott (lead)
Audit Date:	Thursday, April 4, 2024		*Must have at least two.	Delphine Jones
Start Time:	10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Vernell Lee
End Time:	10:13	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Christine White

Section C: Ballots Cast			Total Ballots Cast from Hand Count	Total Ballots Cast from Results Tape
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>			2	2

Section D: Votes Cast	Audited Contest: State House of Representatives District 109			
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>			Total Votes Cast from Hand Count	Total Votes Cast from Results Tape
Contestant:				
DEM Tiffany Spann-Wilder			1	1
Click or tap here to enter text.			Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.			Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.			Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.			Click or tap here to enter text.	Click or tap here to enter text.
Write-In Votes			1	1
Undervotes (no selection)			Click or tap here to enter text.	Click or tap here to enter text.

Comments: There were no undervotes.

Section E: Attestation				
<p>I <u>Kizzie M. Scott,</u> _____ hereby certify that the information contained herein is accurate and was obtained by an audit of the original ballots cast in this precinct/voting center for this election, which I have reviewed this day.</p> <p>Signature:  _____ Date: <u>Thursday, April 4, 2024</u></p>				

Election Day Hand-Count Audit Report

Dorchester County

Section A: Election & Equipment Detail	Election Type:	Special Election	Election Date:	Tuesday, April 2, 2024
Precinct Name:	Archdale		Polling Location:	Dorchester County Library - NCB
Tabulation Device:	DS200		Device/Unit Serial #:	0319351743
Is this a primary involving both political parties?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Is the chosen contest split precinct (not precinct-wide)?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Does the chosen contest allow for multiple votes?			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	


Note, if Y to any question, the total ballots cast may not equal the total votes cast.

Section B: Audit Detail				
Audit Location:	Elections Warehouse		Names of Examiners*:	Kizzie M. Scott (lead)
Audit Date:	Thursday, April 4, 2024		*Must have at least two.	Delphine Jones
Start Time:	10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Vernell Lee
End Time:	10:13	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Christine White

Section C: Ballots Cast			Total Ballots Cast from Hand Count	Total Ballots Cast from Results Tape
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>			4	4

Section D: Votes Cast	Audited Contest: State House of Representatives District 109		
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>		Total Votes Cast from Hand Count	Total Votes Cast from Results Tape
Contestant:			
DEM Tiffany Spann-Wilder	4	4	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	
Write-In Votes	0	0	
Undervotes (no selection)	0	0	

Comments: There were no write-ins or undervotes.

Section E: Attestation			
<p>I <u>Kizzie M. Scott,</u> hereby certify that the information contained herein is accurate and was obtained by an audit of the original ballots cast in this precinct/voting center for this election, which I have reviewed this day.</p> <p>Signature: <u></u> Date: <u>Thursday, April 4, 2024</u></p>			

Election Day Hand-Count Audit Report

Dorchester County

Section A: Election & Equipment Detail	Election Type: Special Election	Election Date: Tuesday, April 2, 2024
Precinct Name:	Patriot	Polling Location: Dorchester County Library - NCB
Tabulation Device:	DS200	Device/Unit Serial #: 0319351743
Is this a primary involving both political parties?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<i>Note, if Y to any question, the total ballots cast may not equal the total votes cast.</i>
Is the chosen contest split precinct (not precinct-wide)?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Does the chosen contest allow for multiple votes?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Section B: Audit Detail			
Audit Location:	Elections Warehouse	Names of Examiners*:	Kizzie M. Scott (lead)
Audit Date:	Thursday, April 4, 2024	*Must have at least two.	Delphine Jones
Start Time:	10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Vernell Lee
End Time:	10:13 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Christine White

Section C: Ballots Cast	Total Ballots Cast from Hand Count	Total Ballots Cast from Results Tape
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>	3	3

Section D: Votes Cast	Audited Contest: State House of Representatives District 109	
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>	Total Votes Cast from Hand Count	Total Votes Cast from Results Tape
Contestant:		
DEM Tiffany Spann-Wilder	3	3
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Write-In Votes	0	0
Undervotes (no selection)	0	0

Comments: There were no write-ins or undervotes.

Section E: Attestation		
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I Kizzie M. Scott, hereby certify that the information contained herein is accurate and was obtained by an audit of the original ballots cast in this precinct/voting center for this election, which I have reviewed this day.

Signature:

Date: Thursday, April 4, 2024

Election Day Hand-Count Audit Report

Dorchester County

Section A: Election & Equipment Detail	Election Type: Special Election	Election Date: Tuesday, April 2, 2024
Precinct Name:	Windsor 2	Polling Location: Windsor Hill Elementary School
Tabulation Device:	DS200	Device/Unit Serial #: 0319351761
Is this a primary involving both political parties?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<i>Note, if Y to any question, the total ballots cast may <u>not</u> equal the total votes cast.</i>
Is the chosen contest split precinct (not precinct-wide)?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Does the chosen contest allow for multiple votes?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Section B: Audit Detail			
Audit Location:	Elections Warehouse	Names of Examiners*:	Kizzie M. Scott (lead)
Audit Date:	Thursday, April 4, 2024		Delphine Jones
Start Time:	10:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	*Must have at least two.
End Time:	10:13	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
			Christine White

Section C: Ballots Cast	Total Ballots Cast from Hand Count	Total Ballots Cast from Results Tape
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>	11	11

Section D: Votes Cast	Audited Contest: State House of Representatives District 109	
<i>Audit must be completed as a blind count, meaning the hand count must occur before the total is identified on the results tape.</i>	Total Votes Cast from Hand Count	Total Votes Cast from Results Tape
Contestant:		
DEM Tiffany Spann-Wilder	11	11
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Write-In Votes	0	0
Undervotes (no selection)	0	0

Comments: There were no write-ins or undervotes.

Section E: Attestation		
<p>I Kizzie M. Scott, _____ hereby certify that the information contained herein is accurate and was obtained by an audit of the original ballots cast in this precinct/voting center for this election, which I have reviewed this day.</p>		
Signature:	Date: <u>Thursday, April 4, 2024</u>	