STATE OF COLORADO
Department of State

1700 Broadway, Suite 270
Denver, CO 80290

Gigi Dennis
Secretary of State

Patti Fredrick
Director, Colorado HAVA

Attn: Linda Ragle
County Clerk and Recorder

COUNTY: HINSDALE

Pursuant to Section 1-7-514 C.R.S. and Election Rule 11, the following election devices have been selected for Random Audit for the 2005 Coordinated Election. Please follow the instructions in Rule 11 to determine the method for conducting the post-election audit. Additional help is available on our web site, or you can contact John Gardner at (303) 860-6971 for additional information.

The following table lists the EQUIPMENT that has been randomly selected for auditing:

Make/Model	Type	Use:	Serial #	Location Used:	Race Name to Audit:	Machine Count:	Manual/Hand Count:	Canvass Board Initials
Accuvote OS	Scanner	Absentee Central Count	80659	Central Office	Referendum C - No	1	1	BC, HS, JR, EB, LR
Accuvote OS	Scanner	Absentee Central Count	80659	Central Office	School District RE1, Director (4 year) - Bradstreet-McNitt	2	2	BC, HS, JR, EB, LR
Accuvote OS	Scanner	Absentee Central Count	80659	Central Office	School District RE1, Director (4 year) - Nettleton	2	2	BC, HS, JR, EB, LR
Accuvote OS	Scanner	Absentee Central Count	80659	Central Office	School District RE1, Director (4 year) - Hudgeons	3	3	BC, HS, JR, EB, LR
Accuvote OS	Scanner	Absentee Central Count	80659	Central Office	Referendum C - Yes	3	3	BC, HS, JR, EB, LR

NOTE: If the RACES selected were not counted on that device or do not appear in the central count ballot selection, the Canvass board shall audit "Referendum C" or "Referendum D" in place of the missing races. Please mark the form appropriately. If the MACHINES selected were not used in the election, please contact JOHN GARDNER (303) 860-6971 as soon as possible.

Please complete the highlighted fields in the attached table and fax, or e-mail the form back to the Secretary of State at: voting.systems@sos.state.co.us. This form must be returned no later than: 5:00pm November 18, 2005.

For Internal Use Only

Phone Number: _____

E-mailed by (name): _____
Email Date and Time: _____
Email Address: _____
(Attach copy of E-mail)

Faxed by (name): _____
Faxed Date and Time: _____
Fax Number: _____
(Attach copy of fax confirmation)