

Envelope for Spoiled Ballots for the _____
General _____ Election held on
_____ 11/08 _____, 20 22
Election Precinct No. _____ 1-1
Van Zandt _____ County, Texas.

SPOILED BALLOTS

This envelope contains all spoiled ballots which were returned by voters for another ballot. The ballots contained in this envelope have been registered on the Register of Spoiled Ballots and on the Official Ballot Register. Place in Ballot Box No. 4 with ballots and supplies not used.

Envelope Color: Gold

Spoiled Ballot Log

page ____ of ____

Election Name:		Voting Type <i>(Early Voting or Election Day)</i> :
Polling Place Name:		

Record all ballots spoiled (paper and electronic). Check all boxes that apply. If more than one ballot is spoiled for a single voter, record each instance separately.

- If a printed ballot was spoiled, check **Paper**.
- If a ballot was spoiled electronically on the device (Duo, Touch Writer, or Touch), check **Electronic**.
- If a new preprinted ballot was issued, or a new access code was issued/electronic ballot was activated, check **Replacement Ballot** or **Access Code Issued/Activated**.
- If replacement blank ballot paper (Duo/Touch Writer) was issued to the voter, check **Replacement Blank Paper Provided**.

Date/Time	Spoiled By <i>(Initials)</i>	Reason	Paper <i>(check if yes)</i>	Electronic <i>(check if yes)</i>	Replacement Ballot or Access Code Issued/Activated <i>(check if yes)</i>	Replacement Blank Paper Provided <i>(check if yes)</i>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>