

ELECTION VOTING AND REGISTRATION STATISTICS REPORT

Complete and Submit for EACH Reporting Unit

Keep one copy of this form for your municipal records, and send TWO copies to your County Clerk.

Municipal Clerks **must complete this GAB-190 form within 30 days after each Primary and Election** for state, federal office or statewide referendum, including any special election for a state office. If a municipality is split by counties, a separate report must be completed for each county. If you have any questions about completing this form, call an Elections Specialist at **608/ 266-8005**.

Date of Primary or Election: _____ Check one: Town Village City

County: _____ Municipality: _____ Reporting Unit: _____

Completed by: _____ Title: _____

Has clerk information changed since last election? YES NO

Name of municipal clerk (please print): _____

Daytime telephone: _____ Fax: _____

Email: _____ Date sent to county: _____

ELECTOR'S PARTICIPATION

1) **Total Ballots Cast.** How many ballots were cast?

2) **Total Electors.** How many electors voted in the election?.....

3) **Are There More Ballots Than Electors?** YES NO

If YES, how many more?

4) **Absentee Electors.** How many ballots, excluding military and overseas, were:

a) Issued?.....

b) Returned Undeliverable?.....

c) Returned to be Counted?.....

d) Counted?

e) Rejected or Late?.....

5) **Military Electors.** How many ballots, excluding FWAB, were:

a) Issued?.....

b) Returned Undeliverable?.....

c) Returned to be Counted?.....

d) Counted?

e) Rejected or Late?.....

- 6) **Overseas Electors.** How many ballots, excluding FWAB, were:
- a) Issued?
 - b) Returned Undeliverable?.....
 - c) Returned to be Counted?.....
 - d) Counted?
 - e) Rejected or Late?.....

- 7) **FWAB.** How many Federal Write-In Absentee Ballots were:
- a) Received to be Counted?.....
 - b) Counted?
 - c) Rejected or Late?.....

- 8) **Registrants.** Total number of active voters **as of** Mar 18, 2009
- 9) **Late Registrants.** Number of voters registered **between** Mar 19-Apr 6, 2009.. ..
- 10) **Election-Day Registrants.** Number of voters registered **on** Apr 7, 2009

- 11) **Provisional Ballots.** How many ballots were:
- a) Cast?
 - b) Counted?
 - c) Rejected?

12) **Total Number of Votes Cast On:**
 Paper Ballots: ____ . Optical Scan Ballots: ____ . DRE/(TouchScreen)/AutoMARK: _____

- 13) **Ballots Counted at:** **Polling Place**
 Polling Place with Central Count Absentee
 Central Count

14) **Voting Equipment** (how many of each type of machine is used in this Reporting Unit):
Note: Required only if information has changed since previous report.
 Optical Scan: _____; DRE (TouchScreen)/AutoMARK: _____
 Model: _____ . Version: _____ . Vendor: _____