

SBOE Staff First Names: _____ and _____

Candidate	Office/Dist	Party	Objector	Vol #	Page #
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NUMBER OF SIGNATURES CLAIMED ON PAGE IN WITNESS STATEMENT

STAFF REVIEW OF (Line by Line) OBJECTIONS.
 Enter "G" if the Objection is Good (the signature is "out"). Enter "B" if the Objection is Bad (the signature is "in").

Line	Not Registered	Not Enrolled	Address Wrong or Incomplete	Town/City Wrong or Missing	Other Objection (code)	Other Objection (code)	Notes	Check if Signature is OUT	Hearing Officer Review
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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16									
17									
18									
19									
20									

TOTAL Number of Signatures OUT: LINE BY LINE

STAFF REVIEW OF (Subscribing Witness) OBJECTIONS.
 Enter "G" if the Objection is Good (the signature is "out"). Enter "B" if the Objection is Bad (the signature is "in").

Not Registered	Not Enrolled	Address Wrong or Incomplete	Town/ City Wrong or Missing	Other Objection (code)	Other Objection (code)	Notes	Check if page is out	Hearing Officer Review

TOTAL Number of Signatures OUT: WITNESS OBJECTIONS