Clear Ballot

1. **How would you describe your interaction with the ADA ballot marking device?**

   ☐ Very Good ☐ Good ☐ Neutral ☐ Poor ☐ Very Poor

2. **How would you describe the transition from using the ADA ballot-marking device to printing your ADA ballot?**

   ☐ Very Good ☐ Good ☐ Neutral ☐ Poor ☐ Very Poor

3. **How would you describe your interaction with the ballot scanning device?**

   ☐ Very Good ☐ Good ☐ Neutral ☐ Poor ☐ Very Poor

4. **What is your overall opinion of the voting equipment you interacted with from Clear Ballot?**

   ☐ Very Good ☐ Good ☐ Neutral ☐ Poor ☐ Very Poor

COMMENTS/Suggestions:_____

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