

Wanda Murren, communications director for the Pennsylvania Department of State, told ABC News the governor and the department "are continuing to discuss options... in consultation with the Department of Health, the legislature and the counties."

"Our collective goal at this time is to maintain the security of our election and people's fundamental right to vote while at the same time protecting the health and safety of all Pennsylvanians," she said, encouraging voters to apply for a mail-in ballot.

Any voter not eligible for an absentee ballot can request a mail-in ballot in Pennsylvania. Voters can apply online, by mail or by visiting their county election office. Applications must be received by 5 p.m. on April 21, one week before the election.

On Tuesday, the Rhode Island Board of Elections voted to ask Gov. Gina Raimondo to postpone the election until June 2, and make the primary predominantly vote-by-mail, and sending all registered voters applications to apply for a ballot, and giving them a stamp to return the applications. Bob Rapoza, executive director for the Board of Elections, said there would still be polls open in every town and city, but probably only one per locale.

"If we open up polls as we normally would on April 28, we would have a tremendously hard time to recruit poll workers for one, and some of our polling places are in nursing homes and other complexes where we would probably be asked to leave to go somewhere else," Rapoza told ABC News.



 Rhode Island Governor Gina M. Raimondo speaks during an Interfaith Coalition to Reduce Poverty Vigil at the Rhode Island State... [more](#)

Barry Chin/The Boston Globe via Getty Images, FILE

While Rapoza was hopeful the governor would agree to change the date, Raimondo has not made a decision yet.

"The Rhode Island primary is still more than a month away, and the Governor's top priority is protecting the immediate public health and safety of Rhode Islanders. She is open to the idea of moving the election date and will rely on guidance from public health and election officials to inform that decision," her press secretary, Josh Block, told ABC News Thursday.

Even without these changes, Rhode Island voters don't need an excuse to vote-by-mail, but in New York, second only to California in total delegates up for grabs in the Democratic primary, that's not the case.

According to the New York Board of Elections, voters must meet one of the following criteria in order to vote with an absentee ballot: be out of their

county or New York City on Election Day, be unable to go to the polls because they are sick or are caring for someone who is sick or physically disabled, be a resident or patient of a Veterans Health Administration Hospital, or be in jail awaiting action from a Grand Jury or be in prison for a non-felony conviction.

+ MORE: Trump announces potential 'game changer' on drugs to treat novel coronavirus, but FDA says more study is needed

There is currently no other vote-by-mail option in the state. New York is scheduled to do in-person early voting from April 18 through April 26.

ABC News left two messages for public information officers at the New York Board of Elections, but never received a call back.

While it doesn't vote until May 12, West Virginia, however, has already taken action to change who can vote absentee.

"While the Governor's declaration of emergency remains in place, we thus conclude that the Secretary may take emergency measures like (allowing broader access to absentee, by mail voting) that help ensure voter access and election integrity in the primary election," a [legal opinion](#) from Attorney General Patrick Morrisey read.

ABC News' Kendall Karson and Alisa Wiersema contributed reporting to this story.

 Comments (0)



EXHIBIT 48

Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020

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On April 8, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

Since SARS-CoV-2, the novel coronavirus that causes coronavirus disease 2019 (COVID-19), was first detected in December 2019 (1), approximately 1.3 million cases have been reported worldwide (2), including approximately 330,000 in the United States (3). To conduct population-based surveillance for laboratory-confirmed COVID-19–associated hospitalizations in the United States, the COVID-19–Associated Hospitalization Surveillance Network (COVID-NET) was created using the existing infrastructure of the Influenza Hospitalization Surveillance Network (FluSurv-NET) (4) and the Respiratory Syncytial Virus Hospitalization Surveillance Network (RSV-NET). This report presents age-stratified COVID-19–associated hospitalization rates for patients admitted during March 1–28, 2020, and clinical data on patients admitted during March 1–30, 2020, the first month of U.S. surveillance. Among 1,482 patients hospitalized with COVID-19, 74.5% were aged ≥50 years, and 54.4% were male. The hospitalization rate among patients identified through COVID-NET during this 4-week period was 4.6 per 100,000 population. Rates were highest (13.8) among adults aged ≥65 years. Among 178 (12%) adult patients with data on underlying conditions as of March 30, 2020, 89.3% had one or more underlying conditions; the most common were hypertension (49.7%), obesity (48.3%), chronic lung disease (34.6%), diabetes mellitus (28.3%), and cardiovascular disease (27.8%). These findings suggest that older adults have elevated rates of COVID-19–associated hospitalization and the majority of persons hospitalized with COVID-19 have underlying medical conditions. These findings underscore the importance of preventive measures (e.g., social distancing, respiratory hygiene, and wearing face coverings in public settings where social distancing measures are difficult to maintain)[†] to protect older adults and persons with underlying medical conditions,

as well as the general public. In addition, older adults and persons with serious underlying medical conditions should avoid contact with persons who are ill and immediately contact their health care provider(s) if they have symptoms consistent with COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) (5). Ongoing monitoring of hospitalization rates, clinical characteristics, and outcomes of hospitalized patients will be important to better understand the evolving epidemiology of COVID-19 in the United States and the clinical spectrum of disease, and to help guide planning and prioritization of health care system resources.

COVID-NET conducts population-based surveillance for laboratory-confirmed COVID-19–associated hospitalizations among persons of all ages in 99 counties in 14 states (California, Colorado, Connecticut, Georgia, Iowa, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah), distributed across all 10 U.S. Department of Health and Human Services regions.[§] The catchment area represents approximately 10% of the U.S. population. Patients must be residents of a designated COVID-NET catchment area and hospitalized within 14 days of a positive SARS-CoV-2 test to meet the surveillance case definition. Testing is requested at the discretion of treating health care providers. Laboratory-confirmed SARS-CoV-2 is defined as a positive result by any test that has received Emergency Use Authorization for SARS-CoV-2 testing.[¶] COVID-NET surveillance officers in each state identify cases through active review of notifiable disease and laboratory databases and hospital admission and infection control practitioner logs. Weekly age-stratified hospitalization rates are estimated using the number of catchment area residents hospitalized with laboratory-confirmed COVID-19 as the numerator and National Center for Health Statistics vintage 2018 bridged-race postcensal population estimates for the denominator.^{**} As of April 3, 2020, COVID-NET

[§] <https://www.hhs.gov/about/agencies/iea/regional-offices/index.html>.

[¶] <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>.

^{**} https://www.cdc.gov/nchs/nvss/bridged_race.htm.

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[†] <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

hospitalization rates are being published each week at https://gis.cdc.gov/grasp/covidnet/COVID19_3.html. For each case, trained surveillance officers conduct medical chart abstractions using a standard case report form to collect data on patient characteristics, underlying medical conditions, clinical course, and outcomes. Chart reviews are finalized once patients have a discharge disposition. COVID-NET surveillance was initiated on March 23, 2020, with retrospective case identification of patients admitted during March 1–22, 2020, and prospective case identification during March 23–30, 2020. Clinical data on underlying conditions and symptoms at admission are presented through March 30; hospitalization rates are updated weekly and, therefore, are presented through March 28 (epidemiologic week 13).

The COVID-19–associated hospitalization rate among patients identified through COVID-NET for the 4-week period ending March 28, 2020, was 4.6 per 100,000 population (Figure 1). Hospitalization rates increased with age, with a rate of 0.3 in persons aged 0–4 years, 0.1 in those aged 5–17 years, 2.5 in those aged 18–49 years, 7.4 in those aged 50–64 years, and 13.8 in those aged ≥65 years. Rates were highest among persons aged ≥65 years, ranging from 12.2 in those aged 65–74 years to 17.2 in those aged ≥85 years. More than half (805; 54.4%) of hospitalizations occurred among men; COVID-19–associated hospitalization rates were higher among males than among females (5.1 versus 4.1 per 100,000 population). Among the 1,482 laboratory-confirmed COVID-19–associated hospitalizations reported through COVID-NET, six (0.4%) each were patients aged 0–4 years and 5–17 years, 366 (24.7%) were aged 18–49 years, 461 (31.1%) were aged 50–64 years, and 643 (43.4%) were aged ≥65 years. Among patients with race/ethnicity data (580), 261 (45.0%) were non-Hispanic white (white), 192 (33.1%) were non-Hispanic black (black), 47 (8.1%) were Hispanic, 32 (5.5%) were Asian, two (0.3%) were American Indian/Alaskan Native, and 46 (7.9%) were of other or unknown race. Rates varied widely by COVID-NET surveillance site (Figure 2).

During March 1–30, underlying medical conditions and symptoms at admission were reported through COVID-NET for approximately 180 (12.1%) hospitalized adults (Table); 89.3% had one or more underlying conditions. The most commonly reported were hypertension (49.7%), obesity (48.3%), chronic lung disease (34.6%), diabetes mellitus (28.3%), and cardiovascular disease (27.8%). Among patients aged 18–49 years, obesity was the most prevalent underlying condition, followed by chronic lung disease (primarily asthma) and diabetes mellitus. Among patients aged 50–64 years, obesity was most prevalent, followed by hypertension and diabetes mellitus; and among those aged ≥65 years, hypertension was most prevalent, followed by cardiovascular disease and diabetes

mellitus. Among 33 females aged 15–49 years hospitalized with COVID-19, three (9.1%) were pregnant. Among 167 patients with available data, the median interval from symptom onset to admission was 7 days (interquartile range [IQR] = 3–9 days). The most common signs and symptoms at admission included cough (86.1%), fever or chills (85.0%), and shortness of breath (80.0%). Gastrointestinal symptoms were also common; 26.7% had diarrhea, and 24.4% had nausea or vomiting.

Discussion

During March 1–28, 2020, the overall laboratory-confirmed COVID-19–associated hospitalization rate was 4.6 per 100,000 population; rates increased with age, with the highest rates among adults aged ≥65 years. Approximately 90% of hospitalized patients identified through COVID-NET had one or more underlying conditions, the most common being obesity, hypertension, chronic lung disease, diabetes mellitus, and cardiovascular disease.

Using the existing infrastructure of two respiratory virus surveillance platforms, COVID-NET was implemented to produce robust, weekly, age-stratified hospitalization rates using standardized data collection methods. These data are being used, along with data from other surveillance platforms (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview.html>), to monitor COVID-19 disease activity and severity in the United States. During the first month of surveillance, COVID-NET hospitalization rates ranged from 0.1 per 100,000 population in persons aged 5–17 years to 17.2 per 100,000 population in adults aged ≥85 years, whereas cumulative influenza hospitalization rates during the first 4 weeks of each influenza season (epidemiologic weeks 40–43) over the past 5 seasons have ranged from 0.1 in persons aged 5–17 years to 2.2–5.4 in adults aged ≥85 years (6). COVID-NET rates during this first 4-week period of surveillance are preliminary and should be interpreted with caution; given the rapidly evolving nature of the COVID-19 pandemic, rates are expected to increase as additional cases are identified and as SARS-CoV-2 testing capacity in the United States increases.

In the COVID-NET catchment population, approximately 49% of residents are male and 51% of residents are female, whereas 54% of COVID-19–associated hospitalizations occurred in males and 46% occurred in females. These data suggest that males may be disproportionately affected by COVID-19 compared with females. Similarly, in the COVID-NET catchment population, approximately 59% of residents are white, 18% are black, and 14% are Hispanic; however, among 580 hospitalized COVID-19 patients with race/ethnicity data, approximately 45% were white, 33% were black, and 8% were Hispanic, suggesting that black populations might be disproportionately affected by COVID-19. These findings, including the potential impact of both sex and

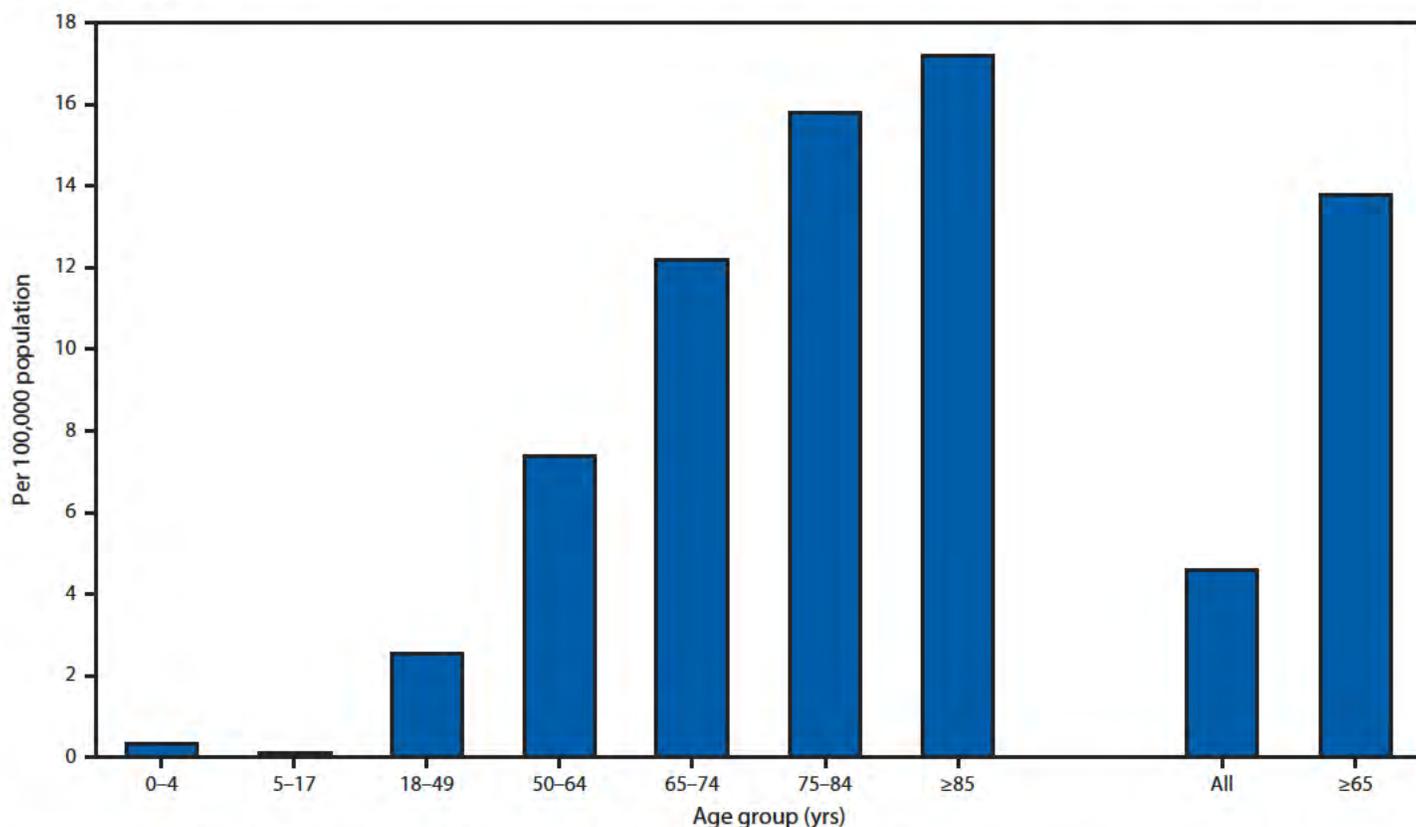
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race on COVID-19-associated hospitalization rates, need to be confirmed with additional data.

Most of the hospitalized patients had underlying conditions, some of which are recognized to be associated with severe COVID-19 disease, including chronic lung disease, cardiovascular disease, diabetes mellitus (5). COVID-NET does not collect data on nonhospitalized patients; thus, it was not possible to compare the prevalence of underlying conditions in hospitalized versus nonhospitalized patients. Many of the documented underlying conditions among hospitalized COVID-19 patients are highly prevalent in the United States. According to data from the National Health and Nutrition Examination Survey, hypertension prevalence among U.S. adults is 29% overall, ranging from 7.5%–63% across age groups (7), and age-adjusted obesity prevalence is 42% (range

across age groups = 40%–43%) (8). Among hospitalized COVID-19 patients, hypertension prevalence was 50% (range across age groups = 18%–73%), and obesity prevalence was 48% (range across age groups = 41%–59%). In addition, the prevalences of several underlying conditions identified through COVID-NET were similar to those for hospitalized influenza patients identified through FluSurv-NET during influenza seasons 2014–15 through 2018–19: 41%–51% of patients had cardiovascular disease (excluding hypertension), 39%–45% had chronic metabolic disease, 33%–40% had obesity, and 29%–31% had chronic lung disease (6). Data on hypertension are not collected by FluSurv-NET. Among women aged 15–49 years hospitalized with COVID-19 and identified through COVID-NET, 9% were pregnant, which is similar to an estimated 9.9% of the general population

FIGURE 1. Laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalization rates,* by age group — COVID-NET, 14 states,† March 1–28, 2020

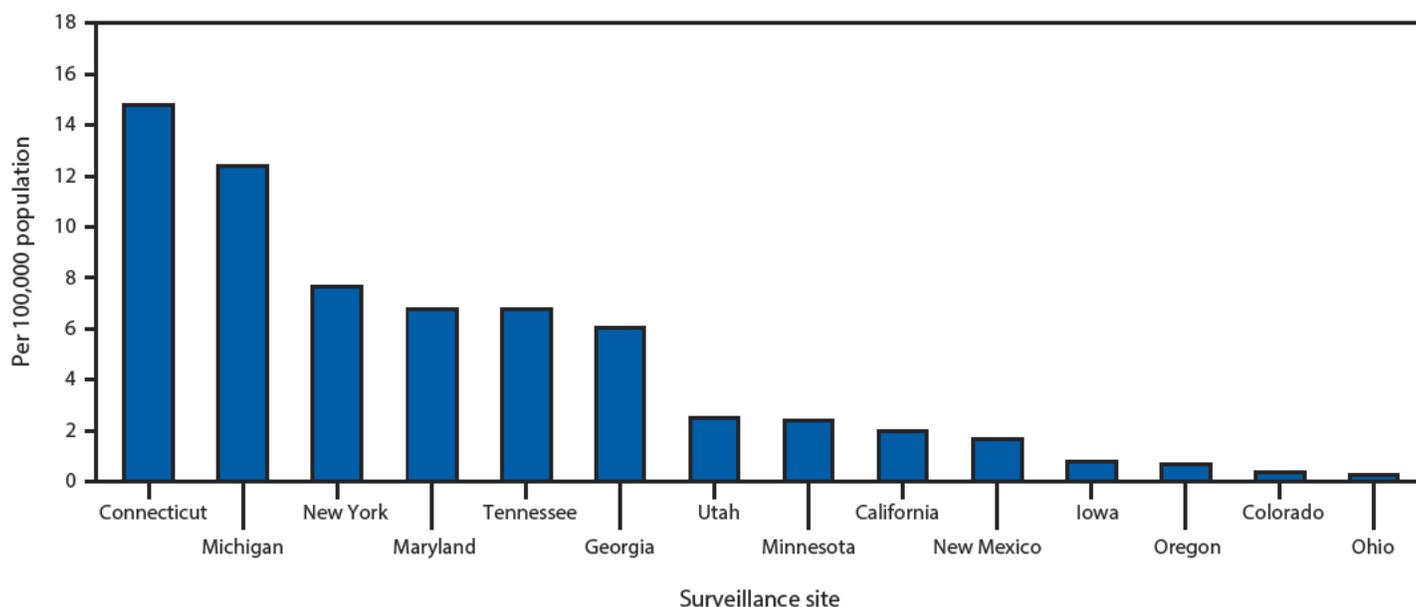


Abbreviation: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network.

* Number of patients hospitalized with COVID-19 per 100,000 population.

† Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

FIGURE 2. Laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalization rates,* by surveillance site†— COVID-NET, 14 states, March 1–28, 2020



Abbreviation: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network.

* Number of patients hospitalized with COVID-19 per 100,000 population.

† Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George’s, Queen Anne’s, St. Mary’s, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

of women aged 15–44 years who are pregnant at any given time based on 2010 data.^{††} Similar to other reports from the United States (9) and China (1), these findings indicate that a high proportion of U.S. patients hospitalized with COVID-19 are older and have underlying medical conditions.

The findings in this report are subject to at least three limitations. First, hospitalization rates by age and COVID-NET site are preliminary and might change as additional cases are identified from this surveillance period. Second, whereas minimum case data to produce weekly age-stratified hospitalization rates are usually available within 7 days of case identification, availability of detailed clinical data are delayed because of the need for medical chart abstractions. As of March 30, chart abstractions had been conducted for approximately 200 COVID-19 patients; the frequency and distribution of underlying conditions during this time might change as additional data become available. Clinical course and outcomes will be presented once the number of cases with complete medical chart abstractions are sufficient; many patients are still hospitalized at the time of this report. Finally, testing for SARS-CoV-2 among patients

identified through COVID-NET is performed at the discretion of treating health care providers, and testing practices and capabilities might vary widely across providers and facilities. As a result, underascertainment of cases in COVID-NET is likely. Additional data on testing practices related to SARS-CoV-2 will be collected in the future to account for underascertainment using described methods (10).

Early data from COVID-NET suggest that COVID-19–associated hospitalizations in the United States are highest among older adults, and nearly 90% of persons hospitalized have one or more underlying medical conditions. These findings underscore the importance of preventive measures (e.g., social distancing, respiratory hygiene, and wearing face coverings in public settings where social distancing measures are difficult to maintain) to protect older adults and persons with underlying medical conditions. Ongoing monitoring of hospitalization rates, clinical characteristics, and outcomes of hospitalized patients will be important to better understand the evolving epidemiology of COVID-19 in the United States and the clinical spectrum of disease, and to help guide planning and prioritization of health care system resources.

^{††} https://www.cdc.gov/nchs/data/hestat/pregnancy/2010_pregnancy_rates.htm.

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TABLE. Underlying conditions and symptoms among adults aged ≥18 years with coronavirus disease 2019 (COVID-19)–associated hospitalizations — COVID-NET, 14 states,* March 1–30, 2020†

Underlying condition	Age group (yrs), no /total no. (%)			
	Overall	18–49	50–64	≥65 years
Any underlying condition	159/178 (89.3)	41/48 (85.4)	51/59 (86.4)	67/71 (94.4)
Hypertension	79/159 (49.7)	7/40 (17.5)	27/57 (47.4)	45/62 (72.6)
Obesity [§]	73/151 (48.3)	23/39 (59.0)	25/51 (49.0)	25/61 (41.0)
Chronic metabolic disease [¶]	60/166 (36.1)	10/46 (21.7)	21/56 (37.5)	29/64 (45.3)
Diabetes mellitus	47/166 (28.3)	9/46 (19.6)	18/56 (32.1)	20/64 (31.3)
Chronic lung disease	55/159 (34.6)	16/44 (36.4)	15/53 (28.3)	24/62 (38.7)
Asthma	27/159 (17.0)	12/44 (27.3)	7/53 (13.2)	8/62 (12.9)
Chronic obstructive pulmonary disease	17/159 (10.7)	0/44 (0.0)	3/53 (5.7)	14/62 (22.6)
Cardiovascular disease**	45/162 (27.8)	2/43 (4.7)	11/56 (19.6)	32/63 (50.8)
Coronary artery disease	23/162 (14.2)	0/43 (0.0)	7/56 (12.5)	16/63 (25.4)
Congestive heart failure	11/162 (6.8)	2/43 (4.7)	3/56 (5.4)	6/63 (9.5)
Neurologic disease	22/157 (14.0)	4/42 (9.5)	4/55 (7.3)	14/60 (23.3)
Renal disease	20/153 (13.1)	3/41 (7.3)	2/53 (3.8)	15/59 (25.4)
Immunosuppressive condition	15/156 (9.6)	5/43 (11.6)	4/54 (7.4)	6/59 (10.2)
Gastrointestinal/Liver disease	10/152 (6.6)	4/42 (9.5)	0/54 (0.0)	6/56 (10.7)
Blood disorder	9/156 (5.8)	1/43 (2.3)	1/55 (1.8)	7/58 (12.1)
Rheumatologic/Autoimmune disease	3/154 (1.9)	1/42 (2.4)	0/54 (0.0)	2/58 (3.4)
Pregnancy ^{††}	3/33 (9.1)	3/33 (9.1)	N/A	N/A
Symptom^{§§}				
Cough	155/180 (86.1)	43/47 (91.5)	54/60 (90.0)	58/73 (79.5)
Fever/Chills	153/180 (85.0)	38/47 (80.9)	53/60 (88.3)	62/73 (84.9)
Shortness of breath	144/180 (80.0)	40/47 (85.1)	50/60 (83.3)	54/73 (74.0)
Myalgia	62/180 (34.4)	20/47 (42.6)	23/60 (38.3)	19/73 (26.0)
Diarrhea	48/180 (26.7)	10/47 (21.3)	17/60 (28.3)	21/73 (28.8)
Nausea/Vomiting	44/180 (24.4)	12/47 (25.5)	17/60 (28.3)	15/73 (20.5)
Sore throat	32/180 (17.8)	8/47 (17.0)	13/60 (21.7)	11/73 (15.1)
Headache	29/180 (16.1)	10/47 (21.3)	12/60 (20.0)	7/73 (9.6)
Nasal congestion/Rhinorrhea	29/180 (16.1)	8/47 (17.0)	13/60 (21.7)	8/73 (11.0)
Chest pain	27/180 (15.0)	9/47 (19.1)	13/60 (21.7)	5/73 (6.8)
Abdominal pain	15/180 (8.3)	6/47 (12.8)	6/60 (10.0)	3/73 (4.1)
Wheezing	12/180 (6.7)	3/47 (6.4)	2/60 (3.3)	7/73 (9.6)
Altered mental status/Confusion	11/180 (6.1)	3/47 (6.4)	2/60 (3.3)	6/73 (8.2)

Abbreviations: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network; N/A = not applicable.

* Counties included in COVID-NET surveillance: California (Alameda, Contra Costa, and San Francisco counties); Colorado (Adams, Arapahoe, Denver, Douglas, and Jefferson counties); Connecticut (New Haven and Middlesex counties); Georgia (Clayton, Cobb, DeKalb, Douglas, Fulton, Gwinnett, Newton, and Rockdale counties); Iowa (one county represented); Maryland (Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester counties); Michigan (Clinton, Eaton, Genesee, Ingham, and Washtenaw counties); Minnesota (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties); New Mexico (Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe counties); New York (Albany, Columbia, Genesee, Greene, Livingston, Monroe, Montgomery, Ontario, Orleans, Rensselaer, Saratoga, Schenectady, Schoharie, Wayne, and Yates counties); Ohio (Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway and Union counties); Oregon (Clackamas, Multnomah, and Washington counties); Tennessee (Cheatham, Davidson, Dickson, Robertson, Rutherford, Sumner, Williamson, and Wilson counties); and Utah (Salt Lake County).

† COVID-NET included data for one child aged 5–17 years with underlying medical conditions and symptoms at admission; data for this child are not included in this table. This child was reported to have chronic lung disease (asthma). Symptoms included fever, cough, gastrointestinal symptoms, shortness of breath, chest pain, and a sore throat on admission.

§ Obesity is defined as calculated body mass index (BMI) ≥30 kg/m², and if BMI is missing, by International Classification of Diseases discharge diagnosis codes. Among 73 patients with obesity, 51 (69.9%) had obesity defined as BMI 30–<40 kg/m², and 22 (30.1%) had severe obesity defined as BMI ≥40 kg/m².

¶ Among the 60 patients with chronic metabolic disease, 45 had diabetes mellitus only, 13 had thyroid dysfunction only, and two had diabetes mellitus and thyroid dysfunction.

** Cardiovascular disease excludes hypertension.

†† Restricted to women aged 15–49 years.

§§ Symptoms were collected through review of admission history and physical exam notes in the medical record and might be determined by subjective or objective findings. In addition to the symptoms in the table, the following less commonly reported symptoms were also noted for adults with information on symptoms (180): hemoptysis/bloody sputum (2.2%), rash (1.1%), conjunctivitis (0.6%), and seizure (0.6%).

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Summary**What is already known about this topic?**

Population-based rates of laboratory-confirmed coronavirus disease 2019 (COVID-19)-associated hospitalizations are lacking in the United States.

What is added by this report?

COVID-NET was implemented to produce robust, weekly, age-stratified COVID-19-associated hospitalization rates. Hospitalization rates increase with age and are highest among older adults; the majority of hospitalized patients have underlying conditions.

What are the implications for public health practice?

Strategies to prevent COVID-19, including social distancing, respiratory hygiene, and face coverings in public settings where social distancing measures are difficult to maintain, are particularly important to protect older adults and those with underlying conditions. Ongoing monitoring of hospitalization rates is critical to understanding the evolving epidemiology of COVID-19 in the United States and to guide planning and prioritization of health care resources.

Jim Collins, Kimberly Fox, Sam Hawkins, Shannon Johnson, Libby Reeg, Michigan Department of Health and Human Services; Erica Bye, Richard Danila, Kristen Ehresmann, Melissa McMahon, Kirk Smith, Maureen Sullivan, Minnesota Department of Health; Cory Cline, New Mexico Department of Health; Kathy Angeles, Lisa Butler, Emily Hancock, Sarah Khanlian, Meaghan Novi, University of New Mexico Emerging Infections Program; Grant Barney, Suzanne McGuire, Nancy Spina, New York State Department of Health; Sophrena Bushey, Christina Felsen, Maria Gaitan, RaeAnne Kurtz, Christine Long, Marissa Tracy, University of Rochester School of Medicine and Dentistry; Nicholas Fisher, Maya Scullin, Jessica Shiltz, Ohio Department of Health; Kathy Billings, Katie Dyer, Anise Elie, Karen Leib, Tiffanie Markus, Terri McMinn, Danielle Ndi, Vanderbilt University Medical Center; Ryan Chatelain, Mary Hill, Jake Ortega, Andrea Price, Ilene Risk, Melanie Spencer, Ashley Swain, Salt Lake County Health Department; Keegan McCaffrey, Utah Department of Health; Mimi Huynh and Monica Schroeder, Council of State and Territorial Epidemiologists; Sharad Aggarwal, Lanson Broecker, Aaron Curns, Rebecca M. Dahl, Sascha R. Ellington, Alexandra Ganim, Rainy Henry, Sang Kang, Sonja Nti-Berko, Robert Pinner, Scott Santibanez, Alvin Shultz, Sheng-Te Tsai, Henry Walke, Venkata Akesh R. Vundi, CDC.

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¹CDC COVID-NET Team; ²Eagle Global Scientific, Atlanta, Georgia; ³Chickasaw Nation Industries, Norman, Oklahoma; ⁴Oak Ridge Institute for Science and Education, Oak Ridge, Tennessee; ⁵California Emerging Infections Program, Oakland, California; ⁶Communicable Disease Branch, Colorado Department of Public Health and Environment, Denver, Colorado; ⁷Connecticut Emerging Infections Program, Yale School of Public Health, New Haven, Connecticut; ⁸Departments of Medicine and Pediatrics, Emory University School of Medicine, Atlanta, Georgia; ⁹Emerging Infections Program, Georgia Department of Health, Atlanta, Georgia; ¹⁰Veterans Affairs Medical Center, Atlanta, Georgia; ¹¹Foundation for Atlanta Veterans Education and Research, Decatur, Georgia; ¹²Iowa Department of Public Health; ¹³Maryland Department of Health; ¹⁴Communicable Disease Division, Michigan Department of Health and Human Services, Lansing, Michigan; ¹⁵Minnesota Department of Health; ¹⁶New Mexico Department of Health; ¹⁷New York State Department of Health; ¹⁸University of Rochester School of Medicine and Dentistry, Rochester, New York; ¹⁹Bureau of Infectious Diseases, Ohio Department of Health, Columbus, Ohio; ²⁰Oregon Public Health Division; ²¹Division of Infectious Disease, Vanderbilt University School of Medicine, Nashville, Tennessee; ²²Salt Lake County Health Department, Salt Lake City, Utah.

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5. CDC. Coronavirus disease 2019 (COVID-19): people who need to take extra precautions. Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>
6. CDC. FluView interactive: laboratory-confirmed influenza hospitalizations. Atlanta, GA: US Department of Health and Human Services, CDC; 2020. <https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>
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EXHIBIT 49



Up Next: Church Member Surprises Pastor With Photos Of Congregation Throughout Empty Sanctuary >

WHNT-TV Huntsville

Dr. Karen Landers says large number of COVID-19 deaths are African American

Duration: 04:42 4/10/2020



Dr. Karen Landers from the Alabama Department of Public Health explained members of the African American community have more risk factors that reduce their ability to have the best response to COVID-19.

NOW PLAYING: Food News

Dr. Karen Landers says large number of COVID-19 deaths are African American

UP NEXT

Church member surprises pastor with photos of congregation...

WHNT-TV Huntsville

Fallen officer memorial service postponed due to COVID-19...

WHNT-TV Huntsville

Family of animal hoarder arrested on over a dozen...

WHNT-TV Huntsville

Resource guide created to boost and support Huntsville music...

WHNT-TV Huntsville

45 Year Veteran Nurse Awarded Nurse of the Year in Huntsville

WHNT-TV Huntsville

Huntsville musician moving performances online during...

WHNT-TV Huntsville

NAACP lawsuit challenges Alabama voting rules during...

WHNT-TV Huntsville

Alabama restaurant donates hundreds of meals to local...

WHNT-TV Huntsville

UAH students facing multiple...

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WHNT-TV Huntsville



Paralyzed Alabama teen receives surprise trip to Disney World

WHNT-TV Huntsville



Alabama drivers question how a mobile retailer is allowed to...

WHNT-TV Huntsville



High school athletic director hand-delivers awards to...

WHNT-TV Huntsville



Church members react to extended restrictions in Alabama

WHNT-TV Huntsville



Couple Battling COVID-19 Connects Over FaceTime

WHNT-TV Huntsville



Attorneys McCutcheon and Hamner now offer free wills to...

WHNT-TV Huntsville



Huntsville Birthday Girl Gets Unexpected Birthday Surprise

WHNT-TV Huntsville

EXHIBIT 50

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Declaration of Dr. Courtney D. Cogburn

Pursuant to 28 U.S.C. § 1746, I hereby declare as follows:

1. I am an associate professor at the Columbia University School of Social Work, faculty of the Columbia Population Research Center and a core member of the Columbia Data Science Institute. I am also a faculty affiliate of the Center on African American Politics and Society. At Columbia, I direct the Cogburn Research Group and co-Direct the Justice Equity + Technology lab. I am a member of the Interdisciplinary Association of Population Health Science, Society for Personality and Social Psychology. I have also served as an ad hoc reviewer for Social Science & Medicine, Annals of Behavioral Medicine, Ethnicity & Health, Developmental Psychology and the Journal of the American Medical Association Network Open.
2. I received my B.A. in psychology from the University of Virginia in 2001, my Master of Social Work from the University of Michigan in 2002 and my PhD in education and psychology from the University of Michigan in 2010. I also completed postdoctoral training at the Institute for Social Research in 2012 as well as the Harvard TH Chan School of Public Health and the Harvard Center for Population and Development Studies in 2014.

3. I joined the faculty of the School of Social Work at Columbia as an assistant professor (2014-2019). I held a visiting scientist position at the Harvard TH Chan School of Public Health (2014-2016). I am currently an associate professor at the Columbia University School of Social Work (2019-present), faculty of the Columbia Population Research Center (2014-present), core member of the Data Science Institute (2019-present), co-chair of the computational social science group (2019-present) and faculty affiliate of the Center for African American Politics and Society all at Columbia University.
4. My scholarship focuses on the ways we characterize the meaning and significance of racism in academic and public discourse and how these characterizations inform the ways we measure and assess the effects of racism in empirical health research. I focus specifically on structural and cultural dimensions of racism in US contexts and identifying social, structural and cultural factors that contribute to racial inequities in health and disease in US populations. In a secondary line of work, I explore applications of emerging technologies in addressing racial inequities in health.
5. Attached and incorporated by reference to this declaration is a copy of my curriculum vitae. (Attached here as Exhibit A).
6. **Racial Inequities in Population Health:** Racial discrimination and racism are the fundamental causes of racial inequities in health. As such, racial inequalities in health cannot be eliminated without directly addressing structural racism. A holistic analysis is required to best understand the distribution of vulnerability evident in racial inequities of COVID-19 rates.¹ Namely, racial inequalities across social and cultural institutions, including housing

¹ Chowkwanyun, M. & Jr. Reed, A. (2020). Racial health disparities and COVID-19 – Caution and context. https://www.nejm.org/doi/full/10.1056/NEJMp2012910?fbclid=IwAR1LwFuZnET6tXC0jv-QBcVGjCmzbKTQQefzJ7VpZE7a1KGwD0_C1_QsF14#.XrMvAcv7Ngg.facebook

and neighborhoods, labor, credit markets, education, criminal justice, economic, health care and media systems interact to create systems of disadvantage that create pervasive adverse conditions for the health of Black people living in the United States.² As a result of structural racism, the Black population in the US has a higher rate of chronic illness, co-occurring illness and tend to develop these illnesses earlier in life than whites. This includes illnesses that pose elevated risk to the effects of COVID-19, such as diabetes, asthma, hypertension, heart disease, obesity and cancer.³ The Centers for Disease Control (CDC) identifies “institutional racism in the form of residential housing segregation” as well as greater likelihood of working in critical and essential roles as key factors in increasing risk for severe illness related to COVID-19⁴. The CDC also highlights four key high risk economic and social conditions (i.e. living conditions, work environment, underlying health conditions and lower access to care), which are more common among racial and ethnic minorities compared to whites.

7. The relationship between structural racism and increased disease risk have been demonstrated in several different ways, I will highlight two factors, racial residential segregation and racial discrimination in medical care, which are related to racial inequities in COVID-19 infection and mortality risk in Alabama.
8. First, racial residential segregation,¹ which was produced and maintained in Alabama by state laws and practices, as well as by federal programs and federally supported private policies,

² Cogburn, CD. (2019) Culture, race and health: Implications for racial inequities and population health. *Milbank Quarterly*, 97(3); 736-761; Phelan, J.C., Link, B.G. (2015). Is racism a fundamental cause of inequalities in health? *Annual Review of Sociology*, 41; 311-30; Williams, DR, Lawrence, JA, Davis, BA (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, 40; 105-25.

³ *Assessing risk factors for severe COVID-19 illness*. Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/assessing-risk-factors.html> (Apr 23, 2020)

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>

resulted in discriminatory zoning, predatory mortgage lending and redlining (systematic denial of resources to designated areas). The systematic restriction of resources in Black communities has contributed to higher concentrations of poverty and low-quality housing, unemployment and under-employment, uninsured or underinsured (limited coverage, high co-pays and deductibles), restricted access to quality and affordable foods (greater number of fast food outlets and fewer supermarkets) as well as elevated exposures to physical and chemical environmental hazards (5 to 20 times higher in Black communities compared to white communities, even after controlling for socioeconomic factors). Each of these factors are independently critical to disease risk and outcomes, such as obesity, cancer and asthma and are more likely to co-occur in Black as opposed to white communities.

9. At least one national study suggests that eliminating residential segregation would erase Black-white differences in income, education and unemployment, which are significant predictors of health and health inequality.⁵ For Black people, residential segregation is also associated with risk of low birth weight and pre-term birth, later stage diagnosis of cancer, elevated mortality and lower survival rates for certain cancers and higher rates of obesity. This is attributed to a number of structural factors including, increased exposure to environmental pollutants and restricted access quality health insurance. Regardless of income, Black people are more likely to live in communities with poorer socioeconomic resources. Some data suggest that the average affluent Black household (income of \$75,000 or more) lives in poorer neighborhoods than average lower income white households (less than \$40,000). Racial bias in housing valuation is also evident such that homes in Black communities are undervalued by \$48,000 per home on average around the country. In

⁵ Cutler, DM, Glaeser, EL. 1997. Are ghettos good or bad? Q.J. Econ. 112; 827-72.

Huntsville, AL, for instance, homes in Black communities are devalued by an average of 29.5%, which amount to significant cumulative losses in household and community resources over time.⁶

10. Second, there is substantial evidence of racial discrimination in medical care provision (preventive care, early intervention and management of chronic disease), even after adjusting factors, such as insurance coverage.⁷ Black people compared to whites receive inferior health services across a wide range of illnesses, health care services and treatment interventions, which is in turn associated with greater mortality for Black patients. Across nearly every type of diagnostic, Black patients are less likely to be referred for major therapeutic procedures (e.g., invasive diagnostic, therapeutic and innovative interventions for heart disease, stroke, and cancer, and disease prevention screenings and programming), are systematically undertreated for pain (even among children) and are more likely to be misdiagnosed when compared to white patients with similar clinical disease characteristics and accounting for medical histories, quality of health insurance and other socioeconomic factors. Racial bias in algorithms used to automate the allocation of health care to patients has also been observed, such that Black patients were less likely to be referred to programs aimed at care for complex needs even when they were equally as sick as white patients.⁸

11. **Racial Inequities in COVID-19:** Emerging data related to COVID-19 infection and mortality rates indicate a disproportionate burden of illness and death among racial and ethnic minority groups. Recent reports indicate that Black individuals, who comprise

⁶ Perry, AM, Rothwell, J, Harshbarger, D. The devaluation of assets in black neighborhoods: The case of residential property. <https://www.brookings.edu/research/devaluation-of-assets-in-black-neighborhoods/> (Nov. 27 2018)

⁷ Williams, DR, Rucker, TD (2000). Understanding and Addressing Racial Disparities in Health Care. *Health Care Financial Review*, 21(4), 75-90.

⁸ Obermeyer, Z., Powers, B., Vogeli, C. & Mullainathan, S. Dissecting racial bias in an algorithm used to manage the health of populations, *Science* 336, 447–453 (2019).

approximately 21% of the population in areas included in the analysis, make up over 40% of infection-related mortality.⁹ Other estimates based on national data place the COVID-19 related mortality rate for Black people at 2-5 times greater than the rate observed for white persons. Substantial empirical evidence examining associations between race and health would suggest that the racial inequities being observed in COVID-19 are not the result of immutable differences between racial groups. Effectively addressing racial inequities in COVID-19 related infection and death will require careful consideration of structures and processes that systematically disadvantage Black persons and buoy health advantages among white persons.

12. **Southern Region Estimates**¹⁰: Black people are generally at greater risk of COVID-19 infection and infection-related mortality and are also concentrated in the South. Nearly half of the Black US population resides in southern states, which recent regional estimates predict will ultimately experience the highest rates of death related to COVID-19 infections.

13. **Alabama Estimates**: Early data for COVID-19 infection and mortality in Alabama are consistent with national patterns and are highly concerning. The rate of infection and death for Black residents far exceeds their representation in the general population as well as overall levels for white citizens. Specifically, Black people living in Alabama comprise 27% of the population¹¹ but 45% of COVID-19 related deaths,¹² in spite of Black people

⁹ *Cases of Coronavirus Disease (COVID-19) in the U.S.* Centers for Disease Control.

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (Apr 26 2020)

¹⁰ Dixie in the crosshairs: The south is likely to have America's highest death rate from COVID-19, *Eth Economist*: <https://www.economist.com/graphic-detail/2020/04/25/the-south-is-likely-to-have-americas-highest-death-rate-from-covid-19?fsrc=scn/tw/te/bl/ed/dixieinthecrosshairsthesouthislikelytohaveamericashighestdeathratefromcovid19graphicdetail> (Apr 25 2020)

¹¹ U.S. Census Bureau, *QuickFacts Alabama*, <https://www.census.gov/quickfacts/AL>

¹² Ala. Dep't of Pub. Health, *Characteristics of Laboratory-Confirmed Cases of COVID-19* (May. 7, 2020), at 2, <https://www.alabamapublichealth.gov/covid19/assets/cov-al-cases-050720.pdf>

composing a lower percentage of those infected compared to whites.¹³ The racial disparities in COVID-19 infection rates and deaths in Alabama are among the most startling in the country. The structural factors believed to contribute most significantly to elevated risk at the national level are also evident in Alabama. Alabama is one of 14 states that have opted out of Medicaid expansion that would ensure insurance coverage for an additional 220,000 Alabama residents,¹⁴ a policy decision that disproportionately affects Black residents¹⁵.

14. Black residents in Alabama are also more likely than white residents to be employed in “essential roles” (e.g., manufacturing and service jobs) that increase risk of exposure and infection¹⁶. It should also be noted that, due to national shortages of personal protective equipment (PPE)¹⁷, individuals employed in non-health essential roles may be less likely to have access to and be trained for effective use of PPE. Higher rates of chronic illness among Black Alabama residents and lower access and quality of health care compared to whites are also tied to structural inequities in income, employment, and exposure to environmental pollutants concentrated in Black neighborhoods.

¹³ *Id.* at 1

¹⁴ New coalition pushes for Medicaid expansion, Republicans remain reluctant. WBRC, <https://www.wbrc.com/2020/04/16/new-coalition-pushes-medicaid-expansion-republicans-remain-reluctant/> (Apr 16 2020).

¹⁵ Williams, V (2020). Disproportionately black counties account for over half of coronavirus cases in the U.S. and nearly 60% of deaths study finds. <https://www.washingtonpost.com/nation/2020/05/06/study-finds-that-disproportionately-black-counties-account-more-than-half-covid-19-cases-us-nearly-60-percent-deaths/> (May 6, 2020)

¹⁶ U.S. Census Bureau, 2010-2018 American Community Survey 1-Year Estimates: Selected Social Characteristics of the United States: Alabama (2018), https://data.census.gov/cedsci/table?q=single%20person%20households&g=0400000US01&hidePreview=true&tid=ACSDP1Y2018.DP02&vintage=2018&layer=VT_2018_040_00_PY_D1&cid=DP02_0001E&moe=false (last visited May 11, 2020)

¹⁷ *Ventilator stockpiling and availability in the US*. Johns Hopkins Bloomberg School of Public Health, Center for Health Security. <https://www.centerforhealthsecurity.org/resources/COVID-19/COVID-19-fact-sheets/200214-VentilatorAvailability-factsheet.pdf> (Apr. 1, 2020)

15. **COVID-19 Testing and Ventilator Use**¹⁸⁻¹⁹: Racial biases in access to testing are also emerging and suggest that Black people are less likely than white people to be referred for testing when presenting comparable signs of infection, such as cough and fever. Racial discrimination in testing may actually contribute to an underestimation of racial inequities in infection rate and mortality for Black individuals. Current data regarding ventilator use by race do not yet appear to be publicly available²⁰. It is clear that the need for ventilators significantly outweighs supply, requiring medical personnel to deny life-saving care to those in need. The “save-the-most-lives” principle for ventilator access has been called into question (and recently modified) and represents the ways in which medical decisions can perpetuate racial inequities in health. Following this principle perpetuates existing inequities such that those who exhibit worse health and lower life expectancy as a result of historical and structural inequality, particularly Black people, are most likely to be denied life-saving care²¹⁻²². In addition to substantial evidence of racial discrimination in medical care provision, there is also evidence that in times of scarcity (perceived and actual) white people are more likely to perceive racial and ethnic minorities as less deserving of scarce resources,

¹⁸ Farmer, B. *The Coronavirus doesn't discriminate but U.S. health care showing familiar biases*. National Public Radio: <https://www.npr.org/sections/health-shots/2020/04/02/825730141/the-coronavirus-doesnt-discriminate-but-u-s-health-care-showing-familiar-biases> (Apr 2 2020)

¹⁹ *Health data in the COVID-19 crisis: How racial equity is widening for patients to gain access to treatment*: <https://rubixls.com/2020/04/01/health-data-in-the-covid-19-crisis-how-racial-equity-is-widening-for-patients-to-gain-access-to-treatment/>

²¹ McLane, H (2020). A disturbing medical consensus is growing. Here's what it could mean for Black patients with coronavirus. <https://whyy.org/articles/a-disturbing-medical-consensus-is-growing-heres-what-it-could-mean-for-black-patients-with-coronavirus/> (Apr 10 2020).

²² Schmidt, H (2020). The way we ration ventilators is biased: Not every patient has a fair chance. <https://www.nytimes.com/2020/04/15/opinion/covid-ventilator-rationing-blacks.html> (Apr 15 2020)

including life-saving efforts²³⁻²⁴. The complexities surrounding these decisions in response to COVID-19 and implications for racial inequities in mortality rates will be revealed in the coming months and years. There is a precedent for concern, however, that additional racial bias will emerge in medical decisions related to the employment of life saving procedures by race.

16. **Conclusion:** Due to the factors discussed above, I conclude that Black people's elevated risk of COVID-19 infection is tied to pre-existing and evolving inequities in structural systems and social conditions. As a result, any voting requirement requiring them to break social distancing protocols would place them at higher risk for infection and also threatens public health of the Black community more broadly. We will not be able to immediately address the deeply entrenched social and structural factors contributing to the significantly elevated risk of COVID-19 related infection and mortality among Black people. We can, however, acknowledge the significance of these factors and take immediate steps to minimize exposure for groups most gravely threatened by exposure to COVID-19. This includes city and state regulation of social distancing practices to minimize exposure and spread of infection as well as measures to support safe voting practices under the conditions of COVID-19.

17. I declare under penalty of perjury that the foregoing is true and correct. Executed on May 7, 2020.



Courtney D. Cogburn, PhD

²³ Krosch, AR, Tyler, TR, Amodio, DM (2017). Race and recession: Effects of economic scarcity on racial discrimination. *Journal of Personality and Social Psychology*, 113(6), 892-909.

²⁴ Krosch, AR (2020). The pandemic could lead to more discrimination against Black people: <https://blogs.scientificamerican.com/voices/the-pandemic-could-lead-to-more-discrimination-against-black-people/> (Apr 23 2020).

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Education

Ph.D. (2010)	University of Michigan, Ann Arbor, MI Combined Program in Education and Psychology
MSW (2002)	University of Michigan, Ann Arbor, MI Interpersonal Practice, Children Youth & Families in Society
BA (2001)	University of Virginia, Charlottesville, VA Psychology

Academic Appointments

2019 - Present	Associate Professor (tenure-track): Columbia University School of Social Work
2014 - 2019	Assistant Professor (tenure-track): Columbia University School of Social Work
2016 - Present	Affiliate, Columbia Data Science Institute
2014 - Present	Faculty, Columbia Population Research Center
2015 - Present	Faculty Affiliate, Center on African American Politics and Society Columbia University
2014 - 2016	Visiting Scientist, Harvard T.H. Chan School of Public Health
2012 - 2014	Robert Wood Johnson Health & Society Scholar: Harvard Center for Population and Development Studies
2012 - 2014	Research Fellow: Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health
2011 - 2012	NIH Postdoctoral Fellow: Institute for Social Research, University of Michigan

Grant and Gift Support

- 2019 **Oculus (Facebook)**
Award amount: \$100,000
Social Work, Emerging Technology and Media Innovation lab
Role: Co-PI
Courtney D. Cogburn, Columbia School of Social Work,
Desmond Patton, Columbia School of Social Work
- 2019 **Oculus (Facebook)**
Award amount: \$200,000
Data Visualization, Virtual Reality and Structural Racism project
Role: Co-PI
Courtney D. Cogburn, Columbia School of Social Work,
Desmond Patton, Columbia School of Social Work
- 2019 **Hearst Foundation / Brown Institute Media Innovation**
1000 Cut Journey
Award amount: \$500,000
Role: Co-PI
Courtney D. Cogburn, Columbia School of Social Work,
Jeremy Bailenson, Stanford University Department of Communication
- 2016 - 2017 **Brown Institute Media Innovation Magic Grant**
1000 Cut Journey from Harlem to Soho: Examining the Psychosocial and Physiological Impact of an Immersive Racism Experience in Virtual Reality
Award amount: \$250,000
Role: Co-PI
Courtney D. Cogburn, Columbia School of Social Work, Jeremy Bailenson,
Stanford University Department of Communication
- 2016 - 2017 **Lerner Innovation Pilot Program Grant**
Sticking to your guns: Can framing public health advocacy bridge political and social differences?
Award amount: \$20,000
Role: Co-PI
Amy Fairchild, Mailman School of Public Health; Merlin Chowkwanyun,
Mailman School of Public Health; Courtney D. Cogburn, Columbia School of Social Work
- 2016 - **Columbia Population Research Center Seed Grant**
#Racism: Examining cultural racism and multiple stress responses in the context of contemporary media
Award amount: \$12,000
Role: Principal Investigator
- 2014 - 2015 **Provost's Grants Program for Junior Faculty**
Black face to Ferguson: A mixed methodological examination of media racism, media activism and health
Award amount: \$25,000
Role: Principal Investigator
- 2013 - 2014 **Robert Wood Johnson Foundation**

Mixed methodological assessment of racial and non racial psychosocial stress exposure on HPA and ANS Stress Reactivity

Award amount: \$30,000

Role: Principal Investigator

2012 - 2013 Robert Wood Johnson Foundation

Sociocultural racial stress exposure effects on stress reactivity and executive functioning

Award amount: \$33,734

Role: Principal Investigator

2012 - 2013 National Institute on Minority Health and Health Disparities

Loan Repayment Program

Racial stress and social cognition: Measurement and implications for health and racial health disparities

Award amount: \$40,748.73

2004 - 2009 Graduate Student Retention Grant, University of Michigan

Award amount: \$3,200

Role: Co-Principal Investigator

2004 - 2009 Experiential Learning Grant, International Institute University of Michigan

Award amount: \$8,000

Role: Co-Principal Investigator

Honors and Awards

- 2019 Atlantic Fellows for Racial Equity (Semi Finalist)
- 2018 Soros Equality Fellowship, Open Society (Finalist)
- 2018 Los Angeles Film Festival, Official Selection: *1000 Cut Journey*
- 2018 New Orleans Film Festival, Official Selection: *1000 Cut Journey*
- 2018 Tribeca Film Festival, Official Selection Virtual Reality Arcade: *1000 Cut Journey*
- 2012 Robert Wood Johnson Foundation Health & Society Scholar
- 2011* Science and Technology Fellowship - Executive Branch, American Academy of Arts and Science, Health Education and Human Services **declined*
- 2011* Science and Technology Fellowship - Executive Branch, American Psychological Association **declined*
- 2010 National Institute of Child Health and Human Development Diversity Training Grant
- 2009 Rackham Predoctoral Fellowship, University of Michigan
- 2008 Holmes Award, University of Michigan
- 2008 Barbara Perry Roberson Award, University of Michigan

- 2007 Roger W. Brown Award, University of Michigan
- 2005* Ford Predoctoral Fellowship **Honorable Mention*
- 2004 Rackham Merit Fellowship, University of Michigan

Publications

- Cogburn, C.D.**, Bailenson, J.N., Ogle, E., Asher, T. & Nichols, T. (2018). 1000 cut journey. ACM SIGGRAPH (2018). Virtual, Augmented, and Mixed Reality, DOI: <https://doi.org/10.1145/3226552.3226575>
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gender. *Journal of Race and Social Problems*, 3(1), 160-169.

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Cogburn, C.D., Chavous, T., & Griffin, T. M. (2011) School-based racial and gender discrimination among African American adolescents: Exploration variation in frequency and impact among girls and boys. *Journal of Race and Social Problems*, 3(1), 25-37.

Lun, J., Sinclair, S. & **Cogburn, C.D.** (2009). Cultural stereotypes and the self: A closer examination of implicit self-stereotyping. *Basic and Applied Social Psychology*, 31(2), 117-127.

Chavous, T., Rivas, D., Smalls, C., Griffin, T. & **Cogburn, C.D.** (2008). Gender matters, too: The influences of school racial discrimination and racial identity on academic engagement outcomes among African American adolescents. *Developmental Psychology*, 44(3), 637-654.

Chavous, T. & **Cogburn, C.D.** (2007). The superinvisible woman: The study of Black women in education. *Black Women, Gender and Families. Black Women, Gender and Families: Women's Studies and Black Studies Journal*, 1(2).

Chavous, T., Branch, L., **Cogburn, C.D.**, Griffin, T., Maddox, J., & Sellers, R. (2007). Achievement motivation among African American college students at predominantly White institutions: Risk and protective processes related to group identity and contextual experiences. F. Salili & R. Hoosain (Eds.), *Culture, Motivation and Learning: A multicultural, perspective*. Information Age Publishing.

Neblett, E., Philip, C., **Cogburn, C.D.** & Sellers, R. (2006). African American adolescents' discrimination experiences and academic achievement: Racial socialization as a cultural compensatory and protective factor. *Journal of Black Psychology*, 32(2), 1-20.

In Press

Cogburn, C. D. Culture, race and health: Implications for Racial Inequities and Population Health. *Milbank Quarterly*.

Versey, H. S., **Cogburn, C. D.**, Wilkins, C. L., & Joseph, N. Appropriated racial oppression: Implications for mental health in Whites and Blacks. *Social Science & Medicine, Online First*, 295 302.

Under Review

Cogburn, C. D., McLaughlin, K., & Kubzansky, L. #Racism: Cultural racism and physiological, psychological and behavioral stress response racism. *Social Science & Medicine*. *R&R: invited revision resubmitted

In Preparation (listed in order of planned submission)

*Graduate student

Cogburn, C. D., Jackson, J. S., & Abdou, C. Composite versus delineated measures of discrimination: How framing alters associations between racial and non-racial discrimination and depression in a

multiethnic sample. *Cultural Diversity and Ethnic Minority Psychology*. * R&R

Cogburn, C. D., Chavous, T., Frey, W.* & Deshmukh, N.* *Race related social cognition and mental health among Black adolescents*. Target journal: Child Development (4.19).

Cogburn, C.D., Herrera, F*, & Bailenson, J. *Investigating implicit racial bias and embodiment among Whites experiencing racism in virtual reality*. Target journal: Human Computer Interaction (4.667)/Psychological Science (6.128)

Cogburn, C. D., Kubzansky, L., Boem, J.K., Seeman, T., Jacobs, D., Williams, D.R., & Diez-Roux, A. *Race and cardiovascular health: The role of chronic psychosocial stress, psychological framings of adversity and endocrine stress responses among Blacks and Whites in the CARDIA sample*. Target journal: JAMA (47.661)

Cogburn, C. D., Geller, A., Allen, A*. & Rajput, A*. National media coverage of police violence and health. Target journal: NEJM (79.25)/JAMA (47.661)

Cogburn, C. D. & Bailenson, J. Designing racism in virtual reality: A transdisciplinary approach. Target journal: TBD, Impact Factor: TBD

Invited Talks and Expert Convenings

Cogburn, C.D. (2019, May). Twitter. Faculty Advisory Session. NY, NY.

Cogburn, C.D. (2019, May). National Center for Women in Technology (NCWIT) Summit. *Culture and Racism: Using VR for Empathy and Engagement*. Nashville, TN.

Cogburn, C.D. 2019, May). Social Media Governance Initiative Inaugural Conference. The Social Justice Collaboratory: Yale Law School. Expert convening. New Haven, CT.

Cogburn, C.D. 2019, April). Washington University in St. Louis. Collaboration on Race, Inequality and Social Mobility, *Measurement and Methodology Panel*. St. Louis, MO.

Cogburn, C.D. (2019, March). Interprofessional Education Day (IPE) Keynote: Columbia University. NY, NY.

Cogburn, C.D. (2019, March). Story Movements: Center for Media & Social Impact, American University. *1000 Cut Journey: Why + What + Process*. Washington, DC.

Cogburn, C.D. (2019, March). Digital Activism Panel: CUNY Graduate Center. NY, NY.

Cogburn, C.D. (2019, March). City Block (Health and Medical Center). *Characterizing, Measuring and Undoing Racism: Implications for Racial Inequities in Health*. NY, NY.

Cogburn, C.D. (2019, January). PCMA Convening Leaders. *Experiencing Racism in VR*. Pittsburgh, PA.

Cogburn, C.D. (2019, January). Planned Parenthood. Expert meeting. NY, NY.

Cogburn, C.D. (2019, January). Research Center for Group Dynamics Speaker Series: University of Michigan. *A Culture of Racism: Conceptual and Methodological Innovations*. Ann Arbor, MI.

- Cogburn, C.D.** (2019, January). Institute for Social Research: University of Michigan. *1000 Cut Journey*. Ann Arbor, MI.
- Cogburn, C.D.** (2018, December). Planned Parenthood Headquarters. Expert meeting. Washington, DC.
- Cogburn, C.D.** (2018, November). Social Science Research Council (SSRC), Special Convening on Anticipatory Social Research. NY, NY.
- Cogburn, C.D.** (2018, November). *1000 Cut Journey*, featured speaker. Google: NY, NY.
- Cogburn, C.D.** (2018, December). World of Minds Summit: Zürich, Switzerland. Invited participant.
- Cogburn, C.D.** (2018, September). Los Angeles Film Festival: Los Angeles, CA.
- Cogburn, C.D.** (2018, September). Oculus Connect 5 (Facebook): Menlo Park, CA.
- Cogburn, C.D.** (2018, November). Virtual Identity (v-ID) Summit: Park City, UT.
- Cogburn, C.D.** (2018, November). Virtual Reality Privacy Summit: Stanford, Palo Alto, CA.
- Cogburn, C.D.** (2018, July:). The Future of Animation: AI-Generated Characters. NYC Media Lab and Samsung NEXT private event, panelist: NYC, NY.
- Cogburn, C.D.** (2018, July:). High Fidelity Fireside Chat with Philip Rosedale.
- Cogburn, C.D.** (2018, June). *Oculus VR for Good Creators Lab. Advisory Session*. Palo Alto, CA.
- Cogburn, C.D.** (2018, June). *Growing Pains: Virtual reality, documentary and a search for answers*. American Film Institute Documentary Forum. Washington, D.C.
- Cogburn, C.D.** (2018, April). *Racial Inequality in Health and Economic Outcomes (Discussant)*. 50 Years After the Kerner Commission. Institute for New Economic Thinking, The Eisenhower Foundation, Roosevelt Institute and The American Assembly Columbia University.
- Cogburn, C.D.** (2018, April). *Education and Advocacy in VR*. Tribeca Film Festival.
- Cogburn, C.D.** (2018, March). *Innovations in VR*. Games for Change XR for Change Talk and Play.
- Cogburn, C.D.** (2018, February). *Virtual Reality + Racism*. Stanford University 52nd Carlos Kelly McClatchy Symposium.
- Cogburn, C.D.** (2018, January). *Characterizing and Measuring Racism: Implications for Addressing Racial Inequities in Health*. New York Department of Health Commissioner's (Dr. Mary Bassett) Brown Bag Series.
- Cogburn, C.D.** (2017, November). Panelist: NYC Media Lab: Exploring Future Reality 2017: <https://www.youtube.com/watch?list=PLfUpxyzvpGBM0mV0q5u51Eu6kHFoLYvVg&v=B3WHOjRhAss>

- Cogburn, C.D.** (2017, October). *The Culture of Racism: Exposing and Fighting Racism on Cultural Terrain*. Distinguished Diversity Scholar Award Conference: Discrimination and Social Identity Panel.
- Cogburn, C.D.** (2017, October). *Designing Racism in Virtual Reality*. Black in Design Conference: Designing Resistance, Building Coalitions. Harvard Graduate School of Design.
- Cogburn, C.D.** (2017, June). *Cultural racism and health*. Lives of Color: Race-Ethnicity and the Life Course. Pennsylvania State University, Center for Life Course and Longitudinal Studies.
- Cogburn, C.D.** (2017, June). *Virtual Reality and Racism*. TEDxRVA. Richmond, VA.
- Cogburn, C.D.** (2016, November). Keynote Address: Robert Wood Johnson Foundation Clinical Scholars Annual Meeting.
- Cogburn, C.D.** (2016, September). *Ending racism in America: Agendas from and for science*. Interdisciplinary Association for Population Health Science.
- Cogburn, C.D.** (2016, June). *Innovations in measuring racism related stress: Implications for understanding racial disparities in stress related disease*. Program for Research on Black Americans. Institute for Social Research. University of Michigan.
- Cogburn, C.D.** (2016, May). *Characterizing and measuring racism: Implications for addressing racial disparities in health*. Robert Wood Johnson Foundation Health & Society Scholars Annual Meeting. New Orleans.
- Cogburn, C.D.** (2016, April). *What is racism?* Framing thought and innovation in measurement. Center for Justice Working Group. Columbia University.
- Cogburn, C.D.** (2015, February). *Black health equity: Using a social lens to frame discussions on racial health disparities*. Wesleyan University.
- Cogburn, C.D.** (2015, January). *Health effects of structural racism: Using social science data in human rights advocacy*. Leitner Center for International Law and Justice at Fordham University Law School.
- Cogburn, C.D.** (2015, January). *Technology and structural discrimination*. Discussant: Technology Salon New York. Brooklyn Community Foundation.
- Cogburn, C. D.** (2014, November). *Effects of prejudice on mental and physical health*. Princeton University, Department of Psychology.
- Cogburn, C. D.** (2014, October). *Culture wars and race*. Harvard University Kennedy School of Government.
- Cogburn, C.D.** (2014, October). *The role of social scientists and data scientists in humans rights advocacy & illuminating issues of structural discrimination*. Fordham University and the International Center for Advocates Against Discrimination.
- Cogburn, C.D.** (2014, October). *Racism, stress and health: Using transdisciplinary science to tackle the grand challenge of health disparities*. Columbia University School of Social Work, Dean's Advisory Council.

Cogburn, C.D. (2014, April). *The role of race in stress and health*. Harvard University School of Public Health.

Cogburn, C.D. (2013, April). *Racism and health: Research and action*. Southern Jamaica Plain Health Center, Racial Healing Project: Boston, MA.

Conference Presentations

Cogburn, C.D. (2019, June). *Can racism experienced in VR shift racial attitudes among Whites?* SPSSI. San Diego, CA.

Cogburn, C.D. (2019, March). *Exploring racism in VR*. International Convention on Psychological Science. Paris, France.

Cogburn, C.D., Bailenson, J., Asher, T., Ogle, E & Nichols, T. (2018, August). *Experiencing racism in VR: A 1000 Cut Journey*. SIGGRAPH. Vancouver, BC.

Cogburn, C.D. (2018, August). *Exploring racism in VR*. American Sociological Association: Section on Science, Knowledge and Digital Inequality. Philadelphia: PA.

Cogburn, C.D. (2018, October). *Exploring racism in VR*. Interdisciplinary Association for Population Health Science. Washington, DC.

Cogburn, C.D. (2015, November). *Early Life Stress and Coping in African Americans: Effects of Racial Discrimination and Awareness on Adult Health*. The Gerontological Society of America Annual Meeting: Orlando, FL.

Cogburn, C.D. (2013, May). *Why does race matter for health?: Using multidimensional assessments of racism to understand health and racial health disparities*. Robert Wood Johnson Health & Society Scholars Annual Meeting: San Diego, CA.

Cogburn, C. D., Peck, S., Fuller-Rowell, T., Malanchuk, O., Brodish, A., & Eccles, J. (2013, April). "Generic" and racial stress proliferation: Effects on anxiety and anger between adolescence and early adulthood. Accepted for presentation at the Society for Research on Child Development Biennial Meeting: Seattle, WA.

Cogburn, C. D., Hurd, N., Butler-Barnes, S. & Sellers, R. (2012, March). *The mediating role of environmental mastery in explaining potential effects of racial discrimination and racial identity on depressive symptoms*. Presented at the Society for Research on Adolescence Biennial Meeting: Vancouver, CA.

Jackson, J. S., **Cogburn, C. D.,** Adou, C., Uzogara, E. (2012, January). *Stress and HPA Axis functioning among both targets and perpetrators of prejudice*. Presented at the annual Society for Personality and Social Psychology meeting: San Diego, CA.

Cogburn, C.D., Brodish, A., Fuller-Rowell, T., Peck, S. & Malanchuk, O. (2011, February). *Racial discrimination during young adulthood: Effects on mental health and the moderating role of adaptive self regulatory processes*. Poster presented at The Science of Research on Discrimination and Health. National Institutes of Health: Bethesda, MD.

- Cogburn, C.D.** (2009, April). *Cognition, behavior and affect: A model of adaptive regulatory patterns among African American adolescents*. Presented at the biennial meeting of the Society for Research in Child Development. Denver, Colorado.
- Griffin, T., **Cogburn, C.D.**, Gonzalez, R. & Chavous, T. (2008, July). *Intersectionality, affirmative action and higher education: Implications for policy and discrimination*. Presented at the annual meeting of the International Society of Political Psychology, Paris, France.
- Cogburn, C.D.**, Chavous, T. & Griffin, T. (2008, June). *Race and gender: Discrimination and identity among African American Adolescents*. Presented at the biennial convention of the Society for the Psychological Study of Social Issues. Chicago, IL.
- Cogburn, C.D.** (2006, April). *An introduction to psychological approaches to studying social and cultural groups*. Invited lecture for Introduction to Psychology, University of Michigan, Ann Arbor, MI.
- Cogburn, C.D.** & Chavous, T. (2006, April). *Academic and psychological adjustment among African American adolescents: Considering race and gender experiences in context*. Presented at the annual meeting of the American Educational Research Association. San Francisco, CA.
- Cogburn, C.D.** (2005, July). *Identity development amongst African American and Caribbean immigrants: A comparative framework*. Presented at the annual meeting of the Caribbean Studies Association Conference. Santo Domingo, Dominican Republic.
- Cogburn, C.D.**, Neblett, E. & Philip, C. (2005, June). *“My mama told me”: Racial socialization as a protective factor in the discrimination experiences and academic achievement of African American adolescents*. Presented at the annual meeting of the Society for Community Research in Action. Urban-Champaign, IL.
- Neblett, E., Philip, C., & **Cogburn, C.D.** (2004, March). *Socialization, discrimination and achievement*. Presented at the biennial meeting for the Society for Research on Adolescence. Baltimore, MD.

Teaching Experience

Trainer, Center for Research on Learning and Teaching, University of Michigan

Instructor, Educational Psychology and Human Development

Graduate Student Instructor, Research Methods in Psychology, University of Michigan, Department of Psychology

Graduate Student Instructor, Educational Psychology, University of Michigan, Department of Psychology

Graduate Student Instructor, Introduction to Psychology, University of Michigan, Department of Psychology

Service

PROP to Advocacy Sub-Committee

Dean Search Committee

Faculty Search Committee

Demands Power Race Oppression and Privilege Sub-Committee

Curriculum Committee (Member)

Diversity Committee (Member)

Diversity Committee (Co-Chair)

Professional Affiliations

American Public Health Association

Association of Psychological Science

Society for Personality and Social Psychology

Society for Research in Child Development

Society for the Psychological Study of Social Issues

Ad-Hoc Reviewer

Annals of Behavioral Medicine

Social Science & Medicine

Developmental Psychology

Journal for Research on Adolescence

Developmental Review

Ethnicity & Health

International Journal of Psychology

Educational Psychology

EXHIBIT 51



Coronavirus Disease 2019

COVID-19 in Racial and Ethnic Minority Groups

The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups. A recent [CDC MMWR report](#) included race and ethnicity data from 580 patients hospitalized with lab-confirmed COVID-19 found that 45% of individuals for whom race or ethnicity data was available were white, compared to 55% of individuals in the surrounding community. However, 33% of hospitalized patients were black compared to 18% in the community and 8% were Hispanic, compared to 14% in the community. These data suggest an overrepresentation of blacks among hospitalized patients. Among COVID-19 deaths for which race and ethnicity data were available, [New York City](#) identified death rates among Black/African American persons (92.3 deaths per 100,000 population) and Hispanic/Latino persons (74.3) that were substantially higher than that of white (45.2) or Asian (34.5) persons. Studies are underway to confirm these data and understand and potentially reduce the impact of COVID-19 on the health of racial and ethnic minorities.

Factors that influence racial and ethnic minority group health

Where we live, learn, work, and play affects our health

The conditions in which people live, learn, work, and play contribute to their health. These conditions, over time, lead to different levels of health risks, needs, and outcomes among some people in certain racial and ethnic minority groups.

Health differences between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities than whites. In public health emergencies, these conditions can also isolate people from the resources they need to prepare for and respond to outbreaks.^{1,13, 14}

Living conditions

For many people in racial and ethnic minority groups, living conditions may contribute to underlying health conditions and make it difficult to follow steps to prevent getting sick with COVID-19 or to seek treatment if they do get sick.

- Members of racial and ethnic minorities may be more likely to live in **densely populated areas** because of institutional racism in the form of residential housing segregation. People living in densely populated areas may find it more difficult to practice prevention measures such as social distancing.
- Research also suggests that racial residential segregation is a fundamental cause of health disparities. For example, racial **residential segregation** is linked with a variety of adverse health outcomes and underlying health conditions.²⁻⁵ These underlying conditions can also increase the likelihood of severe illness from COVID-19.
- Many members of racial and ethnic minorities live in neighborhoods that are **further from grocery stores and medical facilities**, making it more difficult to receive care if sick and stock up on supplies that would allow them to stay home.
- **Multi-generational households**, which may be more common among some racial and ethnic minority families⁶, may find it difficult to take precautions to protect older family members or isolate those who are sick, if space in the household is limited.
- Racial and ethnic minority groups are **over-represented in jails, prisons, and detention centers**, which have specific risks due to congregate living, shared food service, and more.

Work circumstances

The types of work and policies in the work environments where people in some racial and ethnic groups are overrepresented can also contribute to their risk for getting sick with COVID-19. Examples include:

- **Critical workers:** The risk of infection may be greater for **workers in essential industries** who continue to work outside the home despite outbreaks in their communities, including some people who may need to continue working in these jobs because of their economic circumstances.
 - Nearly a quarter of employed Hispanic and Black or African American workers are employed in service industry jobs compared to 16% of non-Hispanic whites.
 - Hispanic workers account for 17% of total employment but constitute 53% of agricultural workers; Black or African Americans make up 12% of all employed workers, but account for 30% of licensed practical and licensed vocational nurses.⁷
- **A lack of paid sick leave:** Workers without **paid sick leave** might be more likely to continue to work even when they are sick for any reason. This can increase workers exposure to other workers who may have COVID-19, or, in turn, expose others them if they themselves have COVID-19. Hispanic workers have lower rates of access to paid leave than white non-Hispanic workers.⁸

Underlying health conditions and lower access to care

Existing health disparities, such as poorer underlying health and barriers to getting health care, might make members of many racial and ethnic minority groups especially vulnerable in public health emergencies like outbreaks of COVID-19.

- **Not having health insurance:** Compared to whites, Hispanics are almost 3 times as likely to be uninsured, and African Americans are almost twice as likely to be uninsured.⁹ In all age groups, blacks were more likely than whites to report not being able to see a doctor in the past year because of cost.¹⁰
- Inadequate access is also driven by a long-standing distrust of the health care system, language barriers, and financial implications associated with missing work to receive care.
- **Serious underlying medical conditions:** Compared to whites, black Americans experience higher death rates, and higher prevalence rates of chronic conditions.¹⁰
- **Stigma and systemic inequalities** may undermine prevention efforts, increase levels of chronic and toxic stress, and ultimately sustain health and health care disparities.

What can be done

History shows that severe illness and death rates tend to be higher for racial and ethnic minority groups during public health emergencies.¹² Addressing the needs of vulnerable populations in emergencies includes improving day-to-day life and harnessing the strengths of these groups. Shared faith, family, and cultural institutions are common sources of social support. These institutions can empower and encourage individuals and communities to take actions to prevent the spread of COVID-19, care for those who become sick, and help community members [cope with stress](#). For example, families, churches and other groups in affected populations can help their communities face an epidemic by consulting [CDC guidance documents for their organization type](#).

The federal government is undertaking the following:

- Collecting **data to monitor and track disparities** among racial and ethnic groups in the number of COVID-19 cases, complications, and deaths to share broadly and inform decisions on how to effectively address observed disparities. These data will be translated into information to improve the clinical management of patients, allocation of resources, and targeted public health information. Supporting **partnerships** between scientific researchers, professional organizations, community organizations, and community members to address their need for information to prevent COVID-19 in racial and ethnic minority communities.
- Providing [clinical guidance and guidance to support actions to slow the spread of COVID-19](#) in schools, workplaces and community settings, including those serving racial and ethnic minorities.

Public health professionals can do the following:

- Ensure that **communications** about COVID-19 and its impact on different population groups is frequent, clear, transparent, and credible.
- Work with other **sectors**, such as faith and community education, business, transportation, and housing organizations, to share information and implement strategies to address social and economic barriers to implementing steps to slow the spread of COVID-19.
- **Link** more people among racial and ethnic minority groups **to healthcare services** for serious underlying medical conditions — for example, services to help them obtain necessary medications, follow treatment plans, or get testing and treatment if they have COVID-19 symptoms.
- **Provide information for healthcare professionals and health systems** to understand cultural differences among patients and how patients interact with providers and the healthcare system. [The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#) (The National CLAS Standards) aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.
- Use **evidence-based strategies to reduce health disparities**. Those most vulnerable before an emergency are also the most vulnerable during and after an emergency.

Community organizations can do the following:

- **Prepare community health workers** in underserved racial and ethnic minority communities to educate and link people to free or low-cost services.
- **Prioritize resources** for clinics, private practices, and other organizations that serve minority populations.
- Leverage effective **health promotion programs** in community, work, school, and home settings to disseminate [recommendations and information about COVID-19](#).
- **Work across sectors** to connect people with services, such as grocery delivery or temporary housing, that help [them practice social distancing](#). Connect people to healthcare providers and resources to help them get medications they may need.
- To prevent the spread of COVID-19, **promote precautions** to protect individuals in your community, including the correct use of cloth face coverings and equip communities with supplies to make them.
- Help combat the spread of rumors and misinformation by **providing credible information** from official sources.

Learn more about what [community organizations](#) can do.

Healthcare systems and healthcare providers can do the following:

- Implement **standardized protocols in accordance with CDC guidance** and quality improvement initiatives, especially in facilities that serve large minority populations.
- Identify and **address implicit bias** that could hinder patient-provider interactions and communication.¹¹
- Provide **medical interpretation services** for patients who need them.
- Work with communities and healthcare professional organizations to **reduce cultural barriers to care**.
- **Connect patients with community resources** that can help older adults and people with underlying conditions adhere to their [care plans](#), including help getting extra supplies and medications they need and reminders for them to take their medicines.
- **Learn about social and economic conditions** [that](#) may put some patients at higher risk for getting sick with COVID-19 than others — for example, conditions that make it harder for some people to take steps to prevent infection.
- Promote a trusting relationship by **encouraging patients to call and ask questions**.

What individuals can do

- **Follow CDC's Guidance for seeking medical care** if you think you have been exposed to COVID-19 and develop a fever, cough or difficulty breathing. [Follow steps to prevent the spread of COVID-19 if you are sick](#).

- If you or someone you care for is at **higher risk** of getting very sick from COVID-19, **take steps to protect them and you from getting sick**.
- **Take precautions** to protect yourself, your community, and others.
- **Cope with stress** to make yourself, the people you care about, and your community stronger.
- **Find ways to connect** with your friends and family members and engage with your community while **limiting face-to-face contact with others**.

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3. Anthopolos R, James SA, Gelfand AE, Miranda ML. A spatial measure of neighborhood level racial isolation applied to low birthweight, preterm birth, and birthweight in North Carolina. *Spat Spatio-Temporal Epidemiol* 2011;2(4):235–46.
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6. Loftquist D. Multigenerational Households: 2009-2011. Current Population Reports, P60-267(RV), (Washington, DC) 2012.
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Resources

[Schools, Workplaces & Community Locations](#)

[CDC's Office of Minority Health and Health Equity](#)

[Healthypeople.gov: Social Determinants of Health](#) 

[Health System Transformation and Improvement Resources for Health Departments](#)

[Strategies for Reducing Health Disparities](#)

Page last reviewed: April 22, 2020

EXHIBIT 52

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF ROBERT CLOPTON

Pursuant to 28 U.S.C. § 1746, I declare that the following is true and correct to the best of my knowledge:

1. My name is Robert Clopton. I am 65 years old. I am Black. I was born in Colony, Alabama, and currently live in Mobile, Alabama with my wife.

2. I am retired. I worked for UPS for 31 years prior to my retirement in July 2009. Since 2014, I have done part time work for the City of Mobile as a crossing guard, one hour in the morning and one hour in the afternoon.

3. I understand that there is a primary runoff election for Alabama's First U.S. Congressional District in Mobile County on July 14, 2020. I am eligible to vote in that election and I would like to vote in that election. As the President of the Mobile County branch of the NAACP, voting and political participation is a core part of our mission and of my values. I have been voting since I was 18 years old, and I have never missed an election. I witnessed the joy and jubilation from my family and others when the Voting Rights Act was signed in 1965. As soon as we were able to vote, my family impressed upon me the importance of voting. Ever since, I have been active in getting out the vote, and ensuring that others are heard in our democracy. I have

helped register people and set the example for my children and others about the importance of voting as well.

4. However, I am truly concerned by the dangers of COVID-19. I understand that I am at particular risk for serious complications from the virus because of my age, underlying medical conditions, and recent surgery.

5. I have diabetes and hypertension. I take medications for both, try to keep my weight down, and do as much as possible to avoid insulin spikes. I have been managing both, but I have a brother who died from diabetes complications in 2016. My mother and sister are on insulin as well, so it runs in my family.

6. In addition, I am recovering from a recent surgery. On March 3, 2020, I voted in the primary in the morning and went to the doctor for what I believed would be a routine MRI in the afternoon. Before I made it back home from the MRI, the doctor's office called and told me to immediately go to the ER. I was admitted to the hospital and scheduled for emergency surgery on March 5. I was in the hospital until March 10. I am not expected to make a full recovery from my surgery until at least four months from now. Over the course of my stay at the hospital, I started noticing everyone in the hospital wearing face masks and gloves. The reaction of hospital staff helped me to realize that COVID-19 was a serious threat. When I was discharged, my wife and I decided to self-quarantine at home even before the President declared a state of emergency and before Governor Ivey issued the first stay at home order.

7. As an Black male, I am also aware that Black people have higher rates of getting and dying from COVID-19 in Alabama. In fact, two of my very dear friends have passed away from COVID-19. I know numerous friends and acquaintances who have contracted the virus. All of these friends and acquaintances are Black. These individuals were such an important part of

my life, that I almost certainly would have come into contact with them if it were not for our staying at home and self-quarantining. These protective measures may have saved my life.

8. Because of these factors, I am particularly concerned about the virus and I am determined to practice strict safety measures. Other than my wife, no one else resides in our home. We have not allowed visitors into the home. The only exception was my sister-in-law who stopped by the entryway in mid-March on two occasions. I was never in the same room as her. One time she remained at the front door and, on another occasion, she asked to use the restroom. After my sister-in-law left, my wife sanitized and sprayed every surface and the doorknobs. No one else has been inside our home since mid-March.

9. We have declined visits from friends, family, and from various business services who have come by the home. Specifically, pest control came by, but we turned them away. In addition, although we have some repairs that need to be done by Comcast, we have turned them away as well. Although we have not let any people in, my wife cleans the doors and knobs every day because we cannot be sure that they have not touched the outside. We sanitize everything, but we can never be sure others are as careful as we are.

10. My wife and I have only left home on five occasions in over two months, one of which was for me to go to a follow-up doctor's appointment in late March. The other four occasions were to go to the grocery store only during the senior citizens' hours of 7-8 am when it is nearly empty. Each time we have worn masks and gloves. I have not left the house for any other reason.

11. Although the Governor has started reopening some businesses and locations, I am staying in place. I do not anticipate feeling safe in other people's company, even at a six-foot distance, for the foreseeable future. Even survivors of COVID-19 do not know if they are

immune to the virus or whether they can contract it again. We do not know enough about this virus, and I will not take my chances. Any precaution I can take for me, my family, and others, I am going to do it.

12. In light of current projections, I would not feel safe being in any group setting, including voting in-person at a polling place for the July and November elections.

13. I would like to vote absentee in the July 14, 2020 primary runoff election. But, because of our strict self-quarantining and social distancing, I only have one witness—my wife. I do not feel comfortable taking the risk of going to see a notary or inviting other witnesses to our home, even if outside. I understand that the Governor announced that notarization by videoconferencing will be available for the July runoff. Although I can access videoconferencing technology, neither me nor my wife feel comfortable going to the post office to send the ballot to a notary, which would be required of us in order to use this option.

14. If casting an absentee ballot is not available to me as an option, I am interested in drive thru voting as a way to minimize the risk as much as possible. I have never missed an election, but if I cannot vote by absentee mail-in ballot or “drive thru” in July or November, my voting rights will be infringed. I will be forced to make a choice between my health and casting a ballot. Voting is an inalienable right that people died for. But people should not have to risk dying needlessly to vote now. I saw what a travesty Wisconsin was. I will not risk it for myself.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this day the 11th of May, 2020.

A handwritten signature in black ink, reading "Robert E. Clopton, Sr.", written over a horizontal line.

Robert Clopton, Sr.

EXHIBIT 53

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No. 2:20-cv-00619-AKK

DECLARATION OF ERIC PEBBLES

Pursuant to 28 U.S.C. § 1746, I, Eric Peebles, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am a Plaintiff in the case *People First of Alabama et al., v. Merrill, et al.*
3. I am 38 years old and a resident of Auburn, Alabama. I am a U.S. citizen and have never lost my right to vote due to felony conviction or court order.
4. I am a white man. I live alone in my home in Auburn, Alabama.
5. I am registered to vote in Auburn, Alabama.
6. I have spastic cerebral palsy, which makes me high-risk for contracting and suffering severe complications, including death, from COVID-19. Respiratory illnesses like COVID-19 can be fatal for people with cerebral palsy. I also use a wheelchair.
7. I am the co-founder and executive director of Accessible Alabama, an organization founded in 2013 that works to increase accessible housing options in communities for people with disabilities and those facing growing limitations as they age.

8. Because I am at serious risk of severe complications and death if I were to contract COVID-19, I have been in strict self-isolation since approximately March 12, 2020. In fact, one of my doctors told me I had to switch to remote treatment for a wound I have because it is not safe for me to come to the doctor's office.

9. I have four caregivers who provide 60 hours of care in separate shifts that do not overlap. At my request, to protect my health, each of my four caregivers were tested for COVID-19 and received negative results.

10. I voted in person in the March 3, 2020 primary in Auburn. I usually vote in person. I cannot operate the voting machines without assistance, so I bring someone into the voting booth to help me fill out my ballot.

11. I plan to vote in the November 3, 2020 general election.

12. I would prefer to vote in person, but because of my increased risk of contracting and having severe complications, including death, from COVID-19, I am unable to vote in person for the November election without severe risk to my health and life.

13. I understand that to vote by absentee ballot in the November 3 election, I need to qualify for an excuse provided on the absentee ballot application. I understand that no State of Alabama official has approved COVID-19-related health concerns as a valid excuse to vote by absentee ballot in the November general election. I do not believe that I currently qualify for an excuse on the absentee ballot application because my physical condition has not prevented my attendance at the polls in the past.

14. I also understand that to vote by absentee ballot in the November 3 election, I must sign my absentee ballot in the presence of a notary or two adult witnesses.

15. Because I live alone, am under strict self-isolation, and only interact with one other person at a time, I would have to leave my home and engage in the person-to-person contact I have been avoiding to sign my ballot in the presence of a notary or two adult witnesses. This is a risk I cannot take given my higher risk of contracting and having severe illness or dying from COVID-19.

16. If given the option to vote curbside at the polling place, I would do so. Curbside voting would allow me to avoid the person-to-person contact of voting inside the polling place that will put my health and life at severe risk.

17. If I cannot vote by absentee ballot or via curbside voting at my polling place, I will not be able to vote in November.

18. Voting is very important to me. When I was a child in the mid-1980s, my local public school tried to bar me from attending because of my disability and wheelchair use. School officials even said I was a danger to other students because of my power wheelchair. My mother refused to accept this discrimination and lobbied local leaders on my behalf. After two years of advocacy, my school district was put under federal supervision, and I was allowed to attend public school like every other kid my age. I learned the power of individual political action and self-advocacy at a young age. I registered to vote after I turned 18, and I have tried to vote in every election since.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 8th day of May 2020.

Eric Peebles

Eric Peebles

EXHIBIT 54

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF HOWARD PORTER, JR.

Pursuant to 28 U.S.C. § 1746, I declare that the following is true and correct to the best of my knowledge:

1. My name is Howard Porter. I am 69 years old. I am Black. I currently live in Prichard, Alabama, in Mobile County. I am a registered voter at my current address.
2. I live with my wife of 45 years, and my son, who is over 18 years old.
3. I am retired and receiving Social Security Income. I used to work for the Fair Housing Agency of Alabama.
4. I understand that there is a primary runoff election for Alabama's First U.S. Congressional District in Mobile County on July 14, 2020. I am eligible to vote in that election. I have been voting since I was 18 years old, and exercising my fundamental right is very important to me.
5. I hope to vote in the July runoff, but I am afraid of voting in person at a polling place. I am at high-risk for contracting COVID-19, because of my age and my medical conditions, including my asthma.
6. I also have Parkinson's disease, and it is hard for me to ambulate. I was first

diagnosed about two years ago. As part of my condition, my legs can freeze up and, when that happens, I fall and I cannot get up by myself. I use a cane as a mobility aid.

7. As a Black man, I am also aware of the higher rates of contracting, serious complications from, and death due to COVID-19 that Black people are experiencing. This makes me especially concerned about the virus and determined to practice social isolation to the extent possible.

8. I also take this virus very seriously because it has hit very close to home.

9. My sister has been in the hospital for about one month now due to COVID-19. She was on a ventilator for two weeks. She is out of the ICU, but she is still in the hospital and now on a feeding tube. Prior to her hospitalization from the virus, her kidneys were functional, but now she is on dialysis. Last I heard from the hospital, my sister does not know where she is.

10. My last surviving uncle is also in the hospital with COVID-19. He has been in the hospital for about two weeks. I do not want COVID-19 to impact me or my family any more than it already has.

11. Because I am at serious risk of complications and even death from COVID-19, I have not left my home since the Governor issued the April 3 stay-at-home order. My wife and son do our grocery shopping. They wear masks and gloves and use hand sanitizer. As soon as they come home, they both take showers and wash their clothes before they can enter the same room as me. I plan to stay at home for the foreseeable future even after the "Safer at Home" or any other such order is lifted.

12. I do not anticipate feeling safe leaving my home until a vaccine against COVID-19 is developed or a cure becomes available. I am also fearful that leaving my home will become more dangerous to me now that social distancing restrictions have been relaxed in

Alabama. If more people are out because restrictions have been relaxed or they become lifted in the near future before a vaccine or cure, it will become even harder for me to exit my home and attempt to be socially distant.

13. I have always voted in-person. I voted in person during this year's Super Tuesday primary on March 4, and I want to vote in the July 14 primary runoff. But I am afraid to go to the polls, because I cannot risk contracting COVID-19.

14. I would like to vote absentee, but I am afraid I will not be able to comply with the requirement that you mail in a photocopy of your photo ID with the absentee ballot application. Although I have a printer at home, I am retired and receive only my very limited Social Security Income. I am worried that I may not be able to afford the ink, paper, and toner needed to maintain my printer for the July 14 election.

15. Because of my difficulty ambulating, I worry that if I am forced to go to a place of business to copy my photo ID or to an in-person polling place, I may not be able to keep an adequate distance from others—even if I am careful to keep six feet or more away from others, that does not mean others will be careful to keep six feet away from me. Its physically impossible for me to react quickly to evade people or move out of the way.

16. If I am unable to meet the absentee voting requirements, I would prefer to vote curbside rather than in-person by entering the polling place. "Drive thru" voting would greatly reduce my risk of contact with other persons, particularly in light of my difficulty ambulating.

17. If I am unable to vote absentee or curbside, and the only option available to me is to vote in-person, I will not vote because the risk to my life from a COVID-19 infection is too great. The franchise is something people of my parents' generation died for, but I do not think it is right for us to have to die now. I should not have to pay that kind of price to vote.

18. Although it seems far off, I understand that this virus is not expected to go away by the fall. Because of my severely increased risk of contracting COVID-19 due to my health conditions, my age, and my race, I cannot imagine feeling safe to vote in-person in November. I also cannot predict my family's financial situation in November. I am not sure if we will be able to afford the ink and paper we would need to print a copy of my ID in November.

19. Because of the photo ID requirement and the lack of curbside voting in Alabama, I do not know how or if I will be able to vote without having to risk my life and safety in July or November.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 9th, 2020


Howard Porter, Jr.

EXHIBIT 55

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No. 2:20-cv-00619-AKK

DECLARATION OF ANNIE CAROLYN THOMPSON

Pursuant to 28 U.S.C. § 1746, I, Annie Carolyn Thompson, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am a Plaintiff in the case *People First of Alabama et al., v. Merrill, et al.*
3. I am 69 years old and a resident of Mobile, Alabama. I am a U.S. citizen and have never lost my right to vote due to felony conviction or court order.
4. I am an African-American woman. I live alone in my home in Mobile, Alabama.
5. I am registered to vote in Mobile, Alabama.
6. I currently suffer from chronic medical conditions, including diabetes and high blood pressure. I am also recovering from a serious fall in January and am having more difficulty than usual getting around.
7. I was born in Wilcox County, Alabama. My family—the Pettaway family—has deep roots in Wilcox County. My family on my mother’s side were enslaved by the Pettaway family on their plantation. After emancipation, my family worked as sharecroppers. Many members of

my family still live and own land in Boykin, Alabama, also known as Gee's Bend—or Pettaway Bend to locals.

8. I went to Central High School in Mobile, Alabama before it was integrated, and I lived in Mobile during the Civil Rights Movement of the 1950s and 1960s.

9. I was a cosmetologist for 35 years in Mobile and in New Orleans, Louisiana. When I retired from cosmetology, I became a caretaker. I am hired by the family of a loved one who lives in an assisted living facility to provide extra care.

10. On or about April 1, 2020, the patient I was caring for spiked a high fever. He was taken to the hospital and tested for COVID-19.

11. On or about April 1, 2020, because I had been in close contact with someone who may have had COVID-19, I was tested for COVID-19. I went to the parking lot of my doctor's office where I knew tests were being offered to those who qualified. Thankfully, my test came back negative at that time.

12. Prior to April 1, 2020, I had been taking measures to protect myself, including wearing a mask and gloves whenever I was out in public or at the assisted living facility.

13. On or about April 1, 2020, I began self-isolating at my home to protect myself from contracting COVID-19. I am isolating myself from others to prevent COVID-19 infection since I am high-risk for complications. Since that time, I only see another person when my daughter or granddaughter bring me groceries and check on me periodically.

14. I voted in person in the March 3, 2020 primary in Mobile.

15. I plan to vote in the First Congressional District Democratic primary runoff election on July 14 in Mobile and the November 3 general election.

16. I would prefer to vote in person for upcoming 2020 elections. But because of my increased risk of contracting and having severe complications, including death, from COVID-19,

I am unable to vote in person for the remainder of the 2020 elections without severe risks to my health and life.

17. I understand that to vote by absentee ballot in the July 14, August 25, and November 3 elections, I must include a copy of my photo ID with my absentee ballot application.

18. I do not own a printer, a scanner, or a copy machine. I only recently purchased a laptop computer and have internet access, but I have no way of making a copy of my photo ID from my home.

19. To obtain a copy of my photo ID, I would have to leave my home and find a business that would allow me to purchase a copy of my photo ID. This would require me to engage in the person-to-person contact that I have been specifically avoiding to protect myself from COVID-19 infection.

20. I also understand that to vote by absentee ballot in the July 14, August 25, and November 3 elections, I must sign my absentee ballot in the presence of a notary or two adult witnesses.

21. Since I live alone, I would have to leave my home and engage in the person-to-person contact I have been avoiding to sign my ballot in the presence of a notary or two adult witnesses. This is a risk I do not want to take given my higher risk of contracting and having severe illness or dying from COVID-19.

22. I understand that to vote by absentee ballot in the November 3 election, I need to qualify for an excuse provided on the absentee ballot application. I understand that no State of Alabama official has approved COVID-19-related health concerns as a valid excuse to vote by absentee ballot in the November general election. I understand that I do not currently qualify for an excuse on the absentee ballot application.

23. If given the option to vote curbside at my polling place, I would do so.

24. If I cannot vote by absentee ballot or via curbside voting at my polling place, I will not be able to vote in November.

25. Voting has always been important to me, particularly given my family's history, and the long struggle for voting rights in Alabama and this country. When I was a child, I saw members of my community who were forced to buy "voting cards" to cast a ballot. Growing up, I knew that most of the adults I looked up to in my neighborhood were not able to vote. I know that Black people from my home in Gees Bend and my community in Mobile fought and died for the right to vote. I registered to vote when I was 18 years old, and I have tried to vote in every election since then. Over the years, I have worked as a poll worker for my local precinct, including as a precinct captain.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 7th day of May 2020.

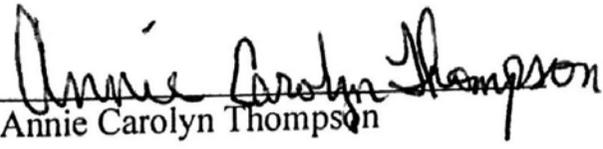

Annie Carolyn Thompson

EXHIBIT 56

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No. 2:20-cv-00619-AKK

**DECLARATION OF SUSAN ELLIS ON BEHALF OF
PEOPLE FIRST OF ALABAMA**

Pursuant to 28 U.S.C. § 1746, I, Susan Ellis, declare as follows:

1. I am over the age of eighteen, and I am competent to make this declaration. I provide this declaration based upon my personal knowledge. I would testify to the facts in this declaration under oath if called upon to do so.
2. I am the Executive Director of People First of Alabama (“People First”). In my capacity as Executive Director, I am familiar with, and receive frequent updates and proposals for, the activities of People First.
3. People First is a Plaintiff in the case *People First of Alabama et al., v. Merrill, et al.*
4. People First, founded in 1988, is a group of people with developmental disabilities dedicated to making their dreams happen by having choices and control over their own lives, including by having opportunities to make decisions and plans for themselves instead of having others make decisions for them.
5. People First has membership chapters across Alabama, divided into five regions. We currently have 25 membership chapters.

6. People First assists its members in accessing, among other things, competitive employment, decent housing of their choosing, transportation, and full citizenship with equal rights. This work with members includes securing access to full and equal voting rights.

7. One of People First's current initiatives is called "Project Vote" and is a training curriculum that our organization has adapted to provide voter training to individuals with disabilities around the state. The curriculum focuses on how to register to vote, the importance of voting, and what support is available for voters with disabilities.

8. Our members include registered voters with disabilities who plan to vote in the July 14, August 25, and November 3 elections.

9. People First members include registered voters with disabilities who have conditions that put them at higher risk of contracting or having severe complications, including death, from COVID-19, and are thus required to self-quarantine. Voting in person would therefore put the health of these voters at significant risk because of the person-to-person contact at the polling place.

10. People First members include registered voters with disabilities who live alone, including those with conditions that put them at higher risk of contracting or having severe complications, including death, from COVID-19. Although these members could vote by absentee ballot for the July 14 and August 25 elections given Secretary of State Merrill's emergency order, they are unable to comply with the requirement to have their absentee ballot notarized or witnessed by two adults because those activities require person-to-person contact.

11. For example, People First member Kelly has severe asthma and difficulty breathing. She has an elevated risk for severe complications from respiratory illnesses such as COVID-19. Because of her elevated risk, Kelly has been socially isolating at her home in Pea Ridge,

Alabama where she lives alone. Kelly cannot safely vote in person without risking COVID-19 infection, but because she lives alone and is isolating herself from others, she will be unable to comply with the requirement to have her absentee ballot notarized or witnessed by two adults without risking her health. Kelly will also not be able to comply with the requirement to include a copy of her photo ID requirement with her absentee ballot application. Kelly has a developmental disability that makes it very difficult for her to use technology, and she does not have a printer, scanner, or copier in her home. And because she cannot leave her home due to COVID-19 risks, she is unable to obtain a copy elsewhere without significant risks to her health.

12. Many People First members have disabilities that make it difficult for them to have steady employment and they live mostly off social security disability income, including people with conditions that put them at higher risk of contracting or having severe complications, including death, from COVID-19. Accordingly, they cannot afford technology required to comply with the state's photo ID requirement for absentee ballot, including printers, scanners, copiers, or even internet access. And traveling to a business to make copies—which would also be challenging on a fixed income—would force these members to engage in person-to-person contact that risks their health.

13. People First members include voters who use wheelchairs and voters with physical disabilities who are less able to access the inside of their polling place and those who require assistance voting and thus cannot vote by absentee ballot, including people with conditions that put them at higher risk of contracting or having severe complications, including death, from COVID-19. People First members also include people with intellectual disabilities who normally vote in-person and would have difficulty switching to an absentee ballot process, including people with conditions that put them at higher risk of contracting or having severe complications,

including death, from COVID-19. If Alabama offered curbside or drive-thru voting—especially during the COVID-19 pandemic—these members would use such an option to safeguard their health while still voting in person.

14. Every election year People First conducts voter education trainings for its members. These trainings are conducted at individual chapter meetings and at larger events throughout the state. Typically, the content focuses on the voting rights of people with developmental disabilities and the right to assistance in the voting booth. This year People First must divert resources from these trainings so that it can train its members on navigating the election system during the pandemic, including education on how to apply for, fill out, and return an absentee ballot so that it is counted.

15. People First of Alabama is Plaintiff in this lawsuit because people with disabilities have the same fundamental right to vote as other Americans. During the COVID-19 pandemic, it is critical that election administrators protect the health and safety of voters and election workers and safeguard accessible voting for voters with disabilities, including safe mail-in, curbside, and in-person options.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 11 day of May 2020.

Susan Ellis
Susan Ellis

EXHIBIT 57

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF SCOTT DOUGLAS, III

Pursuant to 28 U.S.C. § 1746, I declare that the following is true and correct to the best of my knowledge:

1. My name is Scott Douglas, III, and I am employed as the Executive Director of Greater Birmingham Ministries (“GBM”), a Plaintiff in this matter.

2. GBM was founded in 1969 in response to the urgent human and justice needs of the residents of the greater Birmingham, Alabama area. GBM is a multi-faith, multi-racial organization that provides emergency services for people in need and engages in community efforts to create systematic change with the goal of building a strong, supportive, and politically active society that values and pursues justice for all people.

3. I have served as the Executive Director for GBM since February 1993.

4. GBM is a non-profit and non-partisan organization committed to improving the participation of marginalized and low-income voters, in particular, African-American and Latino voters, in the democratic process, through voter registration, voter education and voter participation. During my employment with GBM, I have overseen our voter registration, voter education and voter turnout efforts.

5. GBM conducts its voter registration activities at its offices and at community-based sites such as school campuses, malls and fairs.

6. Since its founding in 1969, GBM has conducted numerous voter mobilization campaigns in Alabama. GBM conducts its voter mobilization campaigns by identifying, recruiting, training and organizing members of partner faith communities, student groups and other organizations to contact registered voters and monitor elections at identified high traffic polling places in Birmingham's low-income and predominately African-American and Latino neighborhoods. Additionally, GBM provides resources and training to students on Birmingham-area college campuses who work to register their fellow students at various campus locations and events.

7. As a result of the Witness Requirement and the Prohibition on Curbside Voting, GBM is now required to divert a portion of its limited financial and organizational resources away from voter registration and turnout efforts to undertake such new activities as (1) assessing who among its members are unable to comply with the Witness Requirement amid the COVID-19 pandemic; (2) increasing efforts to educate its members and constituents about the Witness Requirement; (3) advocating that Defendants permit curbside voting; and (4) investigating, responding to, mitigating, and addressing the concerns of its members and constituents impacted or who will be disenfranchised by the Witness Requirement, Prohibition on Curbside Voting, and Defendants' inadequate efforts to protect voters from COVID-19 ahead of the 2020 elections. In absence of the Witness Requirement and Prohibition on Curbside Voting, GBM would not have had to engage in these activities. As a result, GBM is limited, and will continue to be limited, in the organizational resources that it can devote to its other core goals.

8. In addition, because of the Witness Requirement and Prohibition on Curbside

Voting, a significant number of GBM's members will be forced to make an impossible choice between their health and safety or the ballot.

9. GBM has about 5,000 members. Many of GBM's low-income members lack access to a computer, the internet, or other videoconferencing technology. About a third of GBM's members are senior citizens and about one fifth of all GBM members live alone. Of those members, many are Black, Latinx, disabled, or low-income registered voters who are staying home because they are at a higher risk of death or serious illness from COVID-19 due to age or preexisting medical conditions, like diabetes or hypertension.

10. For example, one member is 44 years old and has high blood pressure. She has been taking care of her two grandkids who have asthma since mid-March, because her daughter has to continue working. She is staying at home unless absolutely necessary. She does the grocery shopping for her grandkids, and for her homebound uncle and mother, who are in the at-risk age group and currently living together. She limits her grocery visits to one big trip about every other week. She uses a mask, gloves, and hand sanitizer. She is already concerned about having to go to the grocery store, and does not feel comfortable going to additional group settings unless absolutely necessary. She is interested in curbside voting to minimize her exposure to other people for the health of herself and her family.

11. Another member is 65 years old and lives only with her husband. She is very concerned about contracting COVID-19, and has been staying at home except for necessary trips like the grocery store. Although she is a devoted church-goer and teaches Sunday school, she stopped going to church, the gym, and other group settings about two weeks before the Governor's stay at home order was issued. She is interested in voting absentee, but she cannot get a second witness signature without coming into contact with someone outside of her household. She is

interested in the option of “drive thru” voting in order to minimize contact with others.

12. Without the relief requested, these members will have to choose between risking their lives or not voting in the upcoming August 25 and November 3, 2020 elections. In addition, without court intervention, GBM will be unable to undertake activities that are central to achieving its mission and to ensuring the dignity and political participation of vulnerable people.

I swear under penalty of perjury that the forgoing is true and correct. Executed on this day the 12th of May, 2020.

A handwritten signature in black ink that reads "Scott Douglas III". The signature is written in a cursive style with a large, sweeping initial "S".

Scott Douglas III

EXHIBIT 58

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

PEOPLE FIRST OF ALABAMA, et al.,

Plaintiffs,

v.

JOHN MERRILL, et al.,

Defendants.

Case No.: 2:20-cv-00619-AKK

DECLARATION OF BENARD SIMELTON

Pursuant to 28 U.S.C. § 1746, I declare that the following is true and correct to the best of my knowledge:

1. My name is Benard Simelton and I am the President of the Alabama State Conference of the NAACP (“Alabama NAACP”). The Alabama NAACP is a Plaintiff in this matter.

2. The Alabama NAACP is a non-profit and non-partisan organization and a state conference of the National Association for the Advancement of Colored People. The Alabama NAACP was founded in 1913 and is the oldest civil rights organizations in the State. The Alabama NAACP works to ensure the political, educational, social, and economic equality of African Americans, other minorities, and all residents of Alabama. We are committed to the removal of all discriminatory barriers to the democratic process, and the full enforcement of federal laws securing the right to vote.

3. The Alabama NAACP fulfills its mission by seeking to increase voter registration and voter turnout, engaging in voter registration and “get-out-the-vote” drives, and publicly

advocating to address the adverse effects of racial discrimination in voting and to seek its elimination.

4. I have served as the President of the Alabama NAACP since October 2009. During my time as President, I have overseen the Alabama NAACP's voter registration, voter education and voter mobilization efforts.

5. As a non-profit organization, the Alabama NAACP raises money from private donors and membership fees. The Alabama NAACP has no paid staff and relies entirely on the assistance of volunteers, such as myself, to meet its goals. As a result, the Alabama NAACP's monetary, personnel and time resources are very limited.

6. Although the "Witness Requirement," which requires a voter to have a notary or two witnesses sign their absentee ballot affidavit, and the prohibition on curbside voting (together, the "Challenged Provisions") already presented barriers to voting, those barriers have become exponentially worse in light of the COVID-19 pandemic. The Alabama NAACP has had to expend greater time and resources addressing these Challenged Provisions, such as (1) assessing who, among its members and constituency will be unable to comply with the Witness Requirement, while taking protective measures against COVID-19 infection, like staying home; (2) increasing efforts to educate Black and disabled voters, as well as the general public, about the Witness Requirement; and (3) advocating for the adoption of measures like curbside voting that would ease the burdens on in person voters amid the pandemic. For example, the Alabama NAACP has contacted the Alabama Secretary of State to raise our concerns regarding burdens to safely casting a ballot in the July 14 primary runoff and other 2020 elections, including concerns regarding the lack of curbside or "drive thru" voting. In absence of the Challenged Provisions, the Alabama NAACP would not have had to engage in these activities.

7. This diversion of our resources, time, and efforts impairs our ability to conduct our traditional voter education and voter mobilization efforts, such as registration and “get-out-the-vote” drives. Having to address the Challenged Provisions limits our ability to fulfill our broader mission of expanding political, social, and economic opportunities for African Americans.

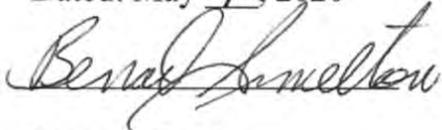
8. Moreover, there is documented evidence that Black Alabamians continue to face higher rates of infection and death from COVID-19 due to disparities in access to healthcare and other forms of structural inequality. Unnecessary interactions with other people—whether a notary, a witness, or poll workers and other voters at polling sites—will exacerbate the health risks already posed by COVID-19 to Alabama’s African-American community members.

9. Many of the Alabama NAACP members are African American citizens and registered voters who will be directly impacted by the Challenge Provisions. In addition, many Alabama NAACP members are considered at high risk for serious illness or dying from COVID-19 due to their advanced age (above 65) or underlying health conditions (such as diabetes or hypertension). These members and others are staying at home and engaging in strict social isolation to avoid contracting COVID-19. For example, one of our members and a president of a local NAACP chapter is in their 80s, lives alone, and has both heart disease and breast cancer. This member is extremely vulnerable to COVID-19. Additionally, this member does not have ready access to videoconferencing technology. Therefore, for this individual and other vulnerable members, complying with the Witness Requirement would require unsafe exposure to people outside of their household, contrary to public health guidance. Moreover, because of the prohibition on curbside voting, this member—and other Alabama NAACP members—do not have a safe option for voting in person. It is paramount that Alabama NAACP members continue to have safe options for voting in person, like curbside voting. This is especially true of Latino

members who may require language assistance or older voters who may need assistance reading or filling out the ballot, due to limited literacy or other concerns. Those members who cannot satisfy the Witness Requirement or who need assistance from poll workers will need to vote in person. Unfortunately, the Challenged Provisions force these members to make a choice between protecting their health and exercising their right to vote.

10. If these Challenged Provisions remain in place, our members will not be able to access their full rights, and our organization's mission to ensure the equal representation of our members and communities in this July's primary runoff and other 2020 elections will be and all 2020 elections will be irreparably harmed.

Dated: May 7, 2020

A handwritten signature in cursive script that reads "Benard Simelton". The signature is written in black ink and is positioned above the printed name.

Benard Simelton

EXHIBIT 60

FIPSCode	Jurisdiction_Name	State_Full	State_Abbr	By-mail Ballots Counted: Total	C3Comme By-mail Ballots Rejected: Total	By-mail Rejected: Witness Signature
01001000	AUTAUGA COUNTY	ALABAMA	AL	728	4	4
01003000	BALDWIN COUNTY	ALABAMA	AL	2748	22	0
01005000	BARBOUR COUNTY	ALABAMA	AL	684	86	11
01007000	BIBB COUNTY	ALABAMA	AL	196	0	0
01009000	BLOUNT COUNTY	ALABAMA	AL	426	1	0
01011000	BULLOCK COUNTY	ALABAMA	AL	204	8	0
01013000	BUTLER COUNTY	ALABAMA	AL	584	21	11
01015000	CALHOUN COUNTY	ALABAMA	AL	1003	9	0
01017000	CHAMBERS COUNTY	ALABAMA	AL	386	1	0
01019000	CHEROKEE COUNTY	ALABAMA	AL	306	2	0
01021000	CHILTON COUNTY	ALABAMA	AL	371	7	1
01023000	CHOCTAW COUNTY	ALABAMA	AL	415	5	2
01025000	CLARKE COUNTY	ALABAMA	AL	954	23	0
01027000	CLAY COUNTY	ALABAMA	AL	223	1	0
01029000	CLEBURNE COUNTY	ALABAMA	AL	214	3	0
01031000	COFFEE COUNTY	ALABAMA	AL	416	10	1
01033000	COLBERT COUNTY	ALABAMA	AL	760	0	0
01035000	CONECUH COUNTY	ALABAMA	AL	237	0	0
01037000	COOSA COUNTY	ALABAMA	AL	113	0	0
01039000	COVINGTON COUNTY	ALABAMA	AL	399	0	0
01041000	CRENSHAW COUNTY	ALABAMA	AL	322	0	0
01043000	CULLMAN COUNTY	ALABAMA	AL	820	7	0
01045000	DALE COUNTY	ALABAMA	AL	403	3	3
01047000	DALLAS COUNTY	ALABAMA	AL	731	0	0
01049000	DEKALB COUNTY	ALABAMA	AL	676	35	15
01051000	ELMORE COUNTY	ALABAMA	AL	784	-88	0
01053000	ESCAMBIA COUNTY	ALABAMA	AL	439	11	0
01055000	ETOWAH COUNTY	ALABAMA	AL	987	47	16
01057000	FAYETTE COUNTY	ALABAMA	AL	437	32	17
01059000	FRANKLIN COUNTY	ALABAMA	AL	337	7	0
01061000	GENEVA COUNTY	ALABAMA	AL	180	9	1
01063000	GREENE COUNTY	ALABAMA	AL	279	4	0
01065000	HALE COUNTY	ALABAMA	AL	319	13	7
01067000	HENRY COUNTY	ALABAMA	AL	268	1	0
01069000	HOUSTON COUNTY	ALABAMA	AL	872	8	0
01071000	JACKSON COUNTY	ALABAMA	AL	441	10	5
01073000	JEFFERSON COUNTY	ALABAMA	AL	6535	665	169
01075000	LAMAR COUNTY	ALABAMA	AL	150	0	0
01077000	LAUDERDALE COUNTY	ALABAMA	AL	1131	28	24
01079000	LAWRENCE COUNTY	ALABAMA	AL	305	0	0
01081000	LEE COUNTY	ALABAMA	AL	1829	14	0
01083000	LIMESTONE COUNTY	ALABAMA	AL	1208	0	0
01085000	LOWNDES COUNTY	ALABAMA	AL	227	0	0
01087000	MACON COUNTY	ALABAMA	AL	242	2	2
01089000	MADISON COUNTY	ALABAMA	AL	5230	0	0
01091000	MARENGO COUNTY	ALABAMA	AL	391	0	0
01093000	MARION COUNTY	ALABAMA	AL	338	0	0
01095000	MARSHALL COUNTY	ALABAMA	AL	802	9	4
01097000	MOBILE COUNTY	ALABAMA	AL	3791	0	0
01099000	MONROE COUNTY	ALABAMA	AL	501	15	0
01101000	MONTGOMERY COUNTY	ALABAMA	AL	2473	0	0
01103000	MORGAN COUNTY	ALABAMA	AL	0	0	0
01105000	PERRY COUNTY	ALABAMA	AL	447	2	0
01107000	PICKENS COUNTY	ALABAMA	AL	351	0	0
01109000	PIKE COUNTY	ALABAMA	AL	357	15	1
01111000	RANDOLPH COUNTY	ALABAMA	AL	298	0	0
01113000	RUSSELL COUNTY	ALABAMA	AL	421	4	0
01115000	ST. CLAIR COUNTY	ALABAMA	AL	879	23	2
01117000	SHELBY COUNTY	ALABAMA	AL	2412	53	0
01119000	SUMTER COUNTY	ALABAMA	AL	355	0	0
01121000	TALLADEGA COUNTY	ALABAMA	AL	676	15	10
01123000	TALLAPOOSA COUNTY	ALABAMA	AL	611	0	0
01125000	TUSCALOOSA COUNTY	ALABAMA	AL	1820	124	13
01127000	WALKER COUNTY	ALABAMA	AL	565	0	0
01129000	WASHINGTON COUNTY	ALABAMA	AL	256	7	4
01131000	WILCOX COUNTY	ALABAMA	AL	311	0	0
01133000	WINSTON COUNTY	ALABAMA	AL	259	2	0

EXHIBIT 61

STATE	YEAR	NAME	TYPE OF CASE	TYPE OF FRAUD
Alabama	2016	Daniel W. Reynolds	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Daniel W. Reynolds pleaded guilty to three counts of absentee ballot fraud and was sentenced to two years' probation. Reynolds, the chief campaign volunteer for Commissioner Amos Newsome, participated in falsifying absentee ballots in the Dothan District 2 election between Newsome and his rival Lamesa Danzey in the summer of 2013.</p> <p>Source: bit.ly/1Q1HFhh</p>				
Alabama	2015	Janice Lee Hart	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Janice Lee Hart pleaded guilty to eight misdemeanor counts of attempted absentee ballot fraud in connection with misconduct while working on the 2013 campaign for District 2 City Commissioner Amos Newsome. Prosecutors charged that Hart was not present when absentee ballots were signed even though she was listed as a witness on the ballots. In the election, Newsome defeated his challenger by only 14 votes and received 119 out of the 124 absentee ballots cast. A judge sentenced Hart to 12 months in the county jail for each count, which he suspended to two years of probation for each count.</p> <p>Source: bit.ly/2fe7wVw</p>				
Alabama	2015	Lesa Coleman	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>A Houston County jury found Lesa Coleman guilty of seven felony counts of absentee ballot fraud related to the 2013 election for a city commission seat. Coleman received a three year split sentence. She will serve 180 days in jail followed by three years of probation.</p> <p>Source: bit.ly/2fegulR, bit.ly/2fb7qQO</p>				
Alabama	2015	Olivia Lee Reynolds	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Olivia Lee Reynolds was convicted of 24 counts of voter fraud. While working on the 2013 campaign for her boyfriend, Dothan City Commissioner Amos Newsome, Reynolds filled out voters' ballots for them and told others for whom to vote. Her fraud had definite consequences: Commissioner Newsome won reelection by a mere 14 votes, losing the in-person vote by a wide margin but winning an incredible 96 percent of the absentee vote. Newsome himself faced pressure to resign as a consequence. Reynolds was sentenced to serve six months in a community corrections facility. She is appealing the conviction.</p> <p>Source: bit.ly/2fcPwuv, bit.ly/2edRZT9</p>				
Alabama	2010	Karen Tipton Berry	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Ms. Berry pleaded guilty and received a two-year suspended sentence. The former Pike County Commissioner narrowly won--and then lost--her 2008 reelection bid when 10 absentee ballots were found to have been fraudulently cast in the election. Ms. Berry was charged with mailing an illegal absentee ballot.</p> <p>Source: bit.ly/2enJYyi</p>				
Alabama	2010	Gay Nell Tinker	Criminal Conviction	Fraudulent Use Of

				Absentee Ballots
<p>Gay Nell Tinker, a former circuit clerk for Hale County, pleaded guilty to multiple counts of absentee ballot fraud after her scheme to orchestrate fraudulent absentee ballots for the benefit of multiple candidates was uncovered. She admitted to falsifying the ballots of five voters to benefit certain candidates, including her brother, Circuit Court Judge Marvin Wiggins, and her husband, Senator Bobby Singleton (D_Greensboro).</p> <p>Source: bit.ly/2fbj3qP, bit.ly/2fbg0yM</p>				
Alabama	2009	Valada Paige Banks and Rosie Lyles	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Valada Paige Banks and Rosie Lyles pleaded guilty to third-degree possession of a forged affidavit of an absentee ballot with intent to defraud. They both received 12-month suspended sentences and two years of probation and were ordered to pay court fees.</p> <p>Source: bit.ly/2enV3j3</p>				
Alabama	2005	Connie Tyree, Frank "Pinto"...	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>The Birmingham Office of the U.S. Attorney and the Alabama Attorney General conducted an extensive joint investigation of absentee ballot fraud allegations in Greene County in the November 1994 election. By the end of the investigation, nine defendants pleaded guilty to voter fraud and two others were found guilty by a jury. The defendants included Greene County commissioners, officials, and employees; a racing commissioner; a member of the board of education; a Eutaw city councilman; and other community leaders. The conspiracy included using an assembly line to mass produce forged absentee ballots meant to swing elections in favor of preferred candidates.</p> <p>Source: bit.ly/2tMvhMQ</p>				
Alabama	2002	Nathaniel Gosha and Lizzie Mae Perry	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Nathaniel Gosha was convicted of 25 counts (nine felony counts of falsifying ballots and 16 counts of second-degree possession of a forged instrument) of voter fraud for offering to sell absentee votes in Russell County. Another Russell County resident, Lizzie Mae Perry, pleaded guilty to two felony counts of falsifying absentee ballots and two misdemeanor counts of disclosing votes. Gosha was sentenced to 180 days in jail, 4.5 years of probation, and \$2,600 in court fines. Perry was sentenced to 30 days in jail and 18 months' probation.</p> <p>Source: bit.ly/2enPrFC, bit.ly/2fEzoEY</p>				
Alabama	2000	Melvin Lightning and Aaron Evans	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Melvin Lightning pleaded guilty to illegal absentee voting. Along with Evans, Lightning forged absentee ballot request forms in the name of other voters. Upon receiving the ballots, the pair took them to the named voters and obtained their signatures on the ballot envelope without telling the voters that they were signing an actual ballot. Lightning then completed and cast the ballots himself. He received a 12-month prison sentence, which was suspended in favor of 12 months' probation. His accomplice, Evans, was convicted in 1998 on seven counts of illegal absentee voting. He got a 10-year prison sentence, eight of which were suspended.</p> <p>Source: bit.ly/2fbhEk7</p>				

Alabama	2000	Sheriff David Sutherland, Denita Lee,...	Criminal Conviction	Buying Votes, Fraudulent Use Of Absentee Ballots
<p>An absentee-ballot buying operation was uncovered in Winston County, Alabama, that led to the conviction of the sheriff, circuit clerk, a district judge, and several candidates for county commission and the board of education. The conspirators set out to buy absentee ballots in the 2000 Republican primary with bribes of cash, beer, and liquor. Judge Richardson pleaded guilty to a misdemeanor charge of failing to report campaign expenditures; the others pleaded guilty to felony charges stemming from the operation. Bailey was sentenced to three years' probation, plus a \$1,000 fine and 250 hours of community service. Neal got three years' probation, a \$2,500 fine, and 250 hours' community service. Ingram was ordered to serve a year in prison and pay a \$1,000 fine. Emerson got two years' probation. Judge Richardson resigned, and received a suspended six-month prison sentence, one year probation, and a \$1,000 fine.</p> <p>Source: bit.ly/2feojb2</p>				
Alabama	2017	Brandon Dean	Judicial Finding	Fraudulent Use Of Absentee Ballots
<p>Brandon Dean, who was elected mayor of Brighton, Alabama in 2016, was ordered to vacate the office after a judge determined that 46 fraudulent absentee votes had been cast for him in the 2016 election. Of these ballots, 21 were not signed by the voter, 22 had been sent to Dean's address instead of the voters' homes, 2 absentee ballots were submitted by voters who were actually present at city hall on Election Day, and one did not live in Brighton city limits. Deducting the fraudulent votes dropped Dean's vote total below the threshold needed to avoid a mandatory runoff, which the city of Brighton must now hold.</p> <p>Source: bit.ly/2juUSav, bit.ly/2jynArf</p>				
Alabama	2017	Wetumpka City Council District 2	Official Finding	Fraudulent Use Of Absentee Ballots, Election Overturned
<p>A judge overturned the preliminary election results and declared Lewis Washington as the winner in a contested Wetumpka City Council District 2 election. On election night, it appeared that Washington's opponent, Percy Gill, who was the incumbent, had won by three votes. Washington challenged the result, and following a trial in which live witnesses and forensics experts testified, the judge threw out eight absentee ballots that had been cast for Gill either because the signatures had been forged or they had not been notarized or signed in front of the requisite number of witnesses, and declared Washington to be the winner.</p> <p>Source: bit.ly/2AkU5xv, bit.ly/2Agk7nS</p>				
Alabama	2012	Shelia Pritchett	Criminal Conviction	Fraudulent Use Of Absentee Ballots
<p>Shelia Pritchett, of Phenix City, was charged with two counts of second-degree forgery and two counts of absentee ballot fraud stemming from illegal activity while working for a 2012 candidate for municipal office. Pritchett pleaded guilty to all four counts and was sentenced to 22 months of probation, and fined \$2,500. A spokeswoman for the Russell County district attorney confirmed the disposition of this case.</p> <p>Source: bit.ly/2TpCLAK, bit.ly/2yU6ZIX</p>				
Alabama	2012	Stephanie Elias	Criminal Conviction	Fraudulent Use Of Absentee Ballots

Stephanie Elias, of Columbus, was charged with four counts of second-degree forgery and four counts of absentee ballot fraud stemming from illegal activity while working for a 2012 candidate for municipal office in Phenix City. Elias pleaded guilty to all eight counts and was sentenced to 22 months of probation, and fined \$2,500. A spokeswoman for the Russell County district attorney confirmed the disposition of this case.

Source: bit.ly/2TpCLAK, bit.ly/2yU6ZIX

Alabama	2019	Elbert Melton	Criminal Conviction	Fraudulent Use Of Absentee Ballots
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Elbert Melton, the former mayor of Gordon, illegally notarized two ballots, without witnesses present, during the 2016 election in which he was running for mayor. Melton won that race by only 16 votes. Melton was convicted on two counts of absentee ballot fraud, was removed from office, and was sentenced to serve one year in prison followed by two years of probation.

Source: <https://bitly.com/> bit.ly/2SPvL2X, bit.ly/30nEY2m, bit.ly/2TPo3Dt

EXHIBIT 62

**PRIMARY/PRIMARY RUN-OFF/GENERAL ELECTION
STATISTICS-STATE OF ALABAMA**

Voter Registration (active voters)		<u>Primary June 3, 1986</u>
	Democratic Republican	940,088 (Baxley, Graddick, James, McMillan, O'Neal; Gov. race) <u>29,194</u> (Carter, Hunt; Gov. Race) 969,282 (41% turnout)
2,362,361		
	Democratic Republican	879,977 (Allen, Folsom, Mitchem, Teague; Lt. Gov. race) <u>27,851</u> (Barton, Lyon, McGriff; Lt. Gov. Race) 907,828 (38% turnout)
		<u>Primary Runoff, June 24, 1986</u>
	Democratic	931,346 (Baxley, Graddick; Gov.) (39% turnout)
	Republican	<i>No statewide runoff races</i>
		<u>General Election, November 1986</u>
	Democrat Republican	537,163 (Baxley; Gov. race) <u>696,203</u> (Hunt; Gov. race) 1,233,366 (52% turnout)
2,362,361		
		<u>Presidential Preference Primary March 8, 1988</u> <i>(last year for PPP)</i>
	Democratic	407,413 (Babbitt, Dukakis, Gore, Hart, Jackson, LaRouch, Simon uncommitted)
	Republican	<u>213,565</u> (Bush, Dole, DuPont, Haig, Kemp, Robertson) 620,978 (26% turnout)
2,380,405		
		<u>Primary June 7, 1988</u>
	Democratic Republican	438,315 (Hornsby, Houston; Chief Justice Supreme Ct. race) <u>55,291</u> (Maxwell, Robinson; Assoc. Justice Supreme Ct. race) 493,606 (20% turnout)
		<u>Primary Runoff June 28, 1988</u>
	Democratic Republican	<i>no runoff</i> 30,672 (Johnston, Watson; Assoc. Justice Supreme Court race) (1% turnout)
		<u>General Election November 8, 1988</u> <i>Presidential Race</i>
	Democratic Republican Libertarian Independent	549,506 (Dukakis/Bentson) 815,576 (Bush/Quayle) 8,460 (Paul/Marrow) <u>4,428</u> (Fulani/Dattner, Warren/Mikells, Winn/Porter) 1,377,970 (56% turnout)
2,451,491		

Primary June 5, 1990

2,380,677	Democratic Republican	741,710 (Bishop, Daw, Flippo, Hubbert, James, Siegelman; Gov. race) <u>125,117</u> (Hunt, Pollard, Watley; Gov. Race) 866,827 (36% turnout)
	Democratic Republican	631,675 (Folsom, Branch; Lt. Gov. race) <u>100,713</u> (Bacon, Chambers, McKee; Lt. Gov. race) 732,388 (31% turnout)

Primary Runoff June 26, 1990

Democratic Republican	577,197 (Hubbert, Siegelman; Gov. race) <u>46,854</u> (Balch, Sanders; PSC PI.1) 624,051 (26% turnout)
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General Election November 1990

2,381,992	Democrat Republican	582,106 (Hubbert; Gov. race) <u>633,520</u> (Hunt; Gov. race) 1,215,626 (51% turnout)
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Primary June 2, 1992

2,137,860	Democrat Republican	<i>Presidential Race</i> 450,899 (Brown, Clinton, LaRouche, Woods, uncommitted;) <u>165,121</u> (Buchanan, Bush, uncommitted;) 616,020 (29% turnout)
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Primary Runoff June 30, 1992

Democrat Republican	65,655 (Baggiano, Wallace; U.S. House #2) <u>33,970</u> (Bachus, Conners; U.S. House #6) 99,625 (5% turnout)
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General Election November 3, 1992

2,210,617	Democrat Libertarian Republican Independent	<i>Presidential Race</i> 690,080 (Clinton/Gore) 5,737 (Marrou/Lord) 804,283 (Bush/Quayle) <u>187,237</u> (Fulani/Munoz; Hagelin/Tompkins; Perot/ Stockdale; Warren/Debates) 1,687,337 (76% turnout)
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Primary June 7, 1994

2,263,054	Democratic Republican	708,494 (deGraffenried, Siegelman, Wallace; Lt. Gov. race) <u>212,471</u> (Bedsole, Blount, James, Kirkland, Pollard, Swift; Gov. race) 920,965 (41% turnout)
	Democratic	703,567 (Folsom, Hayden, Hubbert, Stewart; Gov. race) (31% turnout)

Primary Runoff June 21, 1994

Democratic	519,814 (deGraffenreid, Siegelman; Lt. Gov. race)
Republican	<u>209,261</u> (Bedsole, James; Gov. Race)
	729,075 (32% turnout)

General Election November 8, 1994

Democrat	594,169 (Folsom; Gov. race)
Republican	<u>604,926</u> (James; Gov. race)
2,283,484	1,199,095 (53% turnout)

Primary June 4, 1996

Democratic	315,724 (Bedford, Bromberg, Browder, Davis; U.S. Senate race)
Republican	<u>215,046</u> (Blake, Clark, Lipscomb, McDonald, McRight, Sessions, Woods; U.S. Senate race)
2,346,544	530,770 (23% turnout)

Primary Runoff June 28, 1996

Democratic	230,162 (Bedford, Browder; U.S. Senate race)
Republican	<u>137,753</u> (McDonald, Sessions; U.S. Senate race)
	367,915 (16% turnout)

General Election November 5, 1996

	<i>Presidential Race</i>
Democratic	662,165 (Clinton/Gore)
Republican	769,044 (Dole/Kemp)
Independent	95,030 (Harris/Garza; Perot/Choate; Phillips/Titus)
Libertarian	5,290 (Browne/Jorgensen)
Natural Law	<u>1,697</u> (Hagelin/Tompkins)
2,470,766	1,533,226 (62% turnout)

Primary June 2, 1998

Democratic	358,179 (Lamb,Pate,Siegelman,Sowell;Gov. race)
Republican	<u>359,014</u> (Blount,Hunt,James,McAllister,Williams;Gov. race)
2,240,619	717,193 (32% turnout)

Primary Runoff June 30, 1998

Democratic	<i>No statewide races</i>
Republican	203,658 (Blount;Gov. race)
	<u>256,702</u> (James;Gov. race)
2,268,967	460,360 (20% turnout)

General Election November 3, 1998

Democrat	760,155 (Siegelman;Gov. race)	58%
Republican	<u>554,746</u> (James;Gov. race)	42%
2,316,598	1,314,901 (57% turnout)	

General Election October 12, 1999
 Special Constitutional Amendment Election

	Amendment #1	1,241,091 (Lottery) (52% turnout)
	Amendment #2	1,176,573
	Amendment #3	1,149,350
2,398,504		

General Election March 21, 2000

Special Constitutional Amendment Election

2,398,504	Amendment #1	169,776 (7% turnout)
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Primary June 6, 2000

	Democratic	278,527 (Gore, LaRouche;President)
	Republican	<u>211,046</u> (Baschab, Moore, See, Thorn;Chief Justice race)
2,392,777		489,573 (20% turnout)

Primary Runoff June 27, 2000

	Democratic	52,349 (Bell,Brown;State School Bd. #5)
	Republican	<u>58,937</u> (Long,Pittman; Civil Appeals Pl. 1)
2,392,777		111,286 (5% turnout)

General Election November 7, 2000

		<i>Presidential Race</i>
	Democratic	692,611 (Gore/Lieberman)
	Republican	941,173 (Bush/Cheney)
	Independent	25,896 (Buchanan/Foster; Hagelin/Goldhaber; Nader/Duke; Phillips/Frazier)
	Libertarian	<u>5,893</u> (Browne/Olivier)
2,528,963		1,665,573 (66% turnout)

Primary June 4, 2002

	Democratic	435,312 (Bishop, Harper III, Riddle, Siegelman, Townsend; Gov. race)
	Republican	<u>357,497</u> (T.James, Riley, Windom;Gov. race)
2,285,757		792,809 (35% turnout)

Primary Runoff June 25, 2002

	Democratic	271,196 (McPhillips, Parker;U.S. Senate race)
	Republican	<u>140,049</u> (Ivey, Wallace;State Treasurer's race)
2,285,757		411,245 (18% turnout)

General Election November 5, 2002

	Democrat	669,105 (Siegelman; Gov. race)	48.95%
	Republican	672,225 (Riley; Gov. race)	49.17%
	Libertarian	<u>23,272</u> (Sophocleus; Gov. race)	1.70%
2,356,423		1,367,053 (58% turnout)	(write-in votes included)

*Totals do not include write-in votes.

Special Constitutional Amendment Election September 9, 2003

2,332,807	Amendment #1	1,284,581 (55% turnout)
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Primary June 1, 2004

	Democratic	218,574 (Kerry, Kucinich, LaRouch; President)
	Republican	<u>210,566</u> (Baschab, Parker; Supreme Court Pl. 1)
2,502,082		429,140 (17% turnout)

Primary Runoff June 29, 2004

	Democratic	31,328 (Circuit judges, district judges, district attorney)
	Republican	<u>37,343</u> (SBOE District 3; US Congress District 5; district judgeships)
2,502,082		68,671 (3% turnout)

General Election November 2, 2004

	Democratic	693,933 (Kerry; President)
	Republican	1,176,394 (Bush; President)
	Independent	3,495 (Badnarik; President)
	Independent	6,701 (Nader; President)
	Independent	1,994 (Peroutka; President)
	Write-In	<u>898</u> (Write-in; President)
2,597,629		1,883,415 (72.5% turnout)

Primary June 6, 2006

	Democratic	466,537 (gubernatorial candidates)
	Republican	<u>460,019</u> (gubernatorial candidates)
2,413,279		926,556 (38.4% turnout)

Primary Runoff July 18, 2006

	Democratic	- (undetermined; no statewide office on ballot)
	Republican	198,692
2,435,101		

General Election November 7, 2006

	Democratic	519,827 (Baxley, Governor)
	Republican	718,327 (Riley, Governor)
	Write-In	<u>12,247</u>
2,469,807		1,250,401 (50.6% turnout)

Presidential Preference Primary Election February 5, 2008

	Democratic	536,626 (Biden, Clinton, Dodd, Edwards, Obama, Richardson, Uncommitted)
	Republican	<u>552,209</u> (Cort, Giuliani, Huckabee, Hunter, Keyes, McCain, Paul, Romney, Tancredo, Thompson, Uncommitted)
2,557,021		1,088,835 (42.6% turnout)

Primary June 3, 2008

	Democratic	175,889 (Figures, Swanson, Townsen; U.S. Senate)
	Republican	<u>216,408</u> (Sessions, Gavin)
2,597,081		392,297 (15.1 % turnout)

Primary Runoff July 15, 2008

	Democratic	(no statewide office on ballot)
	Republican	<u>103,670</u> (Cavanaugh, Chancey; PSC President)
2,604,803		103,670 (.04 % turnout)

General Election November 4, 2008 - Presidential

	Democratic	813,479 (Obama)
	Republican	1,266,546 (McCain)
	Independents	<u>16,089</u> (Baldwin, Barr, Nader)
2,841,195		2,096,114 (73.8% turnout)

Primary June 1, 2010 - Governor

	Democratic	119,972 (Davis)
		198,358 (Sparks)
	Republican	123,958 (Bentley)
		137,451 (Byrne)
		123,792 (James)
		8,362 (Johnson)
		95,163 (Moore)
		1,549 (Potts)
		<u>2,622</u> (Taylor)
2,521,041		811,227 (32.2% turnout)

Primary Runoff July 13, 2010

	Democrat	70,315 (Anderson: Attorney General)
		46,814 (Perkins: Attorney General)
	Republican	261,233 (Bentley: Governor)
		<u>204,503</u> (Byrne: Governor)
2,546,614		582,865 (22.9% turnout)

General Election November 2, 2010

		860,472 (Bentley: Governor)
		<u>625,710</u> (Sparks: Governor)
2,586,282		1,486,182 (57.5% turnout)

Statewide/Presidential Primary Election March 13, 2012

2,638,344	Democratic	22,815 (Circuit Judge Race)
	Republican	<u>621,731</u> (Presidential)
		644,546 24.42%

Primary Runoff April 24, 2012

2,644,912	Democratic	(no statewide office on ballot)
	Republican	<u>104,172</u> (Cavanaugh, Brown; PSC President)
		104,172 (.039 % turnout)

General Election November 6, 2012 - Presidential

2,833,938	Democratic	795,696 (Obama)
	Republican	1,255,925 (Romney)
	Independents	18,706 (Baldwin, Barr, Nader)
	Write-In	<u>4,011</u>
		2,074,338 (73.2% turnout)

Primary June 3, 2014

2,846,049	Democratic	180,658 (Governor)
	Republican	<u>434,525</u> (Governor)
		615,183 (21.6% turnout)

Primary Runoff July 15, 2014

2,852,895	Democratic	12,124 (Circuit Judge 10th Judicial Circuit PI. 10)
	Republican	<u>204,617</u> (Secretary of State)
		216,741 (0.075% turnout)

General Election November 3, 2014

2,986,782	Total Ballots Cast	1,191,274 (39.8% turnout)
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Presidential Preference Primary March 1, 2016

3,066,732	Total Ballots Cast	1,269,751	(41.40% turnout)
	<u>Democratic</u>		
	Clinton	293,809	
	De La Fuente	735	
	O'Malley	1,349	
	Sanders	72,371	
	Uncommitted	<u>8,339</u>	
		376,603	29.66% of total ballots cast
	<u>Republican</u>		
	Bush	3,974	
	Carson	88,094	
	Christie	858	
	Cruz	181,479	
	Fiorina	544	
	Graham	253	
	Huckabee	2,539	
	Kasich	38,119	
	Paul	1,895	
	Rubio	160,606	
	Santorum	617	
	Trump	373,721	
	Uncommitted	<u>7,953</u>	
		860,652	68% of total ballots cast

General Election November 8, 2016

3,198,703	Total Ballots Cast	2,137,482	(66.8% Turnout)
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Special U.S. Senate Primary Election - August 15, 2017

3,281,781	Total Ballots Cast	588,655	(17.9% Turnout)
	<u>Democratic</u>		
	Boyd	7,986	
	Caldwell	1,239	
	Fisher	3,479	
	Hanson	11,180	
	Jones	109,007	
	Kennedy, Jr.	29,284	
	Nana	1,404	
		<u>163,579</u>	28% of total ballots cast
	<u>Republican</u>		
	James Paul Beretta	1,087	
	Joseph F. Breault	253	
	Randy Brinson	2,642	
	Mo Brooks	83,691	
	Mary Maxwell	1,558	
	Roy S. Moore	164,984	
	Bryan Peeples	1,583	
	Trip Pittman	29,724	
	Luther Strange	139,554	
		<u>425,076</u>	72% of total ballots cast

Special U.S. Senate Primary Runoff Election - September 26, 2017

3,134,166	Total Ballots Cast	481,146	
	<u>Republican</u>		
	Moore	262,641	
	Strange	218,505	
		<u>481,146</u>	100% of total ballots cast

Special U.S. Senate General Election - December 12, 2017

3,326,812	Total Ballots Cast	1,348,720	(41% turnout)
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Primary Election - June 5, 2018

3,377,902	Total Ballots Cast	864,306	(25.6% turnout)
	Democratic	273,107	(attorney general candidates)
	Republican	591,199	(gubernatorial candidates)

EXHIBIT 63

Return this application to: _____

FORM AV-R1
Date Revised 09/03/2019

_____ COUNTY, ALABAMA

Please note that only one application may be placed in the same envelope.

Please note that a copy of your valid photo identification must be submitted along with this application

General Voter Information - Please provide complete information so that we may verify your eligibility to vote.

Last Name (Please print)		First Name		Middle or Maiden Name		E-mail Address		
Street Address (address where you are registered to vote; do not use PO box)						City	State	ZIP
Mail my ballot to the address where I regularly receive mail, if different from the street address provided above								
Precinct where you vote (name and/or location of your polling place)								
Date of Birth		Month	Day	Year		Driver's License Number		IF NO DRIVER'S LICENSE NUMBER
Home Telephone Number ()		Work Telephone Number ()		STATE		NUMBER		Last 4 digits of Social Security number

For all registered voters

I hereby make application for an absentee ballot so that I may vote in the following election:

- Primary Election or Presidential Preference Primary
Select one: Democratic Party Other _____
 Republican Party Amendments Only
- Primary Runoff Election
Select one: Democratic Party Other _____
 Republican Party Amendments Only
- General Election
- Special Election (specify) _____
If a primary or runoff, check one: Democratic Party Republican Party

- Absentee ballots for elections more than 42 days apart must be requested on separate applications, unless you are a member of the armed forces, or a spouse or dependent of such person, or you are a United States citizen residing overseas, or are permanently disabled.
- An application submitted by a member of the armed forces, or a spouse or dependent of such person, or a United States citizen residing overseas is valid for all county, state and federal elections in the current calendar year. An application submitted by a citizen with a permanent disability is valid for all municipal, county, state, and federal elections in the current calendar year.

I am applying for an absentee ballot because (check at least one box):

- I expect to be out of the county or the state on election day.
- I have a physical illness or infirmity which prevents my attendance at the polls. **[ID Required]**
- *I have a physical illness or infirmity which prevents my attendance at the polls. I am unable to access my assigned polling place due to neurological, musculoskeletal, respiratory (including speech organs), cardiovascular, or other life-altering disorder that affects my ability to perform manual tasks, stand for any length of time, walk unassisted, see, hear or speak **and**:
 - a) I am an elderly voter aged 65 or older; or
 - b) I am a voter with a disability.***[ID Not Required]**
- I expect to work a shift which has at least ten (10) hours that coincide with the polling hours at my regular polling place.
- I am enrolled as a student at an educational institution located outside the county of my personal residence, attendance at which prevents my attendance at the polls.
- I am a member of, or a spouse or dependent of a member of, the Armed Forces of the United States or am otherwise similarly qualified to vote absentee pursuant to the Uniformed and Overseas Citizens Absentee Voting Act, 52 U.S.C. § 20302. **[ID Not Required]**
This application for an absentee ballot will be valid for all county, state, and federal elections held during this calendar year unless you specify an earlier expiration date here: _____.
- I have been appointed as an election officer at a polling place which is not my regular polling place
- I am a caregiver for a family member to the second degree of kinship by affinity or consanguinity and the family member is confined to his or her home.
- I am currently incarcerated in prison or jail and have not been convicted of a felony involving moral turpitude. (See back for felonies involving moral turpitude.)

When I apply for this absentee ballot, I understand that my name will be stricken from the list of qualified electors and, when I cast this absentee ballot, I understand that I will not be entitled to vote at my regular polling place.

Voter's Signature	Complete this section if voter signs by mark →	Witness Signature
		Print Witness Name

The voter may hand this application to the Absentee Election Manager. The voter may also forward this application to the Absentee Election Manager by U.S. Mail or commercial carrier [§17-11-3 and §17-11-4, Code of Alabama, 1975].

READ PENALTIES ON BACK

CRIMES INVOLVING MORAL TURPITUDE**Pursuant to Code of Alabama (1975) Section 17-3-30.1**

- Murder – Section 13A-5-40 (A) 1-19
- Murder (Non-Capital, Reckless, Felony Murder, etc.) – Section 13A-6-2
- Manslaughter – Section 13A-6-3 Exceptions: 13A-6-20 (A) (5) and 13A-6-21
- Assault 1st Degree – Section 13A-6-20
- Assault 2nd Degree – Section 13A-6-21
- Kidnapping 1st Degree – Section 13A-6-43
- Kidnapping 2nd Degree – Section 13A-6-44
- Rape 1st Degree – Section 13A-6-61
- Rape 2nd Degree – Section 13A-6-62
- Sodomy 1st Degree – Section 13A-6-63
- Sodomy 2nd Degree – Section 13A-6-64
- Sexual Torture – Section 13A-6-65.1
- Sexual Abuse 1st Degree – Section 13A-6-66
- Sexual Abuse 2nd Degree – Section 13A-6-67
- Sexual Abuse of a child less than 12 years old – Section 13A-6-69.1
- Enticing a child to enter a vehicle, house, etc. for immoral purposes – Section 13A-6-69
- Facilitating solicitation of unlawful sexual conduct with a child – Section 13A-6-121
- Electronic solicitation of a child – Section 13A-6-122
- Facilitating the on-line solicitation of a child – Section 13A-6-123
- Traveling to meet a child for an unlawful sex act – Section 13A-6-124
- Facilitating the travel of a child for an unlawful sex act – Section 13A-6-125
- Human Trafficking 1st Degree – Section 13A-6-15
- Human Trafficking 2nd Degree – Section 13A-6-15
- Terrorism – Section 13A-10-152
- Soliciting or providing support for an act of terrorism – Section 13A-10-153
- Hindering prosecution of terrorism – Section 13A-10-154
- Endangering the water supply – Section 13A-10-171
- Possession, manufacture, transport, or distribution of a destructive device or bacteriological weapon, or biological weapon – Section 13A-10-193
- Selling, furnishing, giving away, delivering, or distribution of a destructive device, a bacteriological weapon, or biological weapon to a person who is less than 21 years of age – Section 13A-10-194
- Possession, manufacture, transport, or distribution of a detonator, explosive, poison, or hoax device – Section 13A-10-195
- Possession or distribution of a hoax device represented as a destructive device or weapon – Section 13A-10-196 (c)
- Attempt to commit an explosives or destructive device or bacteriological or biological weapons crime – Section 13A-10-197
- Conspiracy to commit an explosives or destructive device or bacteriological or biological weapons crime – Section 13A-10-198
- Hindrance or obstruction during detection, disarming, or destruction of a destructive device or weapon – Section 13A-10-199
- Possession or distribution of a destructive device or weapon intended to cause injury or destruction – Section 13A-10-200
- Treason – Section 13A-11-2
- Dissemination or public display of obscene matter containing visual depiction or persons under 17 years of age involved in obscene acts – Section 13A-12-191
- Possession and possession with intent to disseminate obscene matter containing visual depiction of persons under 17 years of age involved in obscene acts – Section 13A-12-192
- Parents or guardians permitting children to engage in production of obscene matter – Section 13A-12-196
- Production of obscene matter containing visual depiction of persons under 17 years of age involved in obscene acts – Section 13A-12-197
- Distribution, possession with intent to distribute, production of obscene material, or offer or agreement to distribute or produce – Section 13A-12-200.2
- Trafficking in cannabis, cocaine, or other illegal drugs or trafficking in amphetamine and methamphetamine – Section 13A-12-231
- Bigamy – Section 13A-13-1
- Incest – Section 13A-13-3
- Torture or other willful maltreatment of a child under the age of 18 – Section 26-15-3
- Aggravated child abuse – Section 26-15-3.1
- Prohibited acts in the offer, sale, or purchase of securities – Section 8-6-17
- Burglary 1st Degree – Section 13A-7-5
- Burglary 2nd Degree – Section 13A-7-6
- Theft of Property 1st Degree – Section 13A-8-3
- Theft of Property 2nd Degree – Section 13A-8-4
- Theft of Lost Property 1st Degree – Section 13A-8-7
- Theft of Lost Property 2nd Degree – Section 13A-8-8
- Theft of trademarks or trade secrets – Section 13A-8-10.4
- Robbery 1st Degree – Section 13A-8-41
- Robbery 2nd Degree – Section 13A-8-42
- Robbery 3rd Degree – Section 13A-8-43
- Forgery 1st Degree – Section 13A-9-2
- Forgery 2nd Degree – Section 13A-9-3
- Aggravated Theft by Deception – Section 13A-8-2.1
- Any crime as defined by the laws of the United States or by the laws of another state, territory, country, or other jurisdiction, which, if committed in this state, would constitute one of the offenses listed in this subsection.

PENALTIES**§17-17-24, Code of Alabama, 1975, as amended**

(a) Any person who willfully changes an absentee voter's ballot to the extent that it does not reflect the voter's true ballot, any person who willfully votes more than once by absentee ballot in the same election, any person who willfully votes for another voter or falsifies absentee ballot applications or verification documents so as to vote absentee, or any person who solicits, encourages, urges, or otherwise promotes illegal absentee voting, shall be guilty, upon conviction, of a Class C felony. Any person who willfully aids any person unlawfully to vote an absentee ballot, any person who knowingly and unlawfully votes an absentee ballot, and any voter who votes both an absentee and a regular ballot at any election shall be similarly punished.

(b) Upon request by the local district attorney or the Secretary of State, the Attorney General shall provide investigating assistance in instances of absentee ballot or voting violations.

(c) Nothing in this section shall be construed to impede or inhibit organized legal efforts to encourage voter participation in the election process or to discourage a candidate from encouraging electors to lawfully vote by absentee ballot.

EXHIBIT 64

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Birmingham Real-Time News

Bill would eliminate requirement to give reason for voting absentee

Updated Jan 13, 2019; Posted Apr 25, 2017

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By **Mike Cason | mcason@al.com**

vote here sign in huntsville.JPG

Voters chat after voting at The Dwelling Place on Redstone Road on Nov. 4, 2014 in Huntsville, Ala. (Eric Schultz / eschultz@al.com)

((Eric Schultz / eschultz@al.com))

Alabama voters would not have to give a reason for voting absentee under a bill that passed the state Senate last week.

Current law requires voters to sign an affidavit attached to the ballot that affirms their identity and gives one of the following reasons for voting absentee: out of town on election day; physically incapacitated; working all day while the polls are open; attending college in another county; being an armed services member or the spouse or dependent of one.

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The bill, by Sen. Rodger Smitherman, D-Birmingham, would eliminate the requirement to give a reason and the requirement to have two witnesses or a notary public sign the identifying affidavit.

Smitherman's bill would add one new requirement. Voters would have to include a copy of a photo ID with their application for an absentee ballot. They already have to do that with the ballot itself, but not with the application.

Smitherman said the changes would increase voter participation.

"It's just about making it more convenient for our citizens to vote and having a more secure procedure," he said.

Smitherman said the requirement for a photo ID with the ballot application would increase security and would eliminate the need for the witness signatures on the ballot.

State lawmakers return today to begin the final 11 days of the legislative session, which must end by May 22.

The House Ways and Means Education Committee is scheduled to hold a public hearing on the education budget Wednesday and to vote on the budget Thursday.

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Secretary of State John Merrill's office suggested to Smitherman that he propose the changes in the absentee ballot law.

Smitherman's original bill would have required each county to set up a site for early voting that would have been open at least five days during the 14-day period before an election.

Smitherman said his intent was to increase voter participation, but that counties were concerned about the cost of setting up early voting sites.

Merrill said he believes the absentee voting changes would achieve Smitherman's intent of making it easier to vote.

He said he believed it would strengthen the absentee voting law.

"The only instances of voter fraud that we've identified in the state have to do with absentee ballots," Merrill said.

Merrill said the requirement to give a reason for absentee voting is not meaningful.

"In most instances, it's simply for convenience, and everybody knows that," Merrill said.

Smitherman's bill passed the Senate by a vote of 25-3. It moves to the House of Representatives.

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[Alabama and national politics.](#)

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EXHIBIT 65



Voting Outside the Polling Place: Absentee, All-Mail and other Voting at Home Options

4/24/2020



Most states offer at least one method for any eligible voter to cast a ballot before Election Day. While some states provide early in-person voting, this webpage addresses absentee voting and all-mail voting.

Please see our upcoming webinar series on this topic.

Absentee Voting: All states will mail an absentee ballot to certain voters who request one. In two-thirds of the states, any qualified voter may vote absentee without offering an excuse, and in one-third of the states, an excuse is required. Some states offer a permanent absentee ballot list: once a voter asks to be added to the list, s/he will automatically receive an absentee ballot for all future elections.

All-Mail Voting: In a handful of states, a ballot is automatically mailed to every eligible voter (no request or application is necessary). Polling places may also be available for voters who would like to vote in-person. Other states may permit the all-mail option for specific types of elections.

As for early in-person voting, it is available in four-fifths of the states. In these states, any qualified voter may cast a ballot in person during a designated period prior to Election Day. Please see our page on State Laws Governing Early Voting.

NOTE: This page should be used for general informational purposes only. It is not intended as a legal advice. Please contact your local election officials for information on voting in your jurisdiction.

Introduction

When, where and how Americans vote has evolved over the course of the last 250 years. When the United States first came into being, voters would voice their choices on courthouse steps, out loud and very much not in secret. Toward the end of the 19th century, a paper ballot became common and was increasingly cast in private at a neighborhood polling place. Times are changing again. The majority of states now permit voters to cast ballots before Election Day, either in person at designated early voting sites, or via a ballot that has been mailed to the voter's home. In all states, to varying degrees, voting now takes place not just on one day during a certain time period, but over a series of days and weeks before the election, as well.

Some states provide an early, in-person voting period; for information on this option, please see NCSL's webpage [State Laws Governing Early Voting](#).

All states allow voters who have a reason they can't vote on Election Day to request a ballot in advance, and many states allow all voters to request a ballot in advance without requiring a reason. States vary on what extent they offer these options, including some states that deliver ballots to all voters (while maintaining some in-person voting locations for those that prefer to vote in person or may need assistance). This page goes into detail about each of these variations and how absentee/mailed ballots are handled in states.

A Note on Terminology

A ballot that has been sent to a voter and is voted outside of a polling place or election official's office has traditionally been referred to as an "absentee ballot" and the person who votes that ballot has been called an "absentee voter." This terminology is common in state law and comes from the concept that voters would use this option only when they were "absent" from their neighborhood polling place on Election Day. As time has gone on and more and more voters request a ballot in advance as their default voting method, and as states have begun offering more opportunities for voters to do so, the terminology has evolved. Some states refer to "advance ballots," "mailed ballots," "by-mail ballots," "mail ballots" or "vote-by-mail ballots."

In this report NCSL has chosen to use "absentee/mailed ballots" to reflect the traditional terminology and also the evolution of the use of the term. Note that this term refers to ballots that are mailed out to voters by election officials and does not indicate the method voters choose to return the ballot. Often these "absentee/mailed ballots" are returned via methods other than mail, i.e. in person at a voting location or at a secure drop box.

What Are Some Possible Advantages and Disadvantages to Voting by Mail?

As legislators consider policies that allow more people to "vote at home," or vote by mail, or vote absentee, they will be weighing advantages and disadvantages.

Advantages

- Voter convenience and satisfaction. Citizens can review their ballots at home and take all the time they need to study the issues. Voters often express enthusiasm for this option. See this survey from Oregon Public Broadcasting on the Beaver State's all-mail voting system that showed 87% support, for example.
- Financial savings. Jurisdictions may save money because moving toward more absentee/mailed ballot voting reduces the need to staff and equip traditional polling places. A 2016 study of Colorado from The Pew Charitable Trusts found costs decreased an average of 40% in five election administration categories across 46 of Colorado's 64 counties (those with available cost data) after it implemented all-mail ballot elections. (Note: The study examines a number of reforms Colorado enacted in 2013, with all-mail elections being the most significant. Others included instituting same-day registration and shortening the time length for residency in the state for voting purposes.)
- Turnout. Some reports indicate that because of convenience, voter turnout increases. See this 2013 report on all-mail ballot elections in Washington and this 2018 report on all-mail ballot elections in Utah. Effects on turnout can be more pronounced for lower turnout elections (local elections, for example) and for low propensity voters (those who are registered but do not vote as frequently). Evidence for increased turnout based on absentee/mailed ballot voting, instead of all-mail ballot elections, is not as clear.

Disadvantages

- Financial considerations. Sending ballots by mail increases printing costs for an election. There may be up-front costs of changing to different vote-counting equipment, although overall fewer voting machines are required in jurisdictions that have more absentee/mailed ballot voting and count ballots at a centralized location. If a state chooses to pay for return postage for these ballots that could also increase costs.
- An increase in voter "errors" or "residual votes." When marking a ballot outside of an in-person voting location, a voter can potentially mark more selections in a contest than the maximum number allowed (called an overvote) or mark less than the maximum number allowed, including marking nothing for that contest (called an undervote). Political scientists often refer to these overvotes and undervotes as errors or residual votes. Voting equipment at in-person voting locations will notify voters if this happens and allow the voter the opportunity to correct it. When returning an absentee/mailed ballot there is not a similar mechanism to inform voters of errors, so there tend to be more overvotes and undervotes. Damaged absentee/mailed ballots may be harder to correct as well. Procedural choices can mitigate this effect to some extent.
- Tradition. The civic experience of voting with neighbors at a local school, church or other polling place is lost when voting with an absentee/mailed ballot. Some point out that the experience can be shared with family members at home in a way that isn't possible with in-person voting.
- Disparate effect on some populations. Mail delivery is not uniform across the nation. Native Americans on reservations in particular may have difficulty with all-mail elections. Many do not have street addresses, and their P.O. boxes may be shared. Low-income citizens move more frequently and keeping addresses current can pose problems. Literacy can be an issue for some voters, as well, since election materials are often written at a college level. (Literacy can be a problem for voters at traditional polling place locations, too.)

- Opportunities for coercion. If a voter is marking a ballot at home, and not in the presence of election officials, there may be more opportunity for coercion by family members or others.
- Slower result reporting. Ballots may continue to arrive up to and even after Election Day (depending on state law), so it can take days (or longer) after the election before election officials are able to count all ballots. Note that final results are typically not official until a week or two after the election. During this time, all states are examining provisional ballots and ballots coming from military or overseas voters, as well. Policy choices can mitigate this effect.

Qualifying for an Absentee Ballot

The concept of voting “absentee” first came about during the Civil War as a way for soldiers to cast ballots back in their home states. The idea of allowing military voters to cast a ballot “in absentia” is still one of the driving factors for states allowing absentee ballots. All states, by federal law, are required to send absentee/mailed ballots to military and overseas voters for federal elections (see the 1986 Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA)).

Aside from military and overseas voters, 16 states only permit certain voters to request an absentee ballot by mail when they have an “excuse” for not being able to vote at the polls on Election Day. More details on these states can be found in the table below. Note, however, that many states that require an excuse to obtain an absentee ballot do provide early voting opportunities for voters to cast a ballot in-person before Election Day.

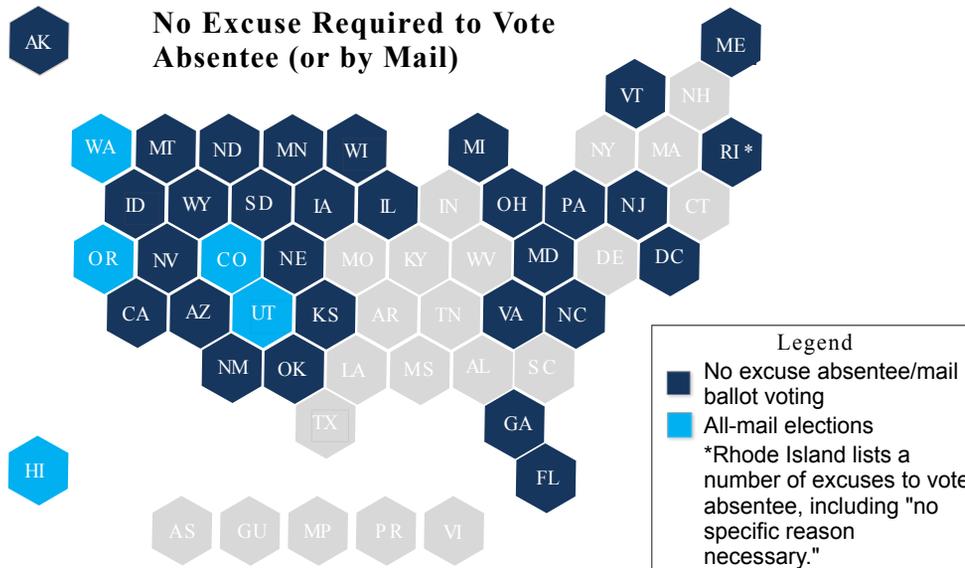
More than two-thirds of the states have “no-excuse absentee” voting, which means any voter can request a mail ballot without providing an excuse, and a few send all voters ballots by mail.

In this section you will find:

- States that do not require an excuse to vote absentee or by mail.
- Excuses to vote absentee in states that do require an excuse.
- Who qualifies for permanent absentee ballot status?
- How and when are voters removed from a permanent absentee list?

Which states do not require an excuse to vote absentee or by mail?

The following 34 states and Washington, D.C., offer “no-excuse” absentee/mailed ballot voting: Alaska, Arizona, California, Colorado*, District of Columbia, Florida, Georgia, Hawaii*, Idaho, Illinois, Iowa, Kansas, Maine, Maryland, Michigan, Minnesota, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon*, Pennsylvania, Rhode Island**, South Dakota, Utah*, Vermont, Virginia, Washington*, Wisconsin and Wyoming. For more details, visit Table 1: States with No-Excuse Absentee Voting.



*Designates a state that sends mailed ballots to all eligible voters. Voters don't need to request a mailed ballot but automatically receive one. See the section on all-mail elections below.

**Rhode Island lists a number of excuses to vote absentee, but also specifies "No specific reason necessary." Since any Rhode Islander can request an absentee ballot, NCSL has categorized it as no excuse required.

What are the excuses to vote absentee in states that require an excuse?

All states permit voters who will be outside of their home county to vote absentee/by mailed ballot, as well as voters with an illness or disability who know ahead of time that they won't be able to make it to the polls. It is also common to provide this option for elderly voters.

Many states also permit voters to request an absentee/mailed ballot in case of an emergency situation, such as an unforeseen illness, confinement to a medical facility or an accident resulting in injury. More details on these situations can be found on NCSL's page on Absentee Voting in Case of a Personal Emergency.

Beyond that, there are a variety of acceptable excuses in states, summarized in the table below and on Table 2: Excuses to Vote Absentee.

Note: This chart is meant to compare and summarize the acceptable excuses for states that require an excuse to vote absentee. Since it is comparative, it is not comprehensive of all the excuses in a given state. Visit state election webpages for additional information on a given state's requirements.

Excuses to Vote Absentee/By Mailed Ballot

State	Out of County on Election Day	Illness or Disability	Persons Older Than a Certain Age	Work Shift is During all Voting Hours	Student living Outside of County	Election Worker or Poll Watcher	Religious Belief or Practice	ACP* Participant	Incarcerated (but Still Qualified to Vote)	Juror Duty

State	Out of County on Election Day	Illness or Disability	Persons Older Than a Certain Age	Work Shift is During all Voting Hours	Student living Outside of County	Election Worker or Poll Watcher	Religious Belief or Practice	ACP* Participant	Incarcerated (but Still Qualified to Vote)	Juror Duty
Alabama Ala. Code § 17-11-3	✓	✓		✓	✓	✓				
Arkansas Ark. Code Ann. § 7-5-402	✓	✓								
Connecticut C.G.S.A. § 9-135	✓	✓				✓	✓			
Delaware 15 Del. Code §5502	✓	✓		✓			✓			
Indiana Ind. Code §3-11-10-24	✓	✓	65+	✓		✓	✓	✓		
Kentucky Ken. Rev. Stat. §117.085(1)(a), §117.077	✓	✓	65+	✓	✓			✓	✓	
Louisiana LSA-R.S. 18:1303	✓	✓	65+	✓	✓	✓		✓	✓	✓
Massachusetts M.G.L.A. 54 § 86	✓	✓			✓		✓			
Mississippi Miss. Code Ann. § 23-15-715	✓	✓	65+							
Missouri V.A.M.S. 115.277	✓	✓				✓	✓	✓	✓	
New Hampshire N.H. Rev. Stat. § 657:1	✓	✓		✓			✓			
New York § 8-400	✓	✓							✓	
South Carolina § 7-15-320	✓	✓	65+	✓	✓	✓			✓	✓
Tennessee T. C. A. § 2-6-201	✓	✓	60+	✓	✓	✓	✓			✓
Texas V.T.C.A., Election Code § 82.001 et seq.	✓	✓	65+					✓	✓	
West Virginia W. Va. Code, § 3-3-1	✓	✓	"Advanced age"	✓	✓			✓	✓	

*ACP stands for Address Confidentiality Program, which protects the information of victims of domestic violence, sexual assault or stalking. (Learn more about ACPs here.)

Who qualifies for permanent absentee ballot status?

Some states permit voters to join a permanent absentee/mailed ballot voting list. Voters who request to be on this list will automatically receive an absentee/mailed ballot for each election. This option may be offered to all voters, or to a limited number of voters based on certain criteria described below.

A permanent absentee list is sometimes known as a “single sign-up” option, since a voter needs to sign up only once to receive an absentee/mailed ballot for all future elections.

Five states plus D.C. permit any voter to join a permanent absentee/single sign-up list and will mail that voter an absentee/mailed ballot for each election: Arizona, California, District of Columbia, Montana, Nevada and New Jersey.

Some states without permanent absentee lists allow the request to last for more than one election.

- In Florida, a request for a vote-by-mail, or absentee, ballot remains in effect for all elections through the two-year election cycle (Fla. Stat. §101.62).
- In Michigan, North Dakota (N.D.. Cent. Code §16.1-07-05(1)) , Oklahoma (AC 230:30-5-13), South Dakota (S.D.. Codified Laws Ann. §12-19-2) and Vermont (Vt. Stat. Ann. tit. 17, §2532) a request for a vote-by-mail, or absentee, ballot remains in effect through the calendar year.

Ten states permit voters with permanent disabilities to use a “single sign-up” option, and, once on the list, the state sends them absentee/mailed ballots: Alabama, Connecticut, Delaware, Kansas, Louisiana, Mississippi, New York, Tennessee, West Virginia and Wisconsin. Louisiana and Wisconsin also make this option available to senior voters. In some cases, a note from a physician or other indication of a permanent disability may be required.

An additional six states automatically send absentee voter applications to voters on a permanent/single sign-up list. This differs from the category above since voters must return the application before receiving an absentee/mailed ballot:

- Minnesota and Michigan permit any voter to apply to receive an absentee/mailed ballot application for each election.
- Pennsylvania sends an application to all voters on its permanent list at the beginning of each year and, upon submittal of the application, the voter will receive an absentee/mailed ballot for all elections that year.
- Massachusetts and Missouri send permanently disabled voters’ absentee/mailed ballot applications each election.
- Alaska (Alaska Admin. Code tit. 6, § 25.650) permits the election supervisor to designate a person as a permanent absentee voter if: the voter resides in a remote area where distance, terrain or other natural conditions deny the voter reasonable access to the polling place; the voter’s permanent residence is in an institution serving the aged or persons with disabilities; or the voter is disabled and has been required to be designated as a permanent absentee voter.

Find more information on Table 3: States with Permanent Absentee Voting for All Voters, Voters with Permanent Disabilities, and/or Senior Voters.

How and when is a voter removed from a permanent absentee ballot list?

Once voters opt in to the list, they are automatically mailed a ballot for subsequent elections. Below is a summary of the ways in which a voter who is on the permanent ballot list can be removed. Visit Table 4: State Laws on Removing Voters From Permanent Absentee Lists for more details.

State	When Is a Voter Removed from the Permanent Absentee List?
Arizona Ariz. Rev. Stat. §16-544(H)	After a voter has requested to be included on the permanent early voting list, the voter shall be sent an early ballot by mail automatically for any election at which a voter at that residence address is eligible to vote until any of the following occurs: 1. The voter requests in writing to be removed from the permanent early voting list. 2. The voter's registration or eligibility for registration is moved to inactive status or canceled as otherwise provided by law. 3. The notice sent by the county recorder or other officer in charge of elections is returned undeliverable and the county recorder or officer in charge of elections is unable to contact the voter to determine the voter's continued desire to remain on the list.
California Elect. Code §3206	If the voter fails to return an executed vote-by-mail ballot in four consecutive statewide general elections, the voter's name shall be deleted from the list.
District of Columbia D.C. Mun. Regis. Tit. 3, § 720.4	A duly registered voter's request to permanently receive an absentee ballot shall be honored until: (a) The voter submits a written request to no longer receive absentee ballots. (b) The voter is no longer a qualified elector. (c) Any mail sent to the voter is returned to the board as undeliverable. (d) The voter fails to return a voted absentee ballot for two back-to-back elections in which he or she is eligible to vote.
Hawaii H.R.S. §15-4(h)	A voter's permanent absentee voter status shall be terminated if any of the following conditions apply: (1) The voter requests in writing that such status be terminated. (2) The voter dies, loses voting rights, registers to vote in another jurisdiction, or is otherwise disqualified from voting. (3) The voter's absentee ballot, voter notification postcard, or any other election mail is returned to the clerk as undeliverable for any reason. (4) The voter does not return a voter ballot by 6 p.m. on Election Day in both the primary and general election of an election year.
Minnesota Minn. Stat. §203B.04	A voter's permanent absentee status ends and automatic ballot application delivery must be terminated on: (1) The voter's written request. (2) The voter's death. (3) Return of an absentee ballot as undeliverable. (4) A change in the voter's status to "challenged" or "inactive" in the statewide voter registration system.
Montana M.C.A. §13-13-212	An elector may request to be removed from the absentee ballot list for subsequent elections by notifying the election administrator in writing. The election administrator shall biennially mail a forwardable address confirmation form to each elector who is listed in the national change of address system of the U.S. postal service as having changed the elector's address. ... If the form is not completed and returned or if the elector does not respond using the options provided in subsection (4)(b)(v), the election administrator shall remove the elector from the absentee ballot list.

State	When Is a Voter Removed from the Permanent Absentee List?
New Jersey N.J.S.A. 19:63-3	A county clerk may not remove a voter's name from the list unless: (i) The voter is no longer listed in the official register. (ii) The voter cancels the voter's absentee status. (iii) The voter's name is removed on the date specified by the voter on the absentee ballot application form. (iv) The county clerk is required to remove the voter's name from the list under Subsection (7)(c). (7)(c) A county clerk shall remove a voter's name from the list if the voter fails to vote in two consecutive regular general elections.

Requesting an Absentee Ballot



All states provide an absentee/mailed ballot for voters upon request. Some of these states require a voter to have an excuse in order to do so, such as being out of the state on Election Day or having a permanent disability (see section above). Other states permit any voter to request a ballot with no excuse required. A handful of states also send out ballots to all eligible voters.

Most states, except for the all-mail states, require voters to submit an application in order to obtain a delivered ballot. The ways in which voters may request a ballot vary, as do the deadlines for submitting the application to the local election official. Some states regulate who can distribute or collect applications for delivered ballots as well.

Once the application is received, states have a process for verifying that the application did indeed come from the intended voter before sending a ballot to that voter. The timelines for delivering ballots to voters vary, with some states beginning the process of delivering ballots 45 days (or earlier) before an election, and others delivering ballots within a month before the election.

Note: The states that send ballots to all eligible voters, including those that will do so for the first time in 2020 (Colorado, Hawaii, Oregon, Utah and Washington) are not included in this section because an application is not required.

In this section you will find:

- How can voters request an absentee ballot?
- Who can distribute and collect absentee ballot applications?
- What are the deadlines for submitting absentee ballot applications?
- How do election officials verify absentee ballot applications?

How can voters request an absentee ballot?

The ways in which voters may submit absentee/mailed ballot applications vary among states. All states will permit a voter to submit an application by mail (usually via an approved form) or in person at a local election official's office. Many states require the application or request to be in

writing, either via an official application form or by written request in the mail or by email. Some states offer an alternative, though.

Twelve states have an online portal that permits voters to request an absentee/mailed ballot: Delaware, D.C., Florida, Louisiana, Idaho, Maine, Maryland, Minnesota, New Mexico, Oklahoma, Pennsylvania, Vermont and Virginia. Some of these states used legislation to create this option and others did not. For more details, see Table 6: States with Web-Based Absentee Ballot Applications.

- West Virginia and D.C. allow voters to download an application form and then return it as a scanned document.
- Wisconsin permit voters to send an email with a scan of an absentee ballot request form and proof of ID to their county registrar.
- In Arizona many counties provide an online portal, though it is not available on the state level.
- Arizona, Florida, Maine, Mississippi, Vermont and Wyoming also accept phone requests.

Can third party individuals or groups distribute absentee ballot applications and collect complete applications?

As part of get-out-the-vote efforts or a civic engagement program some organizations like to assist voters in requesting and returning absentee/mailed ballot applications. Some states place restrictions on these activities by prohibiting third-party groups from distributing or collecting absentee/mailed ballot applications, or designate deadlines or turnaround times for groups that do this. These are often meant to encourage third-party groups to submit completed applications in a timely manner to ensure that voters receive absentee/mailed ballots in a timely manner.

The following states and D.C. place no restrictions, or do not specify restrictions, on third-party groups distributing or collecting completed absentee/mailed ballot applications:

- Delaware, District of Columbia, Florida, Idaho, Maryland, Montana, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Dakota and Virginia.

The following states permit third-party groups to distribute and collect completed absentee/mailed ballot applications, but specify deadlines or turnaround times:

- In Arizona, applications collected by third parties must be submitted within six days of receipt, under penalty of \$25 per day for each completed form withheld from submittal. Any person who knowingly fails to submit a completed early ballot request form before the submission deadline for the election immediately following the completion of the form is guilty of a class 6 felony (Ariz. Rev. Stat. § 16-542).
- Any third party may collect absentee/mailed ballot applications in California, but they must be submitted with 72 hours of receipt (Cal. Election Code § 3008).
- In Illinois, applications must be returned to the election authority within seven days of receipt, or within two days of receipt if within two weeks of the election. Failure to turn over an application is a petty offense with a fine of \$100 per application (10 ILCS 5/19-3).

- In Indiana, a person handling another voter's absentee/mailed ballot application must indicate the date received by the voter and deliver it to the county election board within 10 days or by the application deadline (Ind. Code § 3-11-4-2).
- Anyone may distribute and collect advance voting ballots in Kansas but must deliver any application within two days of completion (KSA § 25-1128).
- Anyone may distribute and collect absentee/mailed ballot applications in Minnesota, but they must be returned to the election office within 10 days of completion (MN Stat § 203B.04).
- In New Mexico, third parties may distribute/collect/solicit absentee/mailed ballot applications from voters so long as they are submitted within 48 hours of completion. A person who collects applications for mailed ballots and fails to submit them is guilty of a petty misdemeanor. A person who intentionally alters another voter's completed application is guilty of a fourth-degree felony (N.M. Stat. Ann. § 1-6-4.3).

The following states place restrictions on third-party individuals or groups distributing absentee/mailed ballot applications:

- In Alaska, third-party groups are restricted to supplying only their own affiliated members with an application (Alaska Stat. §15.20.081).
- In Connecticut, third parties must register with the town clerk before distributing five or more applications. Unsolicited application mailings must meet certain criteria. No person shall pay or give any compensation to another person for distribution absentee/mailed ballot applications (Conn Gen Stat § 9-140).
- In Nevada, a person who, six months before an election, intends to distribute more than 500 applications must use the prescribed secretary of state form, identify the person who is distributing the form, provide notice to the count clerk not later than 28 days before distributing such a form, and not mail such a form later than 35 days before the election (Nev. Rev. Stat. §293.3095).

Following are examples of restrictions, rules or penalties on third-party groups collecting absentee/mailed ballot applications:

- In Alaska, an application may not be submitted to any intermediary who could control or delay the submission of the application or gather data on the applicant (Alaska Stat. §15.20.081).
- In Alabama, only the voter may deliver her or his own completed application in person (Ala. Code §17-11-4).
- In Arkansas, only a designated bearer, authorized agent or long-term care facility administrator of a voter may deliver absentee applications in person on behalf of voters (Ark. Code § 7-5-404).
- In Georgia, applications may be submitted by immediate family members only on behalf of a physically disabled voter; proof of relationship must be provided (GA Code § 21-2-381).
- In Mississippi, any person may apply for an absentee ballot on another voter's behalf, but they must sign and print their name and address on the application. Only immediate family members of a voter may make application orally in person. No person may solicit ballot applications or absentee ballots for persons staying in any skilled nursing facility unless they are a family member or designated by the voter (Miss. Code Ann. § 23-15-625).

- In New Hampshire, third parties may distribute and collect absentee applications so long as they use the prescribed form and identify themselves in communication with voter (N.H. Rev. Stat. §657:4).
- Oklahoma prohibits delivering an absentee application for another voter unless the person is an authorized agent of an incapacitated voter (26 Okl. St. Ann. § 14-115.1).
- In South Carolina, only an immediate family member may submit an application on behalf of a voter; a voter must request an application to receive one; and no third-party distribution is allowed (S.C. Code § 7-15-330).
- In Tennessee, only one application may be furnished to a voter by the election commission; it is a class E felony to give an application to any person and a class A misdemeanor to give an unsolicited request for application to any person (Tenn. Code Ann. § 2-6-202).
- In Texas, it is a felony to knowingly submit an application for a ballot by mail without the knowledge and authorization of the voter or alter the information provided by the voter on the application (V.T.C.A., Election Code §84.0041).

What are the deadlines for submitting an absentee ballot application?

In order to have enough time to receive an absentee/mailed ballot application, verify the information and send the ballot out, election officials usually need to receive applications a week or more before the election. Some states have statutory deadlines for absentee ballot applications closer to the election, but if a voter applies so close to the election it's unlikely that this is enough turnaround time to receive the ballot in the mail. In emergency cases, absentee ballots can be requested after these deadlines. See NCSL's webpage, [Absentee Voting in Case of a Personal Emergency](#), for details.

NOTE: This table is intended for use by policymakers and is not intended to guide voters. If you need advice on absentee/mailed ballot voting, please contact your election official.

States with statutory absentee ballot application deadlines less than seven days before the election:	States with a statutory application deadline seven days (one week) before the election:	States with statutory application deadlines more than seven days before the election:
Alabama: Five days before the election	Arkansas	Alaska: 10 days before the election
Connecticut: Day before the election	California	Arizona: 11 days before the election
Delaware: Day before the election	District of Columbia	Florida: 10 days before the election
Georgia: Friday before the election	Kansas	Idaho: 11 days before the election
Illinois: Five days before the election	Kentucky	Indiana: 12 days before the election
Louisiana: Four days before the election	Maryland	Iowa: 11 days before the election
Maine: Three business days before the election	Nevada	Missouri: Second Wednesday before the election
Massachusetts: Day before the election	New Jersey	Nebraska: Third Friday before the election

States with statutory absentee ballot application deadlines less than seven days before the election:	States with a statutory application deadline seven days (one week) before the election:	States with statutory application deadlines more than seven days before the election:
Michigan: Friday before the election	New York	Rhode Island: 21 days before the election (emergency requests are possible within 20 days of the election)
Minnesota: Day before the election	North Carolina	Texas: 11 days before the election
Mississippi: No deadline; at voter's discretion	Pennsylvania	
Montana: Day before the election	Tennessee	
New Hampshire: Day before the election	Virginia	
New Mexico: Thursday before the election		
North Dakota: No deadline; at voter's discretion		
Ohio: Three days before the election		
Oklahoma: Wednesday before the election		
South Carolina: Four days before the election		
South Dakota: Day before the election		
Vermont: Day before the election		
West Virginia: Six days before the election		
Wisconsin: Five days before the election		
Wyoming: Day before the election		

Note: The deadlines above are to request a mailed absentee ballot. In some states there are different deadlines to request an in-person absentee ballot. See NCSL's State Laws Governing Early Voting webpage.

For more information, see Table 5: Applying for an Absentee Ballot, Including Third Party Registration Drives.

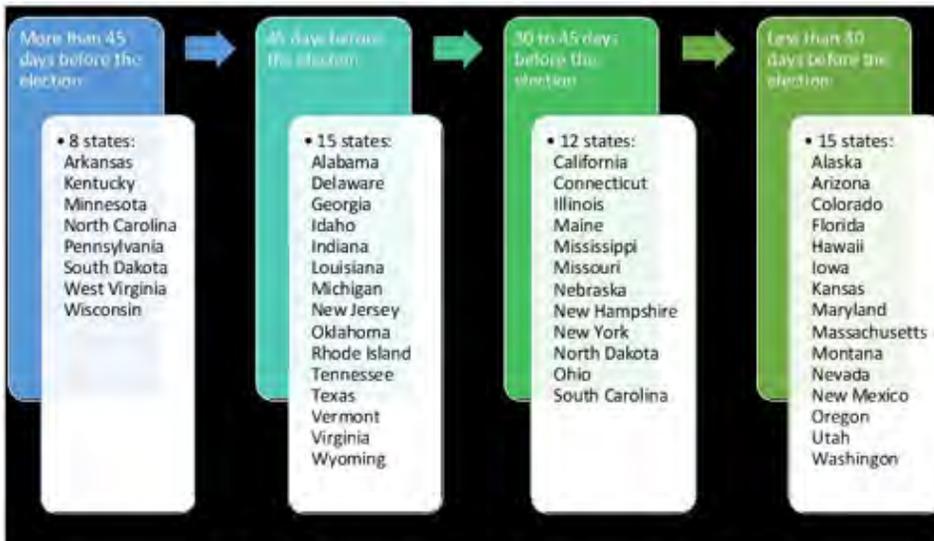
How do election officials verify applications for absentee ballots?

When election officials receive an application from a voter asking for an absentee/mailed ballot, they verify the identity and information of the voter before sending out the ballot. This is done in a variety of ways, but most commonly by verifying the applicant's information in the statewide voter registration database. States may also conduct signature verification at this stage, to compare the voter's signature on the application with the voter registration signature. This verification step is meant to ensure that it is in fact the voter who is requesting the absentee/mailed ballot.

- Seventeen states compare an applicant's information and eligibility against the voter registration record: Florida, Kentucky, Maine, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Mexico, New York, North Carolina, Ohio, Oklahoma, Texas, Virginia, West Virginia and Wyoming.
- Nineteen states conduct signature verification in addition to checking information and eligibility against the voter registration record: Arkansas, Arizona, California, Connecticut, Delaware, Georgia, Idaho, Iowa, Illinois, Indiana, Kansas, Massachusetts, Michigan, Montana, New Hampshire, New Jersey, Pennsylvania, Rhode Island and Tennessee.
- Four states and D.C. have a different way of verifying absentee/mailed ballot applications:
 - Alaska: The ballot is issued upon receipt of application (Alaska Stat. § 15.20.081).
 - District of Columbia: The voter's signature on the application is considered affirmation that the information is correct (D.C. Mun. Regis. Tit. 3, § 720.5).
 - North Dakota: The ballot is issued upon receipt of application (ND Cent. Code 16.1-07-08).
 - South Carolina: The voter signs an oath as part of the application. Any person who fraudulently applies for an absentee ballot is guilty of a misdemeanor (S.C. Code § 7-15-340).
 - Vermont: The application is reviewed to ensure it is valid and complete (17 V.S.A. § 2533).
- Five states require voters to provide identification or take additional steps as part of their application for an absentee/mailed ballot:
 - Alabama: The application must be accompanied by a copy of ID (Ala. Code § 17-9-30).
 - Louisiana: Information and eligibility is checked against voter registration and documentation provided by the applicant as to the reason for the request (LSA-R.S. 18:1307).
 - Mississippi: The application must be notarized. If the voter is temporarily or permanently disabled only the signature of a witness 18 years or older is required (Miss. Code Ann. § 23-15-715).
 - South Dakota: Applicants must either submit a copy of photo ID or sign a notarized oath. Upon receipt of the application, election officials verify that applicant's information and eligibility against the voter registration record (SD Codified Law § 12-19-2).
 - Wisconsin: Ballot application information is verified with enclosed photo identification information (Wis. Stat. § 6.87(1)).

See Table 8: How States Verify Absentee Ballot Applications for more information.

When are absentee/mailed ballots sent to voters who request them?



Find more details on Table 7: When States Mail Out Absentee Ballots.

Returning a Voted Absentee Ballot

All states allow the return of absentee/mailed ballots through the mail. Almost all states also permit voters to return a delivered ballot in person at the office of the local election official (either the county election official or the town/city clerk, depending on who runs elections in the state). In addition, states can permit voters to drop off a voted absentee/mailed ballot at Election Day voting locations, or in secured drop boxes.

In this section you will find:

- Which states permit voters to drop off absentee ballots at voting locations?
- Which states provide ballot drop boxes?
- Who can collect and drop off absentee/mail ballots on behalf of a voter?
- When are the deadlines for absentee ballots to be received by election officials?
- Which states accept postmarks for ballots received after the deadline?
- Which states have systems for voters to track their absentee ballots?
- Which states pay for postage to return an absentee ballot?

Which states permit voters to drop voted absentee ballots off at voting locations?

Voters may not live close to the county seat or the office of the local election official, so some states, particularly those who have seen an uptick in the use of delivered ballots by voters, provide other locations where a voter can drop off a ballot. This is particularly convenient for voters who have run out of time to send the ballot by mail and have it reach the election official by the deadline (see more on deadlines below).

- Eleven states and D.C. permit ballots to be dropped off at any in-person voting location in the county: Arizona, California, Colorado, District of Columbia, Hawaii, Kansas, Montana, New

Mexico, North Carolina, Oregon, Utah and Washington.

- Two states permit ballots to be dropped off at a polling place, but it must be the voter's assigned precinct polling place on Election Day: New Hampshire and Vermont.

Which states provide ballot drop boxes?



Ten states provide ballot drop boxes in some or all counties: Arizona, California, Colorado, Kansas, Montana, Nebraska, New Mexico, Oregon, Utah and Washington.

A ballot drop box provides a location where voters can drop off mail ballots in sealed and signed envelopes. The drop boxes may be supervised or unsupervised with security features, such as cameras. Many states that permit or require

this option typically set minimum requirements for where ballot drop boxes must be located, how many a county must have, hours they must be available and security standards. For example:

- Arizona: Voters may drop off voted ballots at any polling site within the county during regular hours (A.R.S. § 16-548). A separate, secure early ballot container or alternate ballot box may be provided for this purpose. Election officials will determine the most accessible location for the early ballot container, but it should be placed so voters who wish to drop off voted absentee ballots may do so without interference with voters waiting in line to vote (Election Procedure Manual).
- California: The secretary of state sets guidelines based on best practices for security measures and procedures, including, but not limited to, chain of custody, pick-up times, proper labeling, and security of vote-by-mail ballot drop boxes, that a county elections official may use if he or she establishes one or more vote-by-mail ballot drop-off locations (West's Ann. Cal. Elect. Code § 3025). See 2 CCR § 20130 et seq. for details.
- Colorado: One drop box is required for every 30,000 active registered voters in the county. The drop boxes must be arrayed throughout the county in a manner that provides the greatest convenience to electors (C.R.S.A. § 1-7.5-107). Rules from the secretary of state set minimum security requirements for stand-alone drop boxes (8 CCR 1505-1:7.5).
- Montana: If a county chooses to conduct an all-mail ballot election, the election administrator's office must be a place of deposit where ballots can be returned, and the election administrator may designate one or more other locations for drop off (Mont. Code Ann. 13-19-307).
- New Mexico: Mail ballot envelopes may be returned by depositing the official mailing envelope in a secured container. These containers must have signage and be monitored by video surveillance (N. M. S. A. 1978, § 1-6-9).
- Oregon: At a minimum, official ballot drop sites must be open on Election Day for eight or more hours and must be open until at least 8 p.m. (O.R.S. § 254.470). Each county must have a minimum of two drop sites and at least one drop site for every 30,000 active registered voters in the county, including one within four miles of the main campus of each public university or community college. A drop site can be opened on the first day ballots are mailed, but at a minimum must be open to the public beginning on the Friday preceding the election, during the normal business hours of each location. The following must be considered in placement of the

ballot drop box within the drop site building: security, voter convenience, access for the physically disabled, parking, and public perception that drop site is official and secure (Vote by Mail Procedures Manual). Counties must also submit a drop site security plan with the secretary of state elections division (OAR 165-007-0310).

- Washington: The county auditor must establish a minimum of one ballot drop box per 15,000 registered voters in the county and a minimum of one ballot drop box in each city, town, and census-designated place in the county with a post office, and must establish a ballot drop box on a tribal reservation if requested (West's RCWA 29A.40.0001).

Find more information on Table 9: State Laws Governing Ballot Drop Boxes.

Who can collect and drop off an absentee/mailed ballot on behalf of a voter?

Sometimes a voter may be unable to return the ballot in person or get it to a postal facility in time for it to be counted. In these cases, the voter may entrust the voted ballot to someone else—an agent or designee—to return the ballot.

- Twenty-seven states and Washington, D.C., permit an absentee ballot to be returned by a designated agent: Alaska, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Montana, Nebraska, New Jersey, North Dakota, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Virginia and West Virginia.
 - A “designated agent,” in this case, could include a family member, attorney, attendant care provider or anyone who has been designated by the voter. Often the designee must be indicated in writing by the voter.
 - Of these states, 12 limit the number of ballots an agent or designee may return: Arkansas, Colorado, Georgia, Louisiana, Maine, Minnesota, Montana, Nebraska, New Jersey, North Dakota, South Dakota and West Virginia.
- Nine states permit an absentee ballot to be returned by the voter’s family member: Arizona, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Mexico, North Carolina and Ohio.
- One state specifies that an absentee ballot must be returned by the voter either in person or by mail: Alabama.
- Thirteen states do not address whether an agent or family member may return an absentee ballot on behalf of a voter: Delaware, Hawaii, Idaho, Mississippi, New York, Oklahoma, Rhode Island, Tennessee, Utah, Vermont, Washington, Wisconsin and Wyoming.

Note that interpretations of what this means vary. In some states, this may mean absentee ballot collection is generally accepted, and in others it may mean that this practice is not permitted.

Other restrictions states put on the collection of absentee ballots include:

- In Arizona, it is a felony to knowingly collect voted or unvoted absentee ballots from another person; the law has been struck down, and the Arizona attorney general is seeking an appeal.
- In California, a person designated to return a vote-by-mail ballot shall not receive any form of compensation based on the number of ballots the person returns.

- In North Carolina, it is a felony for any person to take possession of any voter's absentee ballot for delivery or return, with an exception for a voter's near relative or verifiable legal guardian.
- In North Dakota, no person may receive compensation, including money, goods or services, for acting as an agent for an elector.
- Texas prohibits the collection and storage of carrier envelopes for absentee ballots at another location for subsequent delivery to the early voting clerk.
- Maine, Maryland, Nebraska, New Jersey, North Dakota and South Carolina all specify that a candidate for office or an individual working for a candidate may not serve as a designated agent.

Find more comprehensive information on Table 10: Who Can Collect and Return an Absentee Mail Ballot Other Than the Voter.

What are the deadlines for absentee ballots to be received by election officials?

The most common state deadline for election officials to receive absentee/mailed ballots is on Election Day when the polls close. Some states accept ballots received after Election Day if they were postmarked before the election.

- In 42 states plus D.C. the mail ballot deadline for receipt is Election Day.
 - Alaska, Arizona, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah (ballots can be dropped off on Election Day, but if mailed, they must be postmarked the day before the election or earlier), Vermont, Virginia, Washington, Wisconsin and Wyoming.
- In five states the deadline to turn in a ballot in-person is the day before the election, and the by-mail deadline is Election Day: Alabama, Arkansas, Connecticut, Oklahoma and West Virginia.
- Three additional states have different mail ballot deadlines:
 - Louisiana: The deadline is the day before the election for voters who will be outside of the county on Election Day and voters with disabilities; Election Day for UOCAVA voters and hospitalized voters (LSA-R.S. 18:1311).
 - Mississippi: Ballots must be received the day before the election (Miss. Code Ann. § 23-15-637).
 - North Dakota: Hand-delivered ballots must be received the day before the election and mailed ballots must be postmarked the day before the election and received before the canvass (NDCC 16.1-07-09).

Which states accept postmarks for ballots received after the deadline?

In 16 states election officials can accept and count a mailed ballot if it is received after the deadline but postmarked before the deadline:

- Alabama: Ballot envelopes must be postmarked by the day before the election and received by noon on Election Day. For UOCAVA voters, envelopes must be postmarked on or before Election Day and received within seven days after the election (Ala. Code § 17-11-18).
- Alaska: Ballot envelopes must be postmarked on or before Election Day and received within 10 days after the election. For UOCAVA voters, envelopes must be postmarked on or before Election Day and received within 10 days of a primary or vacancy special election, and within 15 days of a general election or other type of special election. (AS § 15.20.081(e) and (h)).
- California: Ballot envelopes must be postmarked on or before Election Day and received within three days after the election (West's Ann. Cal. Elect. Code § 3020).
- Illinois: Ballot envelopes must be postmarked on or before Election Day and received before the close of the period for counting provisional ballots, 14 days after the election (10 ILCS 5/19-8, 10 ILCS 5/18A-15).
- Iowa: Ballot envelopes must be postmarked by the day before the election and received by noon the Monday following the election (Iowa Code § 53.17(2)).
- Kansas: Ballot envelopes must be postmarked before the close of polls on Election Day and received within three days after the election (K.S.A. 25-1132).
- Maryland: Ballot envelopes must be postmarked on or before Election Day and received before 10 a.m. on the second Friday after the election (MD Code, Election Law, § 9-505, COMAR 33.11.03.08).
- New Jersey: Ballot envelopes must be postmarked on Election Day and received within 48 hours of the polls closing (N.J.S.A. 19:63-22).
- New York: Ballot envelopes must be postmarked the day before the election and received within seven days after the election (McKinney's Election Law § 8-412).
- North Carolina: Ballot envelopes must be postmarked on or before Election Day and received within three days after the election (N.C. Gen. Stat. § 163A-1310). For UOCAVA voters, ballot envelopes must be postmarked on or before Election Day and received the day before the county canvass (N.C.G.S.A. § 163A-1346).
- North Dakota: Ballot envelopes must be postmarked before Election Day and received before the county canvass, six days after the election (NDCC 16.1-07-09, 16.1-11.1-07, 16.1-15-17).
- Ohio: Ballot envelopes must be postmarked the day before Election Day and received within 10 days after the election (R.C. § 3509.05).
- Texas: Ballot envelopes must be postmarked on or before Election Day and received by 5 p.m. the day after the election. A ballot that was cast outside of the U.S. must be postmarked before Election Day and received within five days after the election (Texas Election Code § 86.007).
- Utah: Ballot envelopes that are mailed must be postmarked the day before the election and received before the county canvass, seven to 14 days after the election (Utah Code Ann. § 20A-3-306, § 20A-4-301). Ballots can also be dropped off on Election Day.
- Virginia: Ballot envelopes must be postmarked on or before Election Day and received by noon on the third day after the election (Va. Code Ann. § 24.2-709).

- Washington: Ballot envelopes must be postmarked on or before Election Day (West's RCWA 29A.40.091).
- West Virginia: Ballot envelopes must be postmarked the day before the election and received before the start of the county canvass, five days after the election (W. Va. Code, § 3-3-5, § 3-5-17).

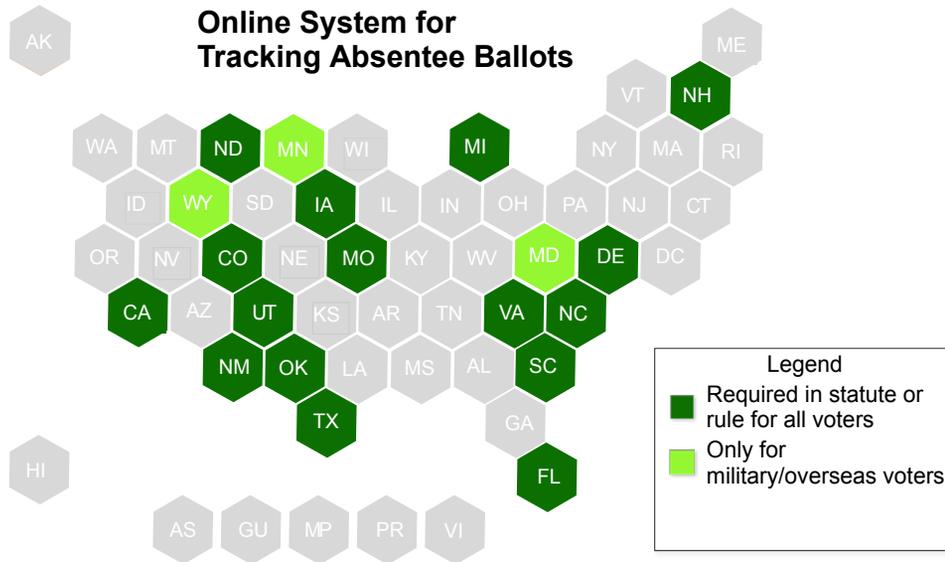
An additional six states accept ballots from military or overseas voters if the envelope is postmarked prior to the deadline:

- Arkansas: For qualified electors outside of the U.S., ballot envelopes must be postmarked by Election Day and received by 5 p.m., 10 days after the election (Ark. Code Ann. § 7-5-411).
- Indiana: Ballot envelopes sent by overseas voters must be postmarked by Election Day and received by noon 10 days after the election (IC 3-12-1-17).
- Florida: A vote-by-mail ballot from an overseas voter in any presidential preference primary or general election must be postmarked on or before the election and received within 10 days of the election (Flor. Stat. Ann. § 101.6952(5)).
- Missouri: A ballot from a military-overseas voter is counted if it is received by noon on the Friday after Election Day. If the voter has declared under penalty of perjury that the ballot was timely submitted, the ballot shall not be rejected on the basis that it has a late postmark, an unreadable postmark, or no postmark (V.A.M.S. 115.920).
- Pennsylvania: For military and overseas voters, envelopes must be postmarked by the day before the election and received by 5 p.m. seven days after the election (25 P.S. § 3146.8).
- South Carolina: A military or overseas voter must attest under penalty of perjury that the ballot was timely submitted, and the ballot is counted if it is received the day before the county canvass. A ballot may not be rejected on the basis that it has a late postmark, an unreadable postmark, or no postmark (S.C. Code § 7-15-700).

Which states have systems for voters to track their absentee ballots?

The 2009 Military and Overseas Voter Empowerment Act (MOVE) required states to develop a free access system by which military and overseas voters could determine whether their ballot had reached the election official and if the ballot had been counted. The MOVE Act also gave military and overseas voters additional options for returning ballots. See NCSL's Electronic Ballot Transmission page for additional information.

The MOVE Act didn't necessarily mandate an online tracking system; a phone system would meet the requirement as well. But many states have developed online portals in the last several years. Increasingly, these have been opened up to all absentee/mailed ballot voters to track when their ballot has been sent out by election officials and then when the election official receives the marked ballot back, and whether or not the ballot was counted.



At least 19 states mandate such a system in statute or administrative rule:

- California (Cal. Elect. Code § 3019.7)
- Colorado (C.R.S.A. § 1-7.5-207)
- Delaware (15 Del. Code § 5526)
- Florida (F.S.A. § 101.62)
- Iowa (I.C.A. § 53.17A)
- Maryland (COMAR 33.11.06.03)
- Michigan (M.C.L.A. 168.764c)
- Minnesota (Minnesota Rules, part 8210.0500)
- Missouri* (V.A.M.S. 115.924)
- New Hampshire (N.H. Rev. Stat. § 657:26)
- New Mexico (N. M. S. A. § 1-6-9)
- North Carolina* (N.C.G.S.A. § 163A-1348)
- North Dakota (NDCC, 16.1-07-28)
- Oklahoma (26 Okl. St. Ann. § 14-149)
- South Carolina (S.C. Code §7-15-720)
- Texas* (V.T.C.A., Election Code § 101.108)
- Utah (U.C.A. § 20A-3-304.1)
- Virginia (VA Code Ann. § 24.2-711.1)
- Wyoming* (WY Rules and Regulations 002.0005.3 § 12)

*For military and overseas voters only

Other states that maintain webpages for tracking absentee/mailed ballots, even if not required by statute, include: D.C., Kansas, Louisiana, Massachusetts, Montana, Ohio, Oregon, Rhode Island, South Dakota, Tennessee, Vermont, Washington, West Virginia Wisconsin.

There are also options being used in some states that proactively notify voters that their ballot has cleared certain steps of the process. This may be in the form of a text message or an email informing the voter that the ballot has been mailed out, that it was delivered to the voter's home by the U.S. Postal Service, that it was received by the election official, etc.

Which states pay for postage to return an absentee ballot?

In most cases, it is up to the voter to pay for postage to return a mail ballot envelope to the election official. Some see this as a barrier to returning a ballot, or as a type of poll tax. One solution to this is to have ballot drop boxes widely available (see the section on drop boxes above). In states that hold all-mail ballot elections, returning by drop box or in person is the most common return method. Another option is for election officials to pre-pay postage for voters to return their ballots. See below for states that provide postage for returning a mailed ballot.

It's important to note that the U.S. Postal Service has a policy of prioritizing election mail, especially ballots, and will deliver a ballot envelope even if it does not have sufficient postage. Typically, though, the post office will bill the local election office for the price of postage. If the majority of voters don't affix postage, this could be a significant expense for a local election office.

For military and overseas voters, federal law specifies that ballots can be returned to election officials using a free postage-paid symbol when mailed from a U.S. Post Office, Military Postal Service Agency (APO/FPO) or U.S. Diplomatic Pouch Mail. However, if voters return the ballot through a foreign mail system or via common carrier (such as FedEx, DHL or UPS), they must pay the rate for that service themselves.

For non-military voters returning a mail ballot, the following 16 states have statutes requiring local election officials to provide return postage for mailed ballots. Note that this is typically a business-reply mailing, so that local officials only pay for return postage for the ballots that are actually returned via the U.S. Postal Service.

- Arizona: "The county recorder or other officer in charge of elections shall mail the early ballot and the envelope for its return postage prepaid to the address provided by the requesting elector..." (A.R.S. § 16-542).
- California: "(a) The elections official shall deliver all of the following to each qualified applicant: (2) All supplies necessary for the use and return of the ballot, including an identification envelope with prepaid postage for the return of the vote by mail ballot" (West's Ann. Cal. Elect. Code § 3010).
 - Note: This language was added by AB 216 in 2019. Counties bear the cost but since it is a state-mandated program they could claim reimbursement of those costs from the state general fund.
- Delaware: "(c) Postage for all mailings made pursuant to this subsection shall be prepaid by the Department" (15 Del. Code § 5504) and Instructions for Absentee Voting.

- Hawaii: “The mailed distribution and return of absentee ballots shall be at no cost to the voter. The State and counties shall share in the cost of all postage associated with the distribution and return of absentee” (HRS § 11-182).
- Idaho: “(2) The clerk shall issue a ballot, by mail, to every registered voter in a mail ballot precinct and shall affix postage to the return envelope sufficient to return the ballot” (I.C. § 34-308).
 - Note: This applies to mail ballot precincts, which must be designated by the board of county commissioners and have no more than 140 registered electors at the last general election.
- Iowa: “The absentee ballot and affidavit envelope shall be enclosed in or with an unsealed return envelope marked postage paid which bears the same serial number as the affidavit envelope” (I.C.A. § 53.8).
- Kansas: “The county election officer shall provide for the payment of postage for the return of ballot envelopes” (K.S.A. 25-433).
- Minnesota: “Ballot return envelopes, with return postage provided, must be preaddressed to the auditor or clerk and the voter may return the ballot by mail or in person to the office of the auditor or clerk...” (M.S.A. § 203B.07)
- Missouri: “Mailing envelopes for use in returning ballots shall be printed with business reply permits so that any ballot returned by mail does not require postage. All fees and costs for establishing and maintaining the business reply and postage-free mail for all ballots cast shall be paid by the secretary of state through state appropriations” (V.A.M.S. 115.285).
- Nevada: “3. The return envelope sent pursuant to subsection 1 must include postage prepaid by first-class mail if the absent voter is within the boundaries of the United States, its territories or possessions or on a military base” (Nev. Rev. Stat. 293.323).
- New Mexico: “A. The secretary of state shall prescribe the form of, procure and distribute to each county clerk a supply of: (1) official inner envelopes for use in sealing the completed mailed ballot; (2) official mailing envelopes for use in returning the official inner envelope to the county clerk, which shall be postage -paid; provided that only the official mailing envelope for absentee ballots in a political party primary shall contain a designation of party affiliation...” (N. M. Stat. Ann. § 1-6-8).
- Oregon: “(1) Except as provided in subsection (2) of this section, for each election held in this state, electors shall be provided with a return identification envelope that may be returned by business reply mail. The state shall bear the cost of complying with this subsection” (SB 861 in 2019).
- Rhode Island: “(d)(1) Upon the ballots becoming available, the secretary of state shall immediately issue and mail, by first-class mail, postage prepaid, a mail ballot to each eligible voter who has been certified. With respect to voters who have applied for these mail ballots under the provisions of § 17-20-2(1), the secretary of state shall include with the mail ballots a stamped, return envelope addressed to the board of elections” (R.I. Gen. Laws § 17-20-10).
 - Note: According to this press release, postage is being covered by the secretary of state’s budget.

- Washington: “(4)...Return envelopes for all election ballots must include prepaid postage” (West’s RCWA 29A.40.091)
 - Note: The statutory language above was added by SB 5063 in 2019.
- West Virginia: “(e)(1) Within one day after the official designated to supervise and conduct absentee voting has both the completed application and the ballot, the official shall mail to the voter at the address given on the application the following items as required and as prescribed by the Secretary of State:(C) One postage paid envelope, unsealed, designated “Absent Voter’s Ballot Envelope No. 2...” (W. Va. Code, § 3-3-5).
- Wisconsin: “(3)(a)... If the ballot is mailed, and the ballot qualifies for mailing free of postage under federal free postage laws, the clerk shall affix the appropriate legend required by U.S. postal regulations. Otherwise, the clerk shall pay the postage required for return when the ballot is mailed from within the United States. If the ballot is not mailed by the absentee elector from within the United States, the absentee elector shall provide return postage” (W.S.A. 6.87).
- Note: New Jersey leaves it up to the discretion of county clerks to provide a postage paid envelope (N.J.S.A. 19:63-12).

Find more details on Table 12: States With Postage-Paid Election Mail.

Processing, Verifying and Counting Absentee Ballots

The time frame of vote counting shifts with an increase in absentee/mailed ballots. Much of the work involved with verifying the identity of a voter can be done ahead of time, and some processing of ballots can occur before the election so that ballots are ready to be counted at the time permitted by statute. Counting typically continues in the days after Election Day as well, so verifying voters and counting ballots occurs during a longer period of time than just one day (Election Day).

In this section you will find:

- How do officials verify voted absentee ballots?
- What happens if there is a missing signature or a signature discrepancy?
- When can election officials begin to process and count absentee ballots?
- How are absentee ballot results reported?

How do officials verify voted absentee ballots?

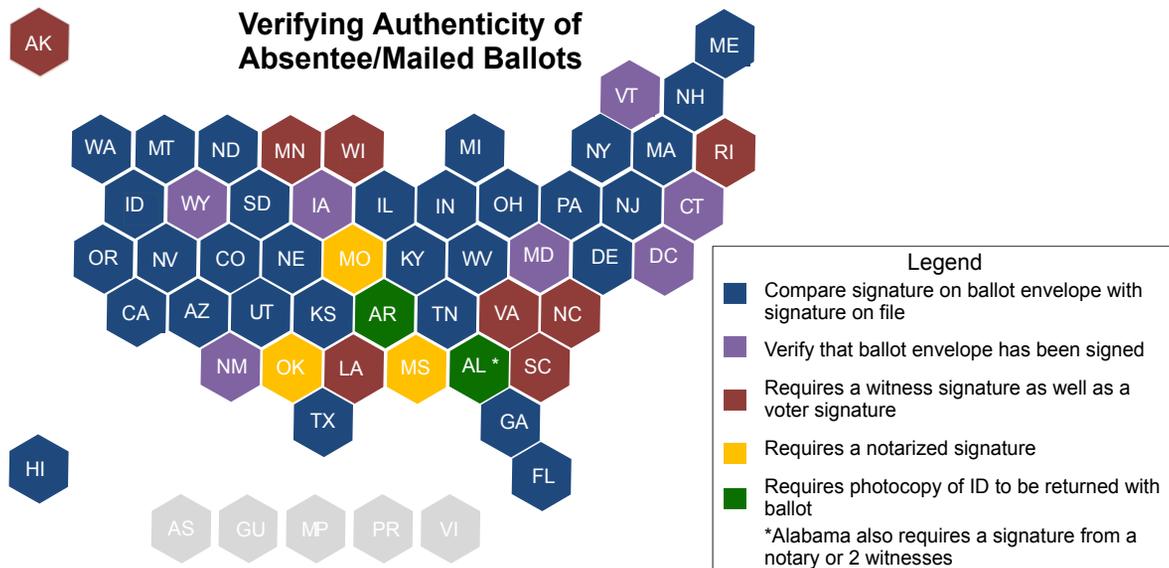
Unlike the traditional experience of voting at a physical polling place under the supervision of election officials or volunteer election workers, marking an absentee/mailed ballot occurs in an unsupervised environment, usually at the voter’s home. The ballot is then sent through the mail or delivered in person to the election office. Because the voter does not appear in person, election officials use other ways of verifying that the absentee/mailed ballot they are receiving comes from the intended eligible voter.

The most common method to verify that absentee/mailed ballots are coming from the intended voter is to conduct signature verification. When voters return an absentee/mailed ballot, they must sign an affidavit on the ballot envelope. When the ballot is returned to the election office, election officials have a process for examining each and every signature and comparing it to other documents in their files that contain the voter signature—usually the voter registration record. See Colorado’s Signature Verification Guide for one example of state guidance on how to conduct this verification step.

This process of comparing and matching signatures is done by election officials or temporary election workers, sometimes assisted by technology, and often working in bipartisan teams during this review process. In some states, especially those that send mail ballots to all eligible voters, the individuals verifying signatures undergo training to analyze signatures for potential fraud.

If a discrepancy is found, there may be an opportunity for the voter to come into the election office and “cure” the discrepancy. The election official will contact the voter explaining the problem and asking them to verify their information and that that they did in fact cast the ballot. There is usually a period of time after the election available for voters to take this verification step, but if the voter doesn’t do this then the ballot isn’t counted.

Some states have other methods for verifying absentee/mailed ballots. They may require absentee/by mail voters to include photocopies of their identification documents or have the absentee/mailed ballot envelope signed by witnesses or notarized.



State methods for verifying absentee/mailed ballots:

- Thirty-one states conduct signature verification, comparing the signature on the absentee/mailed ballot envelope with a signature already on file for the voter:
 - Arizona, California, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Massachusetts, Michigan, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Washington and West Virginia.

- Six states and D.C. verify that an absentee/mailed ballot envelope has been signed but do not conduct signature verification:
 - Connecticut, District of Columbia, Iowa, Maryland, New Mexico, Vermont and Wyoming.
- Eight states require the signature of a witness in addition to the voter's signature. These states may conduct signature verification as well.
 - Alaska (witness or a notary), Louisiana*, Minnesota (witness or notary), North Carolina (two witnesses or a notary), Rhode Island* (two witnesses or a notary), South Carolina*, Virginia and Wisconsin.
- Three states require the absentee/mailed ballot envelope to be notarized: Mississippi, Missouri and Oklahoma.
- Arkansas requires a copy of the voter's ID be returned with the absentee/mailed ballot.
- Alabama requires both a copy of the voter's ID and signatures from a notary or two witnesses with the absentee/mailed ballot return.

*Military and overseas voters are exempt from this requirement.

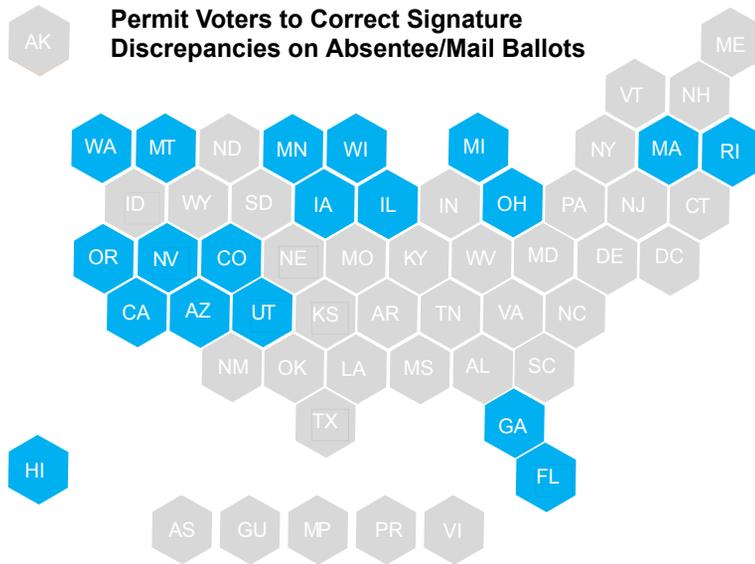
For full 50-state details on how absentee/mailed ballots are verified in states, please visit Table 14: How States Verify Voted Absentee Ballots.

What happens if there is a missing signature or a signature discrepancy?

It is not uncommon for an absentee/mailed ballot to be returned in an envelope that has a problem, such as a missing signature or a signature that doesn't match.

Some states have a process in statute for voters to "cure" these mistakes in time for the ballot to be counted. These states notify voters that there was a problem—either the ballot envelope was not signed or the signature does not appear to match the one on file—and then provide the voters with a process and time frame to verify that the ballot is indeed theirs. In states that do not have such a process, ballots with missing or mismatched signatures on the envelope are not counted.

Nineteen states require that voters are to be notified when there is a missing signature or signature discrepancy—and given an opportunity to correct it. Details are provided in the table below. Visit Table 15: States That Permit Voters to Correct Signature Discrepancies for more details.



In other states no statutory requirement exists to give voters the opportunity to correct a missing signature or a signature discrepancy. If a signature is missing or does not appear to match the one on file, the ballot is not counted. In some cases, voters may be informed after the election that their ballot was rejected, but they do not have the opportunity to correct it for it to be counted.

- Alabama, Alaska, Arkansas, Connecticut, Delaware, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, New Hampshire, New Jersey, New Mexico, New York, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia and Wyoming.

Statutes Permitting Voters to Correct Signature Discrepancies

State	Notification Process	Correction Process
Arizona Ariz. Rev. Stat. §16-550	Election officials shall make reasonable efforts to contact the voter, advise the voter of the inconsistent signature and allow the voter to correct or the county to confirm the inconsistent signature.	Voters have until the fifth business day after an election to correct a signature.
California CA Elect Code § 3019	Voters of ballots with mismatching signatures are notified a minimum of eight days prior to certification of the election.	Voters have until 5 p.m. two days prior to certification of the election to provide a signature verification statement in person. If a voter fails to sign the absentee ballot envelope, they have until 5 p.m. on the eighth day after the election to submit a signature verification statement.
Colorado Colo. Rev. Stat. §1-7.5-107.3	Voters of ballots with missing/mismatching signatures are notified by mail within three days (or within two days after the election) of any discrepancy.	A confirmation form accompanying the letter must be returned to the county clerk and recorder within eight days after Election Day to count.
Florida Flor. Stat. § 101.68	County election supervisors shall notify any voter whose signature is missing or doesn't match records.	Voters may cure ballots until 5 p.m. on the second day after the election.
Georgia Georgia Code § 21-2-386	If ballot is rejected, voter is promptly notified of rejection.	If before Election Day, a voter may reapply for an absentee ballot or vote provisionally at their local polling place.

State	Notification Process	Correction Process
Hawaii Haw. Rev. Stat. § 11-106	Local election officials shall make an attempt to notify the voter by first class mail, telephone or electronic mail to inform the voter of the procedure to correct the deficiency.	The voter shall have five business days after the date of the election to cure the deficiency.
Illinois 10 ILCS 5/19-8	Voters are notified by mail of rejected ballot within two days of rejection.	Voters have until 14 days after election to resolve issue with county election authority.
Iowa Iowa Code § 53.18(2)	If a ballot affidavit is incomplete or absent, the commissioner must notify the voter within 24 hours.	A voter may vote a replacement ballot until the day before the election or vote at the voter's precinct polling place.
Massachusetts Mass. Gen. Laws ch 54 § 94)	Prior to Election Day, the voter is notified and, if sufficient time allows, sent a new ballot if an affidavit signature is absent or the ballot is rejected for other reasons.	Voter can submit a new absentee ballot.
Michigan Mich. Comp. Laws § 168.765b	If a ballot affidavit is found in error, the voter is contacted and provided opportunity to visit the clerk's office or request a replacement ballot should time allow.	Voter can request a replacement absentee ballot.
Minnesota Minn. Stat. § 203B.121	If a ballot is rejected more than five days before Election Day a replacement ballot is mailed; if rejected within five days, election officials must contact the voter via telephone or email to provide options for voting a replacement ballot.	Voter can request a replacement absentee ballot.
Montana Mont. Code § 13-13-241 § 13-13-245	Election administrators shall notify voters of missing or mismatched signatures.	Voters have until 8 p.m. on Election Day to cure their ballot.
Nevada Nev. Rev. Stat. 293.325	Local election officials shall notify voters of missing or mismatched signatures.	Voters have until the seventh day after the election to resolve the issue.
Ohio Ohio Rev Code § 3509.06	Notice is mailed to voters whose ballots were rejected.	Voters have until the seventh day after the election to resolve issue.
Oregon Ore. Rev. Stat. § 254.431	County clerks notify voters by mail of any signature absence or discrepancy.	Voters must complete and return the certified statement accompanying the notice by the 14th day after the election for their ballot to count.
Rhode Island RI Gen L § 17-2-26	Local board of canvassers is responsible for notifying voters by mail, email or phone.	Voters have until seven days after Election Day to correct a deficiency.
Utah Utah Code Ann. § 20A-3-308(7)	Election officials notify voters of ballot rejection in one to two business days if rejected before Election Day; seven days if rejected on Election Day; and seven days if rejected between Election Day and the end of official canvas.	Voters must sign a new affidavit statement provided by the clerk's office and return by 5 p.m. the day before the official canvass (7-14 days after Election Day).
Washington Wash. Admin. Code 434-261-050	Voters notified by mail of rejected ballots due to missing/mismatching signature statements.	Voter must sign and return a curing statement before election certification (21 days after Election Day). Three days before certification, county auditors must attempt to contact by phone any voters with outstanding ballots to be cured.

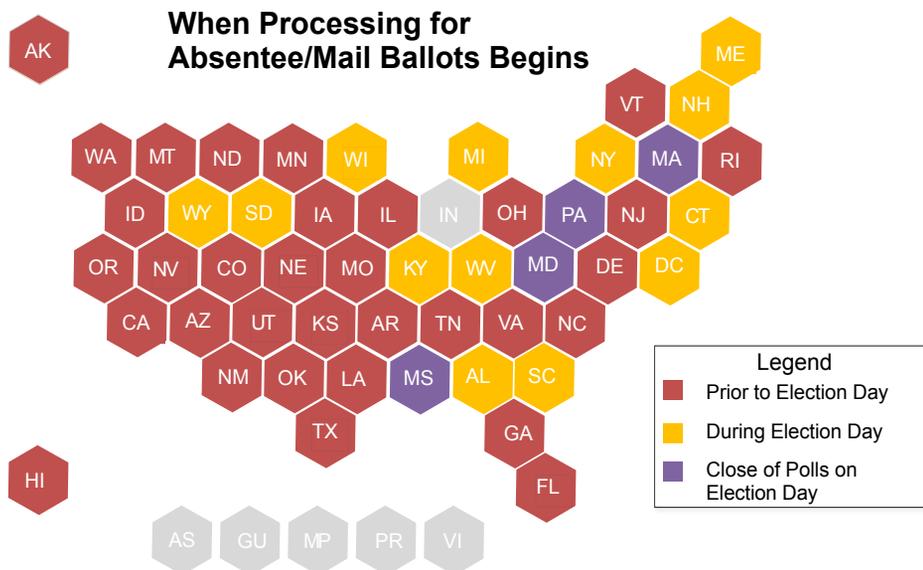
State	Notification Process	Correction Process
Wisconsin Wis. Stat. § 6.87(9)	Municipal clerks return any deficient absentee ballot envelopes with a new envelope to the voter.	A voter may provide a corrected signature envelope until close of polls Election Day.

When can election officials begin to process and count absentee ballots?

In many states, processing of absentee/mailed ballots can begin before they are actually counted. “Processing” means different things in different states, but typically the first step is comparing the affidavit signature on the outside of the return envelope against the voter’s signature on record to ensure a match. See the section above on verifying signatures for additional details on this process.

In some states, once the signature is verified the envelope can then be opened and the ballot prepared for tabulation. In essence, states that begin processing before Election Day can “tee up” absentee/mailed ballots so that they are ready to be counted as soon as the law allows. This permits election officials to do a lot of the work ahead of time to speed up the counting and reporting process on Election Day: confirming the affidavit signature; removing the ballot from the secrecy envelope; flattening and stacking the ballots—even potentially running them through the scanner, but not hitting the “tally” button to actually obtain results. Most states require confidentiality of results if they are known ahead of time or require election officials to process only to a certain point ahead of time. Ask your state election officials for details on their practice.

Visit Table 16: When Absentee/Mail Ballot Processing and Counting Can Begin for more information. In summary:



- Thirty-two states permit election officials to begin processing absentee/mailed ballot envelopes prior to the election. This looks a little different in each state, but the first step is to verify signatures on the absentee ballot and the timeframes listed below are when election officials can begin this process in each state. In some states listed below additional processing, such as removing the ballots from envelopes and readying them for counting, may also be permitted prior to Election Day.
 - Alaska: seven days before the election.

- Arizona: upon receipt of returned absentee/mailed ballot.
- Arkansas: seven days before the election.
- California: 29 days before, 10 days before, or the day before the election depending on whether a jurisdiction is all-mail and has the necessary computer capability.
- Colorado: upon receipt of returned absentee/mailed ballot.
- Delaware: Friday before the election.
- Florida: 22 days before the election.
- Georgia: upon receipt of returned absentee/mailed ballot.
- Hawaii: upon receipt of returned absentee/mailed ballot.
- Idaho: upon receipt of returned absentee/mailed ballot.
- Illinois: upon receipt of returned absentee/mailed ballot.
- Iowa: day before the election.
- Kansas: before Election Day; exact timing not specified.
- Louisiana: before Election Day; exact timing not specified.
- Minnesota: upon receipt of returned absentee/mailed ballot.
- Missouri: five days before the election.
- Montana: upon receipt of returned absentee/mailed ballot.
- Nebraska: second Monday before the election.
- Nevada: upon receipt of returned absentee/mailed ballot.
- New Jersey: upon receipt of returned absentee/mailed ballot.
- New Mexico: any time after mailed ballots have been sent until the fifth day before the election.
- North Carolina: two weeks before the election.
- North Dakota: day before the election.
- Ohio: before Election Day; exact timing not specified.
- Oklahoma: before Election Day; exact timing not specified.
- Oregon: upon receipt of returned absentee/mailed ballot.
- Rhode Island: 14 days before the election.
- Tennessee: upon receipt of returned absentee/mailed ballot.
- Texas: upon receipt of returned absentee/mailed ballot.
- Utah: before Election Day; exact timing not specified.
- Vermont: day before the election.
- Virginia: before Election Day; exact timing not specified.
- Washington: upon receipt of returned absentee/mailed ballot.

- Eleven states and D.C. permit election officials to begin processing absentee/mailed ballots on Election Day, but prior to the closing of the polls:
 - Alabama: noon on Election Day.
 - Connecticut: on Election Day at the discretion of local registrar of voters.
 - District of Columbia: Signatures are verified and the secrecy envelope removed prior to tabulation, but exact timing is not specified.
 - Kentucky: 8 a.m. on Election Day.
 - Maine: before the polls close if notice of processing times is posted at least seven days before the election.
 - Michigan: on Election Day before the polls close at the jurisdiction's discretion.
 - New Hampshire: 1 p.m. on Election Day, or no earlier than two hours after the opening of the polls if posted and announced ahead of time.
 - New York: on Election Day; exact time not specified.
 - South Carolina: 9 a.m. on Election Day.
 - South Dakota: Processing occurs at precinct polling places on Election Day if the election board is not otherwise involved in official duties.
 - West Virginia: on Election Day; exact time not specified.
 - Wisconsin: on Election Day after the polls open.
 - Wyoming: processing occurs at precinct polling places on Election Day as time permits
- Four states do not permit the processing of absentee/mailed ballots until after the polls close on Election Day:
 - Massachusetts: after the polls close.
 - Mississippi: after the polls close.
 - Pennsylvania: after the polls close.
 - Maryland: processing and counting of absentee/mailed ballots occurs after the election

In most states that begin processing absentee/mailed ballots prior to Election Day there is a requirement that the act of totaling votes and reporting contest results cannot begin until after the polls close. There may be procedures and functional aspects of voting equipment that allow ballots to be "counted" without obtaining a final tally or result. For example:

- In Colorado election officials at the mail ballot counting place may receive and prepare mail ballots delivered and turned over to them by the designated election official for tabulation. Counting of the mail ballots may begin fifteen days prior to the election and continue until counting is completed. The election official in charge of the mail ballot counting place shall take all precautions necessary to ensure the secrecy of the counting procedures, and no information concerning the count shall be released by the election officials or watchers until after 7 p.m. on Election Day (Colo. Rev. Stat. § 1-7.5-107.5).
- In Delaware tallies may begin on the Friday before the election but results of absentee ballots shall not be extracted or reported until polls close on Election Day (15 Del. C. § 5510).

- In New Mexico absentee ballots are inserted into vote counting machines to be registered and retained before Election Day, but all votes are counted and canvassed following the closing of the polls. It is unlawful for a person to disclose the results of a count or tally prior to the closing of the polls or the deadline for receiving mailed ballots (N. M. S. A. § 1-6-14).
- In Ohio processing may begin before the time for counting ballots. Processing means examining the envelope, opening valid envelopes, preparing and sorting the ballot and scanning the ballot using automatic tabulating equipment if the equipment used permits an absentee voter's ballot to be scanned without tabulating or counting the votes on the ballots scanned. The count or any portion of the count of absentee voter's ballots may not be disclosed prior to the closing of the polls (Ohio Rev. Code § 3509.06).
- In Virginia ballots may be inserted into ballot counting machines prior to the closing of the polls, but no ballot count totals by the machines shall be initiated prior to the closing of the polls. If absentee ballots are counted by hand, tallying may begin after time after 3:00 pm. the day of the election. No counts of such tallies shall be determined or transmitted until after the closing of the polls (VA Code Ann. § 24.2-709.1).

How are absentee ballot results reported?

States differ on how and when results of absentee/mailed ballots are reported. Most states report these ballots at the precinct level so that it's possible to see voter turnout by precinct regardless of how the ballot was voted (in person or by absentee/mailed ballot). Since absentee/mailed ballots are accepted up to and including Election Day in most cases, it can take until days after an election before all ballots are counted.

In many states, especially those that handle large volumes of absentee/mailed ballots, counting is done at a central location. The most common way to report absentee/mailed ballot results is to add the tabulated votes from absentee ballots to the total tabulated at each precinct and report precinct results with both the absentee and Election Day votes included.

Some states handle this process differently, though. Some states send absentee ballots to precinct polling places on Election Day to be counted by the precinct-level scanners/tabulators. Others establish separate "absentee ballot precincts" that combine all mailed ballots from throughout the jurisdiction into one reporting unit, regardless of what precinct the voter is in. That approach loses the precinct-level data that is useful to candidates for campaigning and to election officials to allocate resources.

Visit Table 17: How Election Results Are Reported for comprehensive information. Some examples:

- In Alabama, absentee ballots are delivered to precinct polling places where they are counted and otherwise handled as if the voter were present and voting in person (Code of Ala. §17-11-10).
- In Iowa, each county establishes a special "absentee ballot and special voters precinct." Results from the special precinct are reported separately. For general elections, results are also reported by the resident precinct of voters. For all other elections absentee results may be reported as a single precinct (Iowa Code §53.23).