Voting System Post-Election Audit Report

Count	y:	Date of Election:		
	of Audit (check applicable box):	☐ Manual	Automated Independent	
Precinct Number(s):				
Race (if Manual Audit):				
1.	Overall accuracy of the audit:			
2.	Description of any problems or di	screpancies encoun	tered:	
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3.	Likely cause of such problems or	discrepancies:		

4. Recommended corrective action with respect to avoiding or mitigating such circumstances in future elections:

Check applicable box and sign below:

 \Box We hereby certify that the report of the voting system audit performed for the election is accurate and that attached are precinct summary reports for each precinct audited.

We hereby certify that a voting system audit was not done because a manual recount was conducted under s. 102.166, Florida Statutes.

Signatures of County Canvassing Board members:

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

Rule 1S-5.026, F.A.C.

DS-DE 107 (eff. 01/2014)