## **Voting System Post-Election Audit Report**

	11/1-1-1-1-1-1	
County:_ Type of A	Type of Audit (check applicable box):	x): Manual Automated Independent
Precinct	Precinct Number(s):1	
Race (if I	Race (if Manual Audit): Republic	Republican Presidential
1.	Overall accuracy of the audit: 100%	
2. Do	Description of any problems onne	Description of any problems or discrepancies encountered:
3. Like n/a	Likely cause of such problems or discrepancies: n/a	s or discrepancies:
4. Rec circ n/a	Recommended corrective action circumstances in future elections:	Recommended corrective action with respect to avoiding or mitigating such circumstances in future elections:
Check ap  We heaccurate a	Check applicable box and sign below:  We hereby certify that the report of accurate and that attached are precinct so	Check applicable box and sign below:  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 h	☐ We hereby certify that a voting system a conducted under s. 102.166, Florida Statutes	We hereby certify that a voting system audit was not done because a manual recount was lucted under s. 102.166, Florida Statutes.
Signature Colby	Signatures of County Canvassing Board members  Colby Peel	ard members: 03/30/2020
Printed Name Carol F	Printed Name Carol F. Rudd	Signature Date 03/30/2020
Printed Name	ame	Signature Date
Todd A	Fodd Abbott	Cionatura Prasace 03/30/2020
CHITEC	ame	