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

County: LEON Type of Audit (check applicable b	Date of Election  Oox): Manual	. 11/6/2018 Automated Independ	dent
Precinct Number(s): <sup>all</sup>			
Race (if Manual Audit): US Senator; Commissioner of Agriculture			
1. Overall accuracy of the aud	it:		
2. Description of any problems	•		امدادد
Examination of ballots the voter intent that would not oval being filled out compared to the c	ot normally be capture		
3. Likely cause of such problem	ms or discrepancies:		
Voter had not filled in ovals correctly in these contests.			
4. Recommended corrective accircumstances in future election.		iding or mitigating such	
	1		
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 precing		_	701011 10
We hereby certify that a voting conducted under s. 102.166, Florida	. =	one because a manual reco	unt was
Signatures of County Canvassing B	oard members:	1.1	
J. Laure Smith	Hamos.	<u> </u>	1-17-18
Printed Name  Nick Manual	Signature 4	Dat //	e 1/11/18
rinted Name	Signature	Dat	ie //
MARK S EARLEY	I pulid	1	1/17/18
Printed Name	Signature	Dat	é

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

DS-DE 107 (eff. 01/2014)