Voting System Post-Election Audit Report

County: Leon		Date of Election: 8-23-22		
Type o	of Audit (check applicable box):		Automated Ind	ependent
Precinct Number(s):				
Race (if Manual Audit): Leon County Commission District 2				
1.	Overall accuracy of the audit: 100%, no changes from the 1	st Unofficial Resu	lts.	
2.	Description of any problems or d	iscrepancies encoun	itered:	
3.	Likely cause of such problems or	discrepancies:		
4.	Recommended corrective action voircumstances in future elections: Certify Clear Ballot for use in restaff hours and \$3,500 in salar	recounts. The mad	chine recount cost	
□ We	applicable box and sign below: hereby certify that the report of the and that attached are precinct su			
	e hereby certify that a voting systeted under s. 102.166, Florida Statu		ne because a manual	recount was
Signatu	res of County Canvassing Board	members:		
Aug Printed	Name SEADLEY	nature Luck	Stal	Date 8/30/22
Printed	Name Sign	nature		Date
<u>Mar</u> Printed	Name Lindley Mr. Sign	ature and	Fridley	<u>\$-30-</u> 27 Date

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

DS-DE 107 (eff. 01/2014)