Voting System Post-Election Audit Report

County Type of	y: <u>Bra Hord</u> of Audit (check applicable l	Date of Election: Manual	3~ 17 ~ 202 Automated Inde	
Precinct Number(s): 4 Race (if Manual Audit): President - Ropublican				
1.	Overall accuracy of the audi	it: Matched Mac	hine Count	perfectly
2.	Description of any problems	s or discrepancies encount	ered:	
3.	Likely cause of such problem	ms or discrepancies:		
	Recommended corrective action with respect to avoiding or mitigating such circumstances in future elections:			
We	applicable box and sign be thereby certify that the report and that attached are precine	rt of the voting system aud	lit performed for the	election is
	e hereby certify that a voting ted under s. 102.166, Florida		e because a manual	recount was
Signatu T. Printed D. T. Printed	Davis	oard members: Signature Signature	Con	$\frac{3 - 30 - 2020}{\text{Date}}$ $\frac{3 - 30 - 2020}{\text{Date}}$
Printed	Name	Signature		Date

DS-DE 107 (eff. 01/2014)

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