Voting System Post-Election Audit Report

County: Bradford	Date of Election:	8-18-20	20
Type of Audit (check applicable box):		Automated Inde	pendent
Precinct Number(s):			
Race (if Manual Audit): Ro	pro Sontative -	DIST_3- RE	ÉP
1. Overall accuracy of the audit: Perfect match of	Machine +	Manual Coun	+
2. Description of any problems or d	liscrepancies encour	ntered:	
3. Likely cause of such problems of $\mathcal{N} \mid \mathcal{A}$	r discrepancies:		
4. Recommended corrective action circumstances in future elections		ding or mitigating suc	ch
Check applicable box and sign below: We hereby certify that the report of accurate and that attached are precinct su	the voting system at		
☐ We hereby certify that a voting syst conducted under s. 102.166, Florida Stat		ne because a manual	recount was
1	members:		8-26-2020 Date
Printed Name Sig	gnature		<u>\{\rightarrow\} \tag{26 \tag{20} \tag{20}} \tag{20} \tag{20}</u>
Printed Name Sig	gnature		Date

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

DS-DE 107 (eff. 01/2014)