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

County	y: Baker	Date of Election:_	Primary	
Type o	of Audit (check applic	able box): X Manual	Automated Indep	endent
Precinct Number(s): 1A - Sanderson				
Race (if Manual Audit): County Commissioner District 3 - Republican				
1.	Overall accuracy of the			
2.	Description of any pro	oblems or discrepancies encour	itered: None	
3.	Likely cause of such p	problems or discrepancies: Nor	ne	
4.	Recommended corrections circumstances in future	ctive action with respect to avoi	ding or mitigating suc	h
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 hereby certify that a voting system audit was not done because a manual recount was conducted under s. 102.166, Florida Statutes.				
Signatures of County Canvassing Board members:				
	a D. Crawford d Name	Signature	Crowford	_9-12-2016 Date
Printe	d Name	Signature		Date
Printe	d Name	Signature		Date

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

DS-DE 107 (eff. 01/2014)