Voting System Post-Election Audit Report

County: Vine las Date of Election: November 4, 201	4_
Type of Audit (check applicable box): Manual Automated Indepe	ndent
Precinct Number(s): NA	
Race (if Manual Audit): NA	
1. Overall accuracy of the audit:	
NA	
2. Description of any problems or discrepancies encountered:	
NA	
3. Likely cause of such problems or discrepancies:	
NA	
4. Recommended corrective action with respect to avoiding or mitigating such circumstances in future elections:	
NA	
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:	
Signature Dan Carassas Da	11 14 14
Mr. Calvin Harris Printed Name Signature Signature Da	11/14/14
Approvisor of Elections Deborah Clark Signature Signature Signature Date of Elections Deborah Clark Signature	11 14 14