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

<sub>County:</sub> Marion	Date of Election: 05/16/2023		
Type of Audit (check applicable box):	<b>✓</b> Manual	Automated Indep	endent
Precinct Number(s):			
Race (if Manual Audit): State Repre-	sentative District 24		
Overall accuracy of the audit:			
100 %	J		
2. Description of any problems or o	discrepancies encountere	d:	
3. Likely cause of such problems of	r discrepancies:		
4. Recommended corrective action circumstances in future election		or mitigating suc	h
Check applicable box and sign below:			
We hereby certify that the report of accurate and that attached are precinct s			election is
☐ We hereby certify that a voting system conducted under s. 102.166, Florida State		pecause a manual r	recount was
Signatures of County Canvassing Board	l members:	1 (	
Robert Landt	hold 512	garpot	05/30/2023
Printed Name Si	gnature //		Date
Wesley Wilcox	Justr V.	eles	05/30/2023
Printed Name	gnature		Date
Printed Name Si	gnature		Date

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

DS-DE 107 (eff. 01/2014)