#125463
11/22/2020

Voting System Post-Election Audit Report

County: ALACHUA **Date of Election:** 11-3-2020

Type of Audit (check applicable box): ☐ Manual ☐ Automated Independent

Precinct Number(s): _____

Race (if Manual Audit): _____

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:

Printed Name	Signature	Date
Thomas M Jaworski	Thomas M Jaworski	11-17-20
Marihelen H. Wheeler	Marihelen Wheeler	11/17/2020
KIM A. BARTON	Kim A. Barton	11-17-2020