Voting System Post-Election Audit Report

Count	y: Okeechobee	Date of Election:_	Aug. 26, 20	14
Type o	of Audit (check applicable box)	Manual	Automated Inde	ependent
Precinct Number(s):				
Race (if Manual Audit): County	Commissione	r District	4
1.	Overall accuracy of the audit:			
	Accurate			
2.	Description of any problems or o	discrepancies encount	ered:	
	None			
3.	Likely cause of such problems o	r discrepancies:		
	Not Applicable			
4.	Recommended corrective action circumstances in future elections NOT Applicable	-	ing or mitigating suc	ch
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:				
Ferul Printed		snature 1	Zu Z	9-3-2014 Date
	visor offlections /	Jan Mage gnature	un_	9 3 2014 Date
Printed	Name Si	Munh fr	5	9.3.2014 Date