Voting System Post-Election Audit Report

County: City of Green Cove Springs	Date of Election:	1/9/2019
Type of Audit (check applicable box	x): ✓ Manual	Automated Independent
Precinct Number(s):	ty of Green Cove Spri	ngs - pct 604
Race (if Manual Audit):Amendr	ment # 4	
1. Overall accuracy of the audit:	100%	
2. Description of any problems of	or discrepancies encount	ered:
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3. Likely cause of such problems	s or discrepancies:	
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4. Recommended corrective action circumstances in future election		ing or mitigating such
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 Boat	ard members: <u>Constance</u> Butter Signature	Date 04/11/19
R.M. Timberlake In Printed Name	Signature	Ja Date
Steven Kelley Printed Name	Signature	4/11/19 Date