Voting System Post-Election Audit Report

County: Okeechobee	Date of Election: 11/04/2014	
Type of Audit (check applicable box):	Manual Automate	d Independent
Precinct Number(s): 08		
Race (if Manual Audit): Chief Financi	ial Officer	
1. Overall accuracy of the audit:		
Perfect.		
2. Description of any problems or d	iscrepancies encountered:	
None.		
3. Likely cause of such problems or	discrepancies:	
N/A		
4. Recommended corrective action vicircumstances in future elections:	with respect to avoiding or mitigati	ng such
NA		
Check applicable box and sign below: We hereby certify that the report of taccurate and that attached are precinct su	the voting system audit performed fi numary reports for each precinct au	For the election is adited.
☐ We hereby certify that a voting system conducted under s. 102.166, Florida State		anual recount was
Signatures of County Canvassing Board	members:	
Terald D. Bryant	kielel Lugar	11/17/2014
Dance Ibaan 1	nature Hagan	Date 11/17/2014 Date
FRANK IRBY	Thunh & BUE	11/17/2014 Date