

**Board of Canvassers  
Agenda  
April 10, 2024**

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**Mayor Gib Coerper**  
Member Mike DaRoza  
Member Jovante Hayes

**City Manager Mike DaRoza**  
**Deputy City Clerk LeAnne Williams**  
City Attorney Marian Rush

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The City Commission will conduct a  
**Board of Canvassers**  
**At 9:00 AM**  
to address the item(s) below.

**Meeting Date:** April 10, 2024

**Meeting Location:** James A Lewis Commission Chambers

15100 NW 142 Ter.

<b>BOARD OF CANVASSERS MEETING AGENDA</b>
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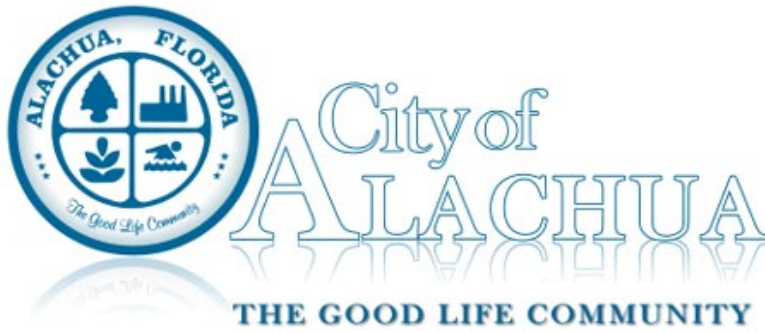
**CALL TO ORDER**

**APPROVAL OF THE AGENDA**

**I. AGENDA ITEMS**

- A. Canvass Board will perform the Post-Election Audit

**ADJOURN**



## Board/Committee Agenda Item

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**MEETING DATE:** 4/10/2024

**SUBJECT:** Canvass Board will perform the Post-Election Audit

**PREPARED BY:** LeAnne Williams, Deputy City Clerk

**RECOMMENDED ACTION:**

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**ATTACHMENTS:**

Description

- ▣ Att B
- ▣ Att C
- ▣ Att D

# Manual Audit Team Worksheet for Marksense Ballots

**Race:** \_\_\_\_\_

(☐ Check box if race permitted more than 1 vote.)  
Indicate here the "Vote for no more than" number: \_\_\_\_\_

**Audit Team Members:**

DS-DE 105B (eff. 01/2014)

## Precinct Summary for Manual Audit

Race Audited: \_\_\_\_\_

Precinct Number: \_\_\_\_\_

[illegible]

Number of ballots overvoted: \_\_\_\_\_

Number of ballots undervoted: \_\_\_\_\_

Number of indeterminate votes: \_\_\_\_\_

(Attach a separate Precinct Summary for each precinct audited.)

## Voting System Post-Election Audit Report

County: \_\_\_\_\_ Date of Election: \_\_\_\_\_

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

Precinct Number(s): \_\_\_\_\_

Race (if Manual Audit): \_\_\_\_\_

1. Overall accuracy of the audit:
  
  
  
  
  
  
  
  
  
  
2. Description of any problems or discrepancies encountered:
  
  
  
  
  
  
  
  
  
  
3. Likely cause of such problems or discrepancies:
  
  
  
  
  
  
  
  
  
  
4. Recommended corrective action with respect to avoiding or mitigating such circumstances in future elections:

**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
_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date