Chair Dayna Williams
Member Mike DaRoza
Member Dietra H. Sherman

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

The Board of Canvassers will conduct a

Regular Board of Canvassers Meeting
At 9:00 AM

to address the item(s) below.

Meeting Date: April 9, 2025

Meeting Location: James A. Lewis City Commission Chambers
15100 NW 142 Terrace
Alachua, FL 32615

Board of Canvassers Meeting

CALL TO ORDER

APPROVAL OF THE AGENDA

I. AGENDA ITEMS

A) ELECTION AUDIT

ADJOURN

Commission Agenda
Item

MEETING DATE: April 9, 2025
SUBJECT: Election Audit
PREPARED BY: LeAnne Williams, Deputy City Clerk
RECOMMENDED ACTION:
Conduct the post-election Audit

Summary

Canvass Board will perform the Post-Election Audit

FINANCIAL IMPACT

ADDITIONAL FINANCIAL INFORMATION

COMMISSION GOALS

ATTACHMENTS

1. ATTACHMENT B-dsde105b
2. ATTACHMENT C-dsde106
3. ATTACHMENT D-dsde107

ATTCHMENT B

Manual Audit Team Worksheet
for Marksense Ballots

County:_____

Date of Election:_____

☐ ***Check box if provisional ballots are included in Early Voting and Election Day ballots, instead of being reported separately.**

Precinct Number:_____

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

Candidate or Issue	Manual Audit Tally				
	Early Voting (EV)	Election Day (ED)	Absentee (AB)	Provisional (PV)*	Totals
Write-in Candidates					
Overvotes					
Undervotes (*i.e.*, blank votes)					
Indeterminate Votes					

Audit Team Members:

Printed Name	Signature	Date
Printed Name	Signature	Date

Precinct Summary for Manual Audit

Race Audited: _____

Precinct Number: _____

Candidate Name or Issue Choice	Voting System Total	Manual Public Tally Total	Difference (+ or –)

Number of ballots overvoted: _____

Number of ballots undervoted: _____

Number of indeterminate votes: _____

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

ATTACHMENT D

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