STATE OF COLORADO
Department of State
1700 Broadway
Suite 250
Denver, CO 80290

Mike Coffman
Secretary of State

Brian S. Anderson
Chief Administrative Officer

January 24, 2007

REVISED

Mr. Edgardo Cortés
U.S. Election Assistance Commission
1225 New York Avenue NW, Suite 1100
Washington, DC 20005

Re: Amended SF269 Financial Status Reports – HAVA Title I, Sections 101 and 102; Title II, Section 251

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U.S. ELECTION ASSISTANCE COMMISSION
2007 JAN 26 PM 4:49

Dear Mr. Cortés:

As requested by Mr. Wilkey in his letters on January 10 to Secretary of State Mike Coffman, enclosed are the following amended SF 269 financial reports for the periods indicated:

Title I, Section 101:	reports for calendar years 2003, 2004, and 2005
Title I, Section 102:	reports for calendar years 2003, 2004, and 2005
Title II, Section 251:	reports for fiscal years 2004 and 2005

Thank you for providing clarification via email that Colorado is required to amend only the financial reports and not the narrative reports submitted to you for the named calendar and fiscal years.

If you have any questions regarding the enclosed reports, or if you need additional information, please contact me at 303-860-6907 or at judye.schneider@sos.state.co.us.

Sincerely,

Judye Schneider
HAVA Budget/Policy Analyst

Cc: Brian Anderson, Chief Administrative Officer
Holly Lowder, Director, Elections Division

AMENDED

REVISED

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency Title 101, 102	OMB Approval No. 0348-0039	Page 1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Colorado Department of State
1700 Broadway, Suite 250, Denver, CO 80290 DUNS # 082142055

4. Employer Identification Number 84-0644739	5. Recipient Account Number or Identifying Number CDFA #39.011	6. Final Report ☐ Yes ☑ No	7. Basis ☑ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 4/28/2003	To: (Month, Day, Year) 8/8/2006	9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004	To: (Month, Day, Year) 12/31/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	0.00	0.00
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	0.00	0.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	0.00	0.00
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			0.00
o. Total Federal funds authorized for this funding period			2,287,206.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			2,287,206.00
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. Indirect Expense				
a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed				
b. Rate NA	c. Base	d. Total Amount	e. Federal Share	

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*
Interest earned this reporting period is $69,230 and is included in 10o above. Total interest earned through this reporting period is $110,111.

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title Judye Schneider, HAVA Budget/Policy Analyst	Telephone (Area code, number and extension) 303-860-6907
Signature of Authorized Certifying Official Judye Schneider	Date Report Submitted January 24, 2007

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