REVISED

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

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
U.S. ELECTION ASSISTANCE COMM	HAVA TITLE II	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
STATE OF DELAWARE; COMMISSIONER OF ELECTIONS; 111 S WEST ST., DOVER DE 19904

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
51-6000279	CFDA. 011 HAVA	☐ Yes ☒ No	☒ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
6/4/2004		10/1/2004	9/30/2005

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays		725,105.24	725,105.24
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	725,105.24	725,105.24
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	725,105.24	725,105.24
k. Total unliquidated obligations			417,573.82
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			417,573.82
n. Total Federal share *(sum of lines j and m)*			1,142,679.06
o. Total Federal funds authorized for this funding period			4,455,633.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			3,312,953.94
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	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.*
FEDERAL GRANT 4,150,000.00 STATE MATCHING FUND POSTED AS OF 9/30/05 - $220,000.00; LINE 10o - INTEREST POSTED ON FUNDS AS OF 9/30/05 - $85,633.00

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	Telephone (Area code, number and extension)
VIRGINIA LANE - SUPPORT SERVICES ADMINISTRATOR	302-739-4277
Signature of Authorized Certifying Official	**Date Report Submitted**
	January 25, 2007 AMENDED

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