FOX McKEITHEN
SECRETARY OF STATE

STATE OF LOUISIANA
SECRETARY OF STATE
P.O. BOX 94125
BATON ROUGE, LA. 70804-9125
www.sos.louisiana.gov

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April 15, 2005

ORIGINAL

Peggy Sims, Election Research Specialist
State HAVA Funding Reports
U.S. Election Assistance Commissioner
1225 New York Avenue, NW – Suite 1100
Washington, DC 20005

RE: HAVA Title II Funds

Dear Ms. Sims:

Enclosed herewith is the original SF269 Financial Status Report Form for the State of Louisiana, Department of State for HAVA Title II Funds for the period ended September 30, 2004. On March 30, 2005, a signed copy of this report was faxed to you and an unsigned copy was electronically transferred to you. In the previously reported column, the Department is reporting $654,360 for reimbursement funds for Louisiana's 5% state match required by Section 253(b)(5) from Section 102 funds. These expenses were incurred prior to January 1, 2004.

Please feel free to call me at (225) 922-0900 if you should have any questions or email me at cguidry@sos.louisiana.gov.

Sincerely,

Carol H. Guidry

Carol H. Guidry
Director of HAVA

Enclosure

Cc: Angie LaPlace
Merietta Norton

SS 101 (R 1/04)

H422204.941

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FINANCIAL STATUS REPORT

(Short 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 Commission	HAVA, Title II	0348-0038	pages

3. Recipient Organization (Name and complete address, including ZIP code)

State of Louisiana, Department of State, P.O. Box 94125, Baton Rouge, Louisiana 70804-9125

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
72-6011531	HLVC	☐ 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)
10/1/2002	9/30/2005	10/1/2003	9/30/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	654,360.00	2,703,132.16	3,357,492.16
b. Recipient share of outlays	654,360.00	2,703,132.16	3,357,492.16
c. Federal share of outlays			0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*			0.00
h. Total Federal funds authorized for this funding period			35,067,672.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			35,067,672.00

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.*

We are reporting $654,360 in requirements reimbursement from Sec. 102. We purchased 616 iVotronics and 298 ADA iVotronics, and misc equipment after the 11/2000 election which was paid with state funds ($3,310,580-654,360).

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)
Carol H. Guidry, Director of HAVA	(225) 922-0900 Ext. # 611
Signature of Authorized Certifying Official	**Date Report Submitted**
Carol H. Guidry	March 30, 2005

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

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