ORIGINAL

STATE OF MISSISSIPPI
SECRETARY OF STATE
ERIC CLARK

401 MISSISSIPPI STREET
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TELEPHONE (601) 359-1350
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January 20, 2004

Mr. Steve Kulenguski
U.S. General Services Administration
1800 F Street, N.W.
Washington, DC 20405

RE: Help America Vote Act, Financial Report 2003

Dear Mr. Kulenguski:

Please find attached the Financial Status Report for the State of Mississippi's HAVA Election Fund.

If you have any questions, please contact Ms. Leslie Scott, Assistant Secretary of State for Elections, at (601) 359-1350 or email to lscott@sos.state.ms.us.

Thank you.

Sincerely,

Eric Clark

ERIC CLARK
Secretary of State

EC:mtb

Attachment

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

ORIGINAL

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 1
General Services Administration	39.011 Election Reform Payments	0348-0039	1 pages

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

Secretary of State, Elections Division, Post Office Box 136, Jackson, Mississippi 39205
ATTN: HAVA

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
64-089-7726	3115-HAVA Election Fund	☑ 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)
08/01/2003		08/01/2003	12/31/2003

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0
b. Recipient share of outlays			0
c. Federal share of outlays			0
d. Total unliquidated obligations			0
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			0
g. Total Federal share *(Sum of lines c and f)*			0
h. Total Federal funds authorized for this funding period			5,451,451.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			5,451,451.00

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.*

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)
Eric Clark, Secretary of State	601-359-1350
Signature of Authorized Certifying Official: Eric Clark	Date Report Submitted: 1/20/04

Previous Editions not Usable

Standard Form 269A# (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110