ORIGINAL

State of Tennessee
Department of State
Division of Elections
312 Eighth Avenue North
9th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243
Phone: (615) 741-7956 Fax: (615) 741-1278

RECEIVED
U.S. ELECTION ASSISTANCE COMMISSION
2007 JAN 25 AM 11: 27

January 24, 2007

U.S. Election Assistance Commission
Office of the Executive Director
1225 New York Avenue, NW – Suite 1100
Washington, D.C. 20005

RE: Tennessee's Revised Financial Reports and Narratives

Dear Election Assistance Commission:

On January 18, 2007, my office spoke to Edgardo Cortes regarding the January 10, 2007, letter which concerns amending HAVA Reports, Title I, Section 102 for Calendar years 2004 and 2005.

Tennessee did not spend Title I, Section 102 money in either 2004 or 2005. Mr. Cortes reviewed the files and informed me that the letter was sent in error but that the Title I Section 101 report covering the period of April 23, 2003 to December 31, 2003, did not contain a narrative and therefore needed to be amended.

While Mr. Cortes indicated nothing was needed concerning Section 102, I am submitting a revised report for Title I, Section 102 only because it was done on the short form and not the long form. Since Tennessee did not spend any money during that reporting period no narrative report is included.

Please find enclosed in this packet the following:

- Revised Financial Report for Title I, Section 101 for the period of April 23, 2003 to December 31, 2003, along with a detailed narrative
- Revised Financial Report for Title I, Section 102 for the period of June 16, 2003 to December 31, 2003
- Revised Financial Report for Section 251 and Narrative for 2004
- Revised Financial Report for Section 251 and Narrative for 2005

If you have any questions regarding the above information, please contact me at 615-741-7956.

Sincerely,

Brook Thompson
Coordinator of Elections
State of Tennessee
312 8th Avenue N
WST 9th Floor
Nashville, Tennessee 37243

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REVISED

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

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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 I, 102	OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Tennessee, Division of Elections 9th Floor, TN Tower, 312 8th Avenue, N., Nashville, TN 37243			
4. Employer Identification Number 62-6001445	5. Recipient Account Number or Identifying Number CFDA #39.011	6. Final Report ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 6/16/2003	To: (Month, Day, Year) 8/3/2006	9. Period Covered by this Report From: (Month, Day, Year) 6/16/2003	To: (Month, Day, Year) 12/31/2003

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	0.00	0.00
c. Program income used in accordance with the deduction alternative	0.00	0.00	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	0.00	0.00
f. Other Federal awards authorized to be used to match this award	0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative	0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g	0.00	0.00	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			0.00
l. Recipient's share of unliquidated obligations			0.00
m. Federal share of unliquidated obligations			0.00
n. Total Federal share *(sum of lines j and m)*			0.00
o. Total Federal funds authorized for this funding period			2,473,971.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			2,473,971.00
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above			0.00
r. Disbursed program income using the addition alternative			0.00
s. Undisbursed program income			0.00
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 0.00	c. Base 0.00	d. Total Amount 0.00	e. Federal Share 0.00	

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 Brook Thompson, State Coordinator of Elections	Telephone (Area code, number and extension) (615) 741-7956
Signature of Authorized Certifying Official	Date Report Submitted January 24, 2007