Wyoming Secretary of State

Max Maxfield
Secretary of State

Patricia O'Brien Arp
Deputy Secretary of State

February 2, 2007

Thomas R. Wilkey, Executive Director
U.S. Election Assistance Commission
1225 New York Ave., NW, Ste. 1100
Washington, DC 20005

BY: Federal Express
Overnight Delivery

RECEIVED
U.S. ELECTION ASSISTANCE
COMMISSION
2007 FEB -5 AM 10:46

RE: Amended HAVA Reports Title II, Section 251
Fiscal Years 2004 and 2005

Dear Mr. Wilkey,

Please find enclosed with this letter amended HAVA Title II, Section 251 reports (reference my phone message on Monday morning, January 29th). The Forms SF 269 sent by overnight mail to the EAC on January 25, 2007 are not correct. A closer reading of your letter received January 17, 2007 along with examination of our records revealed several mistakes which we wish to correct.

Thank you in advance for distributing these amended forms to the appropriate person(s). See you in D. C. next week!

Sincerely,

Pat Arp by TAC

Patricia O'Brien Arp, Ph.D.
Deputy Secretary of State

PA/tac
Enclosures (6 pages)

Elections: (307) 777-7186
Securities: (307) 777-7370
Technology: (307) 777-5953
Fax: (307) 777-7640

State Capitol Building
200 West 24th Street
Cheyenne, WY 82002
Phone: (307) 777-7378
E-mail: secofstate@state.wy.us
Website: http://soswy.state.wy.us

Business Division
Notaries & Rules
Phone: (307) 777-7311
Fax: (307) 777-5339

Amended 2/2/07

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 Commission	Help America Vote Act	0348-0039	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Wyoming Secretary of State
200 West 2rth Street, Rm. 110, Cheyenne, WY 82002

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
83-0208667	47000016	☐ 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)
6/17/2004	6/17/2025	5/1/2004	9/30/2004

10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays	0.00	2,503,096.16	2,503,096.16
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	2,503,096.16	2,503,096.16
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	2,503,096.16	2,503,096.16
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)*			2,503,096.16
o. Total Federal funds authorized for this funding period			11,687,258.51
p. Unobligated balance of Federal funds *(Line o minus line n)*			9,184,162.35
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			6,972.52
t. Total program income realized *(Sum of lines q, r and s)*			6,972.52

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.*
See Attachments (2)

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)
Patricia O'Brien Arp, Ph.D., Deputy Secretary of State	(307) 777-7378
Signature of Authorized Certifying Official	**Date Report Submitted**
Pat Arp by THE	February 2, 2007

RECEIVED
U.S. ELECTION ASSISTANCE COMMISSION
2007 FEB -5 AM 10:47