

STATE BOARD OF ELECTIONS
STATE OF ILLINOIS

1020 South Spring Street, P.O. Box 4187
Springfield, Illinois 62708
217/782-4141 TTY: 217/782-1518
Fax: 217/782-5959

James R. Thompson Center
100 West Randolph, Suite 14-100
Chicago, Illinois 60601
312/814-6440 TTY: 312/814-6431
Fax: 312/814-6485



EXECUTIVE DIRECTOR
Daniel W. White

REVISED
BOARD MEMBERS
Jesse R. Smart, Chairman
Wanda L. Rednour, Vice Chairman
Patrick A. Brady
John R. Keith
William M. McGuffage
Albert S. Porter
Bryan A. Schneider
Robert J. Walters

January 24, 2007

Mr. Tom Wilkey
Executive Director
Election Assistance Commission
1225 New York Avenue, NW Suite 1100
Washington, DC 20005

Dear Tom:

Enclosed you will find amended HAVA financial reports as requested in your letter of January 10, 2007. Should you have any questions do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Dan White".

Daniel W. White
Executive Director

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COMMISSION
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Enclosures (via UPS)

Revised 1/2007

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

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, Section 101 (Through Calendar Year 2003)		OMB Approval No. 0348-0039	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Illinois State Board of Elections 1020 South Spring Street, Springfield, IL 62704					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number CFDA# 39.011		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 7/1/2003		To: (Month, Day, Year) UNTIL DISBURSED		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2003 To: (Month, Day, Year) 12/31/2003	
10. Transactions:					
		i	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays		0.00	169,425.00	169,425.00	
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	169,425.00	169,425.00	
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	169,425.00	169,425.00	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				169,425.00	
o. Total Federal funds authorized for this funding period				11,238,006.00	
p. Unobligated balance of Federal funds (Line o minus line n)				11,068,581.00	
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)					
<input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate In Development		c. Base In Development		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. \$108,976 of interest income on Fed. funds included in line 10 part o. Indirect cost rate plan in development for this program.					
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.					
Typical or Printed Name and Title Michael W. Roate, Chief Fiscal Officer				Telephone (Area code, number and extension) (217) 782-1525	
Signature of Authorized Certifying Official 				Date Report Submitted January 20, 2007	

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