MICHAEL A. MAURO
SECRETARY OF STATE

LUCAS BUILDING, 1ST FLOOR
DES MOINES, IA 50319

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U.S. ELECTION ASSISTANCE COMMISSION
2007 MAY -4 PM 2:25

OFFICE OF THE IOWA SECRETARY OF STATE

March 26, 2007

Edgardo Cortes
U.S. Election Assistance Commission
1225 New York Avenue, N.W. Suite 1100
Washington, DC 20005

RE: Revised FFY05 Iowa Title II § 251 reports

Dear Edgardo:

On or about January 25, 2007 Iowa complied with your request for amended financial status reports for FFY04 and FFY05.

Enclosed is another revised FFY05 financial status report. This revision is a result of a recent review of all HAVA expenditures. The FFY05 report includes adjustments to correct errors previously reported on the Title I, Title II and accessibility grant reports.

The FFY06 financial status report, which was sent to Peggy Sims today, also includes adjustments to correct errors previously reported on the Title I, Title II and accessibility grant reports.

Please let me know if you would like a copy of the FFY06 report sent to your attention or if additional information or corrective action is required. I can be reached at either 515-281-8361 or ann.clary@sos.state.ia.us if you have any questions or concerns regarding these reports.

Sincerely,

Ann Clary

Ann Clary
Fiscal Officer

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2007 JAN 26 PM 3:12

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
US Election Assistance Commission	Title II, 251	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Iowa Secretary of State - State Capitol, Room 105, Des Moines Iowa 50319

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
[redacted]	CFDA # 90.401	☒ 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		10/1/2003	9/30/2004

10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays		121,756.20	121,756.20
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	121,756.20	121,756.20
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	121,756.20	121,756.20
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)*			121,756.20
o. Total Federal funds authorized for this funding period			23,739,383.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			23,617,626.80
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)* ☐ 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.*
Interest Earned = 21,872.42; State Match = $1,188,000.00; MOE beginning balance (SFY04) = 342,619.50; MOE ending balance = 273,155; State Match amount of $423,000 and interest payments are co-mingled with HAVA federal funds

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)
Ann Clary, accountant	515-281-8361
Signature of Authorized Certifying Official	**Date Report Submitted**
Ann Clary	January 25, 2007

FILE COPY

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

1. Federal Agency and Organizational Element to Which Report is Submitted US Election Assistance Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency Title II, 251	OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Iowa Secretary of State - State Capitol, Room 105, Des Moines Iowa 50319			
4. Employer Identification Number 42-6004571	5. Recipient Account Number or Identifying Number CFDA # 90.401	6. Final Report ☒ Yes ☐ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 6/17/2004	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year) 10/1/2003	To: (Month, Day, Year) 9/30/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays		121,756.20	121,756.20
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c. Program income used in accordance with the deduction alternative			0.00
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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	121,756.20	121,756.20
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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 Ann Clary, accountant	Telephone (Area code, number and extension) 515-281-6361
Signature of Authorized Certifying Official Ann Clary	Date Report Submitted January 25, 2007

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NSN 7540-01-012-4285

269-104

Standard Form 269 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

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