



FILE COPY

STATE OF MISSISSIPPI  
SECRETARY OF STATE  
ERIC CLARK401 MISSISSIPPI STREET  
POST OFFICE BOX 136  
JACKSON, MISSISSIPPI 39205-0136TELEPHONE (601) 359-1350  
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June 24, 2004

Ms. Peggy Sims  
U.S. Elections Assistance Commission  
1225 New York Avenue N.W., Suite - 1100  
Washington, DC 20005

RE: Help America Vote Act, SF269A Report

Dear Ms. Sims:

Please find attached the amended SF269A Report for the State of Mississippi's  
HAVA Election Fund.If you have any questions, please contact Mr. Michael Boyd, Director of Elections  
Administration, at (601) 359-6582 or email to [mboyd@sos.state.ms.us](mailto:mboyd@sos.state.ms.us).

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK  
Secretary of State

Attachment

**FINANCIAL STATUS REPORT**  
(Short Form)

**ORIGINAL**

**REVISED**

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>General Services Administration</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>39.011 Election Reform Payments</b>	OMB Approval No. <b>0348-0038</b>	Page of <b>1</b>   <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code)  <b>Mississippi Secretary of State Eric Clark, Elections Division, Post Office Box 136, Jackson, MS 39205 ATTN: HAVA</b>			
4. Employer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>	5. Recipient Account Number or Identifying Number <div style="background-color: black; width: 100px; height: 15px;"></div>	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>8/1/2003</b>	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year) <b>8/1/2003</b>	To: (Month, Day, Year) <b>12/31/2003</b>
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays			0.00
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share(Sum of lines c and f)			0.00
h. Total Federal funds authorized for this funding period			1,778,067.00
i. Unobligated balance of Federal funds(Line h minus line g)			1,778,067.00
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	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  <b>Eric Clark, Secretary of State, State of Mississippi</b>		Telephone (Area code, number and extension)  <b>601-359-1350</b>	
Signature of Authorized Certifying Official  		Date Report Submitted  <b>June 24, 2004</b>	