

# Wyoming Secretary of State

Max Maxfield  
Secretary of State



Patricia O'Brien Arp  
Deputy Secretary of State

January 25, 2007

Election Assistance Commission  
Amended 251 Reports  
1225 New York Ave., NW Suite 1100  
Washington, D.C. 20005

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To Whom It May Concern:

Enclosed please find the Amended U.S. EAC Form 269 reports on Title II for the periods of May 1, 2004 through September 30, 2004 and October 1, 2004 through September 30, 2005.

If you have any questions concerning these reports, please feel free to give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat Arp".

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

*Elections: (307) 777-7186*  
*Securities: (307) 777-7370*  
*Technology: (307) 777-5953*  
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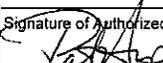
State Capitol Building  
200 West 24<sup>th</sup> Street  
Cheyenne, WY 82002  
Phone: (307) 777-7378

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

*Amended*

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

**REVISED**

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 Help America Vote Act		OMB Approval No. 0348-0039	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Wyoming Secretary of State 200 West 24th Street, Rm. 110, Cheyenne, WY 82002					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number [REDACTED]		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) 5/1/2004		To: (Month, Day, Year) 9/30/2004		9. Period Covered by this Report From: (Month, Day, Year) 5/1/2004	
				To: (Month, Day, Year) 9/30/2004	
10. Transactions:					
		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays			2,503,096.16	2,503,096.16	
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	2,503,096.16	2,503,096.16	
<b>Recipient's share of net outlays, consisting of:</b>					
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	2,503,096.16	2,503,096.16	
k. Total unliquidated obligations				9,093,706.84	
l. Recipient's share of unliquidated obligations				579,840.15	
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	
<b>Program Income, consisting of:</b>					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income				99,353.68	
t. Total program income realized (Sum of lines q, r and s)				99,353.68	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box)					
<input checked="" type="checkbox"/> Provisional <input checked="" 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. MOE= \$191,064      Interest on Federal = \$90,455.51      Interest Match = \$8,898.17					
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 Patricia O'Brien Arp, Ph.D., Deputy Secretary of State				Telephone (Area code, number and extension) 307-777-7378	
Signature of Authorized Certifying Official 				Date Report Submitted January 25, 2007	

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[ ]

Max Maxfield  
Secretary of State



Patricia O'Brien Arp  
Deputy Secretary of State

## ATTACHEMENT Line 12 to Form 269

**WYOMING SECRETARY OF STATE**  
**Fund 481 (HAVA Title II)**

**SF 269 Long Form**  
**10/01/04 to 09/30/05**  
**As Amended 3/20/07**

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**I. Footnote interest earned on requirements payments during the reporting period.**

Interest on federal requirements payments 10/1/04 to 9/30/05 = \$310,025.69

**II. Note cumulative interest earned on requirements payments to 9/30/05.**

Cumulative interest on federal payments as of 9/30/05 = \$400,481.20

**III. (a) Note total appropriated for state 5% match.**

Total 5% State match = \$579,840.15

**(b) Note total interest earned on [state] funds by end of the reporting period.**

Total interest earned on state match as of 9/30/05 = \$27,459.00

**IV. Note total state maintenance of effort (MOE) spent during reporting period.**

Total MOE for period 7/1/04 to 6/30/05 = \$173,687.86

**V. Total MOE appropriated for next state fiscal year.**

Total MOE appropriated for 7/1/05 to 6/30/06 = \$211,386.91

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