

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

**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,

A handwritten signature in black ink that reads "Pat Arp by TAC".

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

PA/tac
Enclosures (6 pages)

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

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

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

REVISED
2/1/07

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 2rth 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) 6/17/2004		9. Period Covered by this Report From: (Month, Day, Year) 5/1/2004		To: (Month, Day, Year) 9/30/2004	
10. Transactions:					
		I Previously Reported	II 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) <input 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. 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 Patricia O'Brien Arp, Ph.D., Deputy Secretary of State				Telephone (Area code, number and extension) (307) 777-7378	
Signature of Authorized Certifying Official <i>Pat Arp by TAC</i>				Date Report Submitted February 2, 2007	

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