

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

BOARD MEMBERS  
**REVISED**  
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

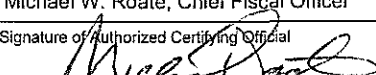
Enclosures (via UPS)

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**FINANCIAL STATUS REPORT**  
(Long Form)

REVISED 1/2007

(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 (Calendar Year 2004)		OMB Approval No. 0348-0039	Page of 1 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 type="checkbox"/> Yes <input checked="" 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)		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004	
				To: (Month, Day, Year) 12/31/2004	
10. Transactions:					
		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		169,425.00	3,657,789.00	3,827,214.00	
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)		169,425.00	3,657,789.00	3,827,214.00	
<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)		169,425.00	3,657,789.00	3,827,214.00	
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)				3,827,214.00	
o. Total Federal funds authorized for this funding period				11,772,650.00	
p. Unobligated balance of Federal funds (Line o minus line n)				7,945,436.00	
<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					
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. \$643,620 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.					
Typed 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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