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U.S. ELECTION ASSISTANCE
COMMISSION
2007 JAN 29 PM 12:11

401 MISSISSIPPI STREET
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136

STATE OF MISSISSIPPI
SECRETARY OF STATE
ERIC CLARK

TELEPHONE (601) 359-1350
FACSIMILE (601) 359-1499

January 26, 2007

Election Assistance Commission
Mr. Thomas R. Wilkey
Amended 251 Reports
1225 New York Avenue, NW, Suite 1100
Washington, D.C. 20005

RE: 251 Reports for 2004 and 2005

Dear Mr. Wilkey:

Enclosed please find our amended 251 Reports for 2004 and 2005. Please accept these reports to replace previously filed reports. We amended form SF 269 per your instructions.

If you have any questions, please do not hesitate to call my office at (601)359-1350. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric Clark", written in a cursive style.

ERIC CLARK
Secretary of State

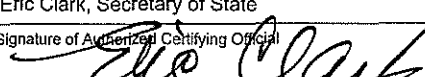
EC:LDR/slp

**FINANCIAL STATUS REPORT
(Long Form)**

(Follow instructions on the back)

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1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 90.401 Title II, Section 251		OMB Approval No. 0348-0039 2007 JAN 29 PM 12:12		Page of 1
3. Recipient Organization (Name and complete address, including ZIP code) Mississippi Secretary of State, PO Box 136, Jackson, MS 39205-0136						
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) 8/1/2003		To: (Month, Day, Year) Until Disbursed		9. Period Covered by this Report From: (Month, Day, Year) 8/1/2003		To: (Month, Day, Year) 9/30/2004
10. Transactions:				I Previously Reported	I This Period	III Cumulative
a. Total outlays				0.00	1,092.00	1,092.00
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	1,092.00	1,092.00
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	54.60	54.60
i. Total recipient share of net outlays (Sum of lines e, f, g and h)				0.00	54.60	54.60
j. Federal share of net outlays (line d less line i)				0.00	1,037.40	1,037.40
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)						1,037.40
o. Total Federal funds authorized for this funding period						22,435,804.11
p. Unobligated balance of Federal funds (Line o minus line n)						22,434,766.71
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						0.00
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	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. \$17,601.11 of line 10 o. is interest earned for this reporting period and to date. State match of \$750,000 generated \$1,422.36 interest, for a total of \$751,422.36. State MOE for this period is \$781,211. State MOE appropriated is \$751,151.						
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 Eric Clark, Secretary of State					Telephone (Area code, number and extension) 601-359-6338	
Signature of Authorized Certifying Official 					Date Report Submitted January 26, 2007	

Federal Fiscal Year 2004
251 Funds

Subject: Replacement of punch card voting systems or level voting systems in qualifying precincts.			
Vendor-Provider Name	Dollar Amount	Line Description	State Plan Reference
AMERIMAIL DIRECT INC	\$1,092.00	POSTAGE	STATE PLAN SECTION 4 - VOTING SYSTEM GUIDELINES AND PROCESSES

TOTAL SECTION 101	
EXPENSES IN CY05	\$1,092.00

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