

State of South Carolina

COMMISSIONERS

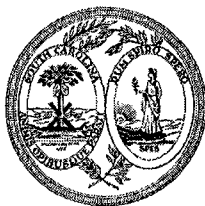
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Election Commission

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www.state.sc.us/scsec

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Director, Voter Services

JANET REYNOLDS
Director
Administrative Services

GARRY BAUM
Director,
Public Information and
Training

CHRIS WHITMIRE
Public Information Officer

August 9, 2006

Ms. Peggy Sims, Research Specialist
U. S. Election Assistance Commission
1225 New York Ave., NW Suite 1100
Washington, D. C. 20005

Dear Mr. Sims:

The South Carolina Auditor's Office conducted an audit of the Help America Vote Act (HAVA) funds received by South Carolina. Following the audit, we were advised to separate the interest by the various titles and sections on the 269 reports. We have revised all previously submitted 269 reports for Title I, Sections 101 and 102 to include the interest. The revised reports are enclosed. Please contact me if you need anything further.

Sincerely,

A handwritten signature in cursive script that reads "Janet Reynolds".

Janet Reynolds
Finance Director

/jr

Enclosures

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

Revised

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|---------------------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 39.011 Section 101 | | OMB Approval No. 0348-0039 | Page of 1 of 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) SC Election Commission PO Box 5987 Columbia, SC 29250 (2221 Devine Street Suite 105) | | | | | |
| 4. Employer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div> | | 5. Recipient Account Number or Identifying Number | | 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) 4/23/2003 | | To: (Month, Day, Year) <i>Open</i> | | 9. Period Covered by this Report From: (Month, Day, Year) 1/1/2005 | |
| | | | | To: (Month, Day, Year) 12/31/2005 | |
| 10. Transactions: | | | | | |
| | | I Previously Reported | | I This Period | |
| | | III Cumulative | | | |
| a. Total outlays | | 1,311,235.81 | | 209,640.70 | |
| b. Refunds, rebates, etc. | | 0.00 | | 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) | | 1,311,235.81 | | 209,640.70 | |
| | | | | 1,520,876.51 | |
| Recipient's share of net outlays, consisting of: | | | | | |
| e. Third party (in-kind) contributions | | 0.00 | | 0.00 | |
| f. Other Federal awards authorized to be used to match this award | | 0.00 | | 0.00 | |
| g. Program income used in accordance with the matching or cost sharing alternative | | 0.00 | | 0.00 | |
| h. All other recipient outlays not shown on lines e, f or g | | 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) | | 1,311,235.81 | | 209,640.70 | |
| | | | | 1,520,876.51 | |
| 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) | | | | 1,520,876.51 | |
| o. Total Federal funds authorized for this funding period | | | | 4,955,107.68 | |
| p. Unobligated balance of Federal funds (Line o minus line n) | | | | 3,434,231.17 | |
| 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. Line 10o includes \$30,879.02 in interest earned for Cal Yr 03 and \$90,162.98 for Cal Yr 04 and \$181,653.68 for Cal Yr 05 | | | | | |
| 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 Janet Reynolds, Finance Director | | | | Telephone (Area code, number and extension) 803 734-9069 | |
| Signature of Authorized Certifying Official <i>Janet Reynolds</i> | | | | Date Report Submitted August 9, 2006 | |