

OFFICE OF THE SECRETARY OF STATE  
STATE OF WEST VIRGINIA

RECEIVED  
FEB 23 2005  
BY: *[Signature]*



**Betty Ireland**  
Secretary of State

REVISED  
*[Redacted]*

February 24, 2005

State HAVA Funding Reports  
U.S. Election Assistance Commission  
1225 New York Avenue, NW Suite 1100  
Washington, DC 20005

Dear Sirs:

Enclosed you will find the Financial Status Report for Section 101 and Section 102 HAVA funding. You will note on the forms that the initial filing was amended to reflect more accurate reporting requirements.

If you have any questions, please feel free to contact me directly at (304)558-6000 or [jwilliams@wvsos.com](mailto:jwilliams@wvsos.com)

Sincerely,

*[Signature of Jason Williams]*

Jason Williams  
Assistant Manager  
Elections Division  
West Virginia Secretary of State

Building 1, Suite 157-K  
1900 Kanawha Blvd., East  
Charleston, West Virginia 25305

422505-678

**FINANCIAL STATUS REPORT**  
(Long Form)

(Follow instructions on the back)

*Amendment*

[RECEIVED]  
FEB 26 2005  
*W*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Election Assistance Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>39.0111</b>		OMB Approval No. <b>0348-0039</b>	Page of <b>1</b> of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>West Virginia Secretary of Ste, Building 1, Suite 157K, 1900 Kanawha Blvd, E., Charleston, WV 25305-0770</b>					
4. Employer Identification Number <b>[REDACTED]</b>		5. Recipient Account Number or Identifying Number <b>[REDACTED]</b>		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) <b>4/29/2003</b>		To: (Month, Day, Year) <b>12/31/2004</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>4/29/2003</b> To: (Month, Day, Year) <b>12/31/2003</b>	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		0.00	16,265.62	16,265.62	
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	16,265.62	16,265.62	
<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	16,265.62	16,265.62	
k. Total unliquidated obligations				25,000.00	
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations				25,000.00	
n. Total Federal share (sum of lines j and m)				41,265.62	
o. Total Federal funds authorized for this funding period				2,977,057.00	
p. Unobligated balance of Federal funds (Line o minus line n)				2,935,791.38	
<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				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 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. <b>West Virginia submitted this report to amend a previously filed report.</b>					
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 <b>Cindy Smith-Manager-Elections Division</b>			Telephone (Area code, number and extension) <b>304-558-6000</b>		
Signature of Authorized-Certifying Official <i>Cindy Smith</i>			Date Report Submitted <b>February 21, 2005</b>		

**REVISED**

*H22505-678*