

FOX McKEITHEN
SECRETARY OF STATE

STATE OF LOUISIANA
SECRETARY OF STATE
P.O. BOX 94125
BATON ROUGE, LA. 70804-9125
www.sos.louisiana.gov

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APR 22 2005
BY: *QW*



April 15, 2005

ORIGINAL

Peggy Sims, Election Research Specialist
State HAVA Funding Reports
U.S. Election Assistance Commissioner
1225 New York Avenue, NW – Suite 1100
Washington, DC 20005

RE: HAVA Title II Funds

Dear Ms. Sims:

Enclosed herewith is the original SF269 Financial Status Report Form for the State of Louisiana, Department of State for HAVA Title II Funds for the period ended September 30, 2004. On March 30, 2005, a signed copy of this report was faxed to you and an unsigned copy was electronically transferred to you. In the previously reported column, the Department is reporting \$654,360 for reimbursement funds for Louisiana's 5% state match required by Section 253(b)(5) from Section 102 funds. These expenses were incurred prior to January 1, 2004.

Please feel free to call me at (225) 922-0900 if you should have any questions or email me at cguidry@sos.louisiana.gov.

Sincerely,

Carol H. Guidry

Carol H. Guidry
Director of HAVA

Enclosure

Cc: Angie LaPlace
Merietta Norton

ORIGINAL

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APR 22 2005FINANCIAL STATUS REPORT
(Short Form)BY: *gw*

(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 HAVA, Title II | | OMB Approval No. 0348-0038 | Page of pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) State of Louisiana, Department of State, P.O. Box 94125, Baton Rouge, Louisiana 70804-9125 | | | | | |
| 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) 10/1/2002 | | 9. Period Covered by this Report From: (Month, Day, Year) 10/1/2003 | | To: (Month, Day, Year) 9/30/2004 | |
| 10. Transactions: | | I Previously Reported | II This Period | III Cumulative | |
| a. Total outlays | | 654,360.00 | 2,703,132.16 | 3,357,492.16 | |
| b. Recipient share of outlays | | 654,360.00 | 2,703,132.16 | 3,357,492.16 | |
| c. Federal share of outlays | | | | 0.00 | |
| d. Total unliquidated obligations | | | | | |
| e. Recipient share of unliquidated obligations | | | | | |
| f. Federal share of unliquidated obligations | | | | | |
| g. Total Federal share(Sum of lines c and f) | | | | 0.00 | |
| h. Total Federal funds authorized for this funding period | | | | 35,067,672.00 | |
| i. Unobligated balance of Federal funds(Line h minus line g) | | | | 35,067,672.00 | |
| 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. We are reporting \$654,360 in requirements reimbursement from Sec. 102. We purchased 616 iVotronics and 298 ADA iVotronics, and misc equipment after the 11/2000 election which was paid with state funds (\$3,310,580-654,360). | | | | | |
| 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 Carol H. Guidry, Director of HAVA | | | Telephone (Area code, number and extension) (225) 922-0900 Ext. # 611 | | |
| Signature of Authorized Certifying Official <i>Carol H. Guidry</i> | | | Date Report Submitted March 30, 2005 | | |

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