

FOX McKEITHEN
SECRETARY OF STATE

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

RECEIVED
BY: *[Signature]*



February 28, 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 I Funds

Dear Ms. Sims:

Enclosed herewith are the SF269 Financial Status Report Forms for the State of Louisiana, Department of State for HAVA Title I Funds (Section 101 and 102) for the period January 1, 2004 through December 31, 2004.

On the SF269 Financial Status Report Form for Section 102 funds, the Department reported \$654,360 for the reimbursement funds for Louisiana's 5% state match required by Section 253(b)(5) of HAVA as a previously reported expense since these expenses 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

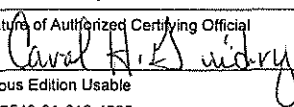
Enclosures

Cc: Renee Free
Angie LaPlace
Merietta Norton
Jane Lambert
Cheryl Achord

FINANCIAL STATUS REPORT
(Long Form)

ORIGINAL

(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, State of Louisiana		OMB Approval No. 0348-0039	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, LA 70804-9125					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number Section 101		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) 1/1/2003		To: (Month, Day, Year) 12/31/2004		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		II This Period	
				III Cumulative	
a. Total outlays		0.00		0.00	
b. Refunds, rebates, etc.		0.00		0.00	
c. Program income used in accordance with the deduction alternative		0.00		0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		0.00	
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	
j. Federal share of net outlays (line d less line i)		0.00		0.00	
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)				0.00	
o. Total Federal funds authorized for this funding period				4,911,421.00	
p. Unobligated balance of Federal funds (Line o minus line n)				4,911,421.00	
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				4,911,421.00	
t. Total program income realized (Sum of lines q, r and s)				4,911,421.00	
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. Interest on Section 101 funds accumulated to date is \$26,848.00.					
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	
Signature of Authorized Certifying Official 				Date Report Submitted February 28, 2005	