



State of New York
STATE BOARD OF ELECTIONS

40 STEUBEN STREET
ALBANY, N.Y. 12207-2108
Phone: 518/474-6220
www.elections.state.ny.us

Neil W. Kelleher
Co-Chair

Helena Moses Donohue
Commissioner

Peter S. Kosinski
Co-Executive Director

Douglas A. Kellner
Co-Chair

Evelyn J. Aquila
Commissioner

Stanley L. Zalen
Co-Executive Director

ORIGINAL

February 27, 2006

State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, N.W. Suite 1100
Washington, D.C. 20005

Dear Sir/Madam:

The New York State Board of Elections is submitting two separate reports for Title 1, Section 101 and 102 for the reporting period of January 1, 2005 to December 31, 2005.

If you have any questions about the reports, please do not hesitate to contact me at (518) 474-6336.

Sincerely,

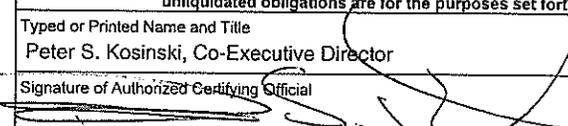
A handwritten signature in cursive script that reads "Patricia L. Tracey".

Patricia L. Tracey
Administrative Officer

FINANCIAL STATUS REPORT
(Long Form)

ORIGINAL

(Follow instructions on the back)

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 CFDA 39.011 SEC 301		OMB Approval No. 0348-0039	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) New York State Board of Elections, 40 Steuben Street, Albany, NY 12207					
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) 2/5/2003		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2005	
To: (Month, Day, Year) 12/31/2005					
10. Transactions:					
		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays			302,805.96	302,805.96	
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	302,805.96	302,805.96	
Recipient's share of net outlays, consisting of:					
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	302,805.96	302,805.96	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				302,805.96	
o. Total Federal funds authorized for this funding period				17,344,320.94	
p. Unobligated balance of Federal funds (Line o minus line n)				17,041,514.98	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
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. Column III Row 10o of the Total Federal Funds Authorized includes interest income of \$573,146.75 for 1/1/2005 - 12/31/2005 \$175,703.63 for 1/1/2004 - 12/31/2004 and \$101,145.56 for 1/1/2003 - 12/31/2003.					
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 Peter S. Kosinski, Co-Executive Director				Telephone (Area code, number and extension) (518) 474-6236	
Signature of Authorized Certifying Official 				Date Report Submitted February 27, 2006	