SD Secretary of State NVRA Agency Coordinator Monthly Reporting Form

blank - if there is no value for a particular query, insert a zero (0). Please return the completed report to the Statewide NVRA Coordinator by no later than the Instructions: Please review your report for accuracy and resolve any errors or discrepancies. Do not leave any boxes _ of each month.

| Total Number of responses to the | Number of Covered Transactions completed at each Agency office (including driver's license offices operated by other entities under agreement with DPS) | | Agency Coordinator | Reporting Agency | Reporting Period |
|---|---|---|---------------------|----------------------|------------------|
| Total Number of responses to the VR Instructions/Voter Preference Question received by the Agency | ompleted at each Agency office | C | Jeannelle Vitage Su | DPS- Driver Grensing | tebruary 2004 |

(including forms with no response to the VR Instructions/Voter Preference Question) and, of that number, the number of individuals who answered yes, no, or provided no answer to the question

No respose to the Voter Preference Question

Answered "Yes" to Voter Preference Question

Answered "No" to Voter Preference Question $\frac{|V|}{|V|}$

Number of Voter Registration Applications collected by the office

Number of Voter Registration Applications transmitted by the office to appropriate election officials

Agency Coordinator Signature