

SD Secretary of State
NVRA Agency Coordinator Monthly Reporting Form

Instructions: Please review your report for accuracy and resolve any errors or discrepancies. Do not leave any boxes 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 _____ of each month.

Reporting Period	_____ May 1 through May 31, 2023 _____
Reporting Agency	_____ Department of Social Services _____
Agency Coordinator	_____ Julie Miller _____

Number of Covered Transactions completed at each Agency office	_____ 10,987 _____
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(including driver's license offices operated by other entities under agreement with DPS)

Total Number of responses to the Voter Preference Question received by the Agency	_____ 9,219 _____
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(including forms with no response to the VPQ) and, of that number, the number of individuals who answered yes, no, or provided no answer to the question

No response to the Voter Preference Question	_____ 1467 _____
Answered "Yes" to the Voter Preference Question	_____ 798 _____
Answered "No" to the Voter Preference Question	_____ 6954 _____

Number of Voter Registration Applications collected by the office	_____ 180 _____
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Number of Voter Registration Applications transmitted by the office to appropriate election officials	_____ 179 _____
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Agency Coordinator Signature _____