SECRETARY OF STATE
STATE OF CALIFORNIA

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March 30, 2005

ORIGINAL

Ms. Gracia Hillman
State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, NW – Suite 1100
Washington, DC 20005

Subject: **FEDERAL REPORTS UNDER TITLE II, SECTIONS 251 OF HELP AMERICA VOTE ACT (HAVA) OF 2002**

Dear Ms. Gracia Hillman:

Attached is the original signed Financial Status Report (FSR, SF 269) for Title II, Section 251 of Help America Vote Act of 2002 for the period ending September 30, 2004.

If you have any questions, please contact Dan Sabarillo at (916) 651-6453.

Sincerely yours,

Lorenzo Hines
Chief, Management Services Division

Attachment

cc: Tony Miller

#4105.877

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

ORIGINAL

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 of 2002, Title II, Section 251	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) State of California, Secretary of State, Management Services Division, Fiscal Affairs 1500 11th Street, 4th Floor Sacramento, California 95814			
4. Employer Identification Number 94-6001347	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☑ No	7. Basis ☑ Cash ☐ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 3/1/2003	To: (Month, Day, Year)	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	I This Period	III Cumulative
a. Total outlays			0.00
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	0.00	0.00
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	0.00	0.00
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)*			0.00
o. Total Federal funds authorized for this funding period			94,559,169.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			94,559,169.00
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)* ☐ Provisional ☐ Predetermined ☐ Final ☐ 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.*

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 Lorenzo Hines, Chief, Management Services Division, Fiscal Affairs	Telephone (Area code, number and extension) (916) 653-1471
Signature of Authorized Certifying Official	Date Report Submitted March 30, 2005

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