FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
General Services Administration	Help America Vote Act	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
State of Connecticut
Office of the Secretary of the State
30 Trinity Street
Hartford, CT 06106

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
06-6000798	0001130477	[X] Yes [ ] No	[X] Cash [ ] Accrual

8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
5/03	Open	5/03	12/31/2003

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays			88,858
b. Recipient share of outlays			100,483
c. Federal share of outlays			
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share (Sum of lines c and f)			
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds (Line h minus line g)			

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.

Report includes money spent by the State of Connecticut for Help America Vote Act implementation which is considered by the State as part of the required 5% matching funds.

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	Telephone (Area code, number and extension)
Marla Greenslade, Deputy Secretary of the State	(860) 509-6212
Signature of Authorized Certifying Official	Date Report Submitted
Marla Greenslade	June 23, 2004

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110