Revised 1/2007

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

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 Title II, Section 251 (Through Fed. Fiscal Year 2004)	OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Illinois State Board of Elections 1020 South Spring Street, Springfield, IL 62704		REVISED	
4. Employer Identification Number 37-6002057	5. Recipient Account Number or Identifying Number CFDA# 90.401	6. Final Report ☐ Yes ☒ No	7. Basis ☐ Cash ☒ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) FUNDS NOT YET RECEIVED	To: (Month, Day, Year) UNTIL DISBURSED	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	684,011.00	684,011.00
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	684,011.00	684,011.00
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		684,011.00	684,011.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	684,011.00	684,011.00
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			33,805,617.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			33,805,617.00
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 In Development	c. Base In Development	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.*

No federal funds yet received from EAC as of 9/30/04, so State match money not yet applicable. All expenditures reported to-date are State maintenance-of-effort (MOE) spending. Indirect cost rate plan in development for this program.

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 Michael W. Roate, Chief Fiscal Officer	Telephone (Area code, number and extension) (217) 782-1525
Signature of Authorized Certifying Official Michael Roate	Date Report Submitted January 20, 2007

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