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

ORIGINAL

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
Election Assistance Commission	47-0601-0-1-808	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Secretary of the Commonwealth, 1 Ashburton Place, Room 1705, Boston, MA 02108

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
046-002-284	05210700	☐ Yes ☒ No	☒ 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)
9/10/2004	OPEN	10/1/2004	9/30/2005

10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays	0.00	0.00	0.00
b. Refunds, rebates, etc.	0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative	0.00	0.00	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	0.00	0.00
f. Other Federal awards authorized to be used to match this award	0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative	0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g	0.00	0.00	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			0.00
l. Recipient's share of unliquidated obligations			0.00
m. Federal share of unliquidated obligations			0.00
n. Total Federal share *(sum of lines j and m)*			0.00
o. Total Federal funds authorized for this funding period	52,222,225	Ø	52,222,225.00
p. Unobligated balance of Federal funds *(Line o minus line n)*	52,222,225	Ø	52,222,225.00
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above			0.00
r. Disbursed program income using the addition alternative			0.00
s. Undisbursed program income			0.00
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. Indirect Expense N/A

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.*
HAVA Title II, section 251 (Requirements Payments)

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)
Michelle K. Tassinari, Director/Legal Counsel, Elections Division	617-727-2828
Signature of Authorized Certifying Official: Michelle K. Tassinari	Date Report Submitted: February 28, 2006

ORIGINAL

The Commonwealth of Massachusetts
William Francis Galvin, Secretary of the Commonwealth
Elections Division

February 28, 2006

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

RE: Financial Status Reports (Standard Form 269) and Attachments—Title II (Requirements Payments)—October 1, 2004-September 30, 2005

To Whom It May Concern:

Enclosed please the Financial Status Report (Standard Form 269) filed on behalf of the Commonwealth of Massachusetts for title II Requirements Payments under the Help America Vote Act.

Please note that no expenditures were made during this reporting period. Accordingly, as no expenditures were made, there is no detailed list of expenditures included with this report.

Please do not hesitate to contact me with any remaining questions.

Very truly yours,

Michelle K. Tassinari
Director/Legal Counsel
Elections Division

Enclosure

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