FINANCIAL STATUS REPORT

(Short 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 Commision	HAVA - Title I	0348-0038	1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

Nevada Secretary of State 101 N. Carson St. Ste #3 Carson City, NV 89701

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
1-886000022-K1	CFDA #93.617	☐ 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)
10/2/2002	12/31/2006	1/1/2004	12/31/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	2,999.70	3,032,227.38	3,035,227.08
b. Recipient share of outlays			0.00
c. Federal share of outlays		3,035,227.08	3,035,227.08
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)*			3,035,227.08
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds *(Line h minus line g)*			-3,035,227.08

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.*

No indirect expense associated with this funding.

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)
C. William Reinhard, Administrative Services Officer	(775) 684-5720
Signature of Authorized Certifying Official	Date Report Submitted
	January 11, 2005

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-11(

RECEIVED JAN 1 9 2005 BY: [signature]

411905-574

FINANCIAL STATUS REPORT

(Short Form)

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0038), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry
1, 2 and 3.	Self-explanatory.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	Check *yes* only if this is the last report for the period shown in item 8.
7.	Self-explanatory.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
9.	Self-explanatory.
10.	The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in *the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
10a.	Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
10b.	Self-explanatory.
10c.	Self-explanatory.
10d.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10d that have been included on lines 10a, b, or c. On the final report, line 10d must be zero.
10e.	f, g, h, h and i. Self-explanatory.
11a.	Self-explanatory.
11b.	Enter the indirect cost rate in effect during the reporting period.
11c.	Enter the amount of the base against which the rate was applied.
11d.	Enter the total amount of indirect costs charged during the report period.
11e.	Enter the Federal share of the amount in 11d.
Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

*U. S. Government Printing Office: 1993 - 342-197/81289

REPORT DATE: 01/10/2005

STATE OF NEVADA
Office of the State Controller
Job Number Totals

ORIGINAL

Job Number: 39011

Budget Fiscal Year: 2005

**Note: If the Budget Account and Category are blank, totals relate to Fund Balance items. See the Fund Balance by Job Number reports for more detail of Fund Balance transactions.

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Fiscal Year	Fund	**Budget Account	**Budget Category	Fiscal Qtr	Job Total
2005	101	1050	04	2	$2,900.00
2005	101	1051	01	1	$1,692.00
2005	101	1051	01	2	$253.00
2005	101	1051	04	1	$1,846.61
2005	101	1051	04	2	$10,634.39
2005	101	1051	11	1	$129,104.90
2005	101	1051	11	2	-$129,104.90
2005	101	1051	16	1	$19,000.00
2005	101	1051	16	2	-$19,000.00
2005	101	1051	30	1	$821.25
2005	101	1051	30	2	$1,102.00

Total Revenue	**$.00**
Total Expenditures	**$19,249.25**
Total Amount	**$19,249.25**

REPORT DATE: 01/10/2005

STATE OF NEVADA
Office of the State Controller
Job Number Totals

ORIGINAL

Job Number: 39011

Budget Fiscal Year: 2004

**Note: If the Budget Account and Category are blank, totals relate to Fund Balance items. See the Fund Balance by Job Number reports for more detail of Fund Balance transactions.

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Fiscal Year	Fund	**Budget Account	**Budget Category	Fiscal Qtr	Job Total
2004	101	1051	01	4	$2,246.00
2004	101	1051	02	4	$1,518.42
2004	101	1051	03	4	$644.52
2004	101	1051	04	4	$11,568.89
2004	101	1051	10	4	$3,000,000.00

Total Revenue	**$.00**
Total Expenditures	**$3,015,977.83**
Total Amount	**$3,015,977.83**