ORIGINAL

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on back)

1. Federal Agency and Organization Element to Which Report is Submitted **Election Assistance Commission by U.S. General Services Administrations**	2. Federal Grant of Other Identifying Number Assigned By Federal Agency **CFDA 39.011**	OMB Approval No. **0348-00358**	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) **Ohio Secretary of State Office** **180 E. Broad St. 16th Fl.** **Columbus, OH 43215**			
4. Employer Identification Number **31-1334850**	5. Recipient Account Number **optional field per GSA**	6. Final Report **no**	7. Basis **accrual**
8. Funding/Grant period (*see instructions*) From: (Month, Day, Year) **10/1/2002**	To: (Month, Day, Year) **12/31/2006**	9. Period Covered by this Report From: (Month, Day Year) **1/1/2004**	To: (Month, Day, Year) **12/31/2004**

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	2,236,764.48	4,633,894.99	**6,870,659.47**
b. Recipient share of outlays	0.00	0.00	**0.00**
c. Federal share of outlays	2,236,764.48	4,633,894.99	**6,870,659.47**
d. Total unliquidated obligations			**659,884.32**
e. Recipient share of unliquidated obligations			**0.00**
f. Federal share of unliquidated obligations			**659,884.32**
g. Total Federal share(*Sum of lines c and f*)			**7,530,543.79**
h. Total Federal Funds authorized for this funding period			**10,384,931.00**
I. Unobligated balance of Federal funds(*Line h minus line g*)			**2,854,387.21**

11. Indirect Expense	a. Type of Rate(*Place "X" in appropriate line*) ___ Provisional ___ Predetermined ___ Final ___ Fixed			
not applicable for this grant	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.*

Section 101 items, please see supporting schedules attached for details.
The state match of $5,800,000.00 has been appropriated to state fund 026.

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 **Dilip C. Mehta** **Chief Financial Officer**	Telephone (Area code, number and extension) **614-466-0180**
Signature of Authorized Certifying Official Dilip C Mehta	Date Report Submitted 01-11-2005

NSN 7540-01-218-4387

Standard Form 269A (Rev. 7-97)
Prescribed by OBM Circulars A-102 and A-110

Secretary of State
101
As of December 31, 2004

ORIGINAL

Action	Expended Amount	Amount	Type
Expended 6/30/04		5,060,361.18	101
3AA expended since 7/1/04		266,936.26	101
3AR expended since 7/1/04		1,117,082.48	101
3AR expended since 7/1/04 (FY04)		426,279.55	101
Total 101 Expended		**6,870,659.47**	101
Obligated Encumbrance 12/31/04		**659,884.32**	101
Federal dollars received 4/28/03		5,000,000.00	101
Federal dollars received 6/16/03		5,384,931.00	101
Total Federal dollars 101		**$ 10,384,931.00**	
Total Federal dollars 101		10,384,931.00	101
less 12/31/03 expended	(2,236,764.48)		101
less 1/1/04 -12/31/04 expended	(4,633,894.99)		101
Total expended 101		(6,870,659.47)	101
Total before obligated encumbrances		3,514,271.53	101
less obligated encumbrance 12/31/04		(659,884.32)	101
Total unobligated and unexpended 101		**2,854,387.21**	101