FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

ORIGINAL

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant of Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
Election Assistance Commission by U.S. General Services Administrations	**CFDA 39.011**	**0348-00358**	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	5. Recipient Account Number	6. Final Report	7. Basis
31-1334850	**optional field per GSA**	**no**	**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)
10/1/2002	**1/1/2006**	**1/1/2004**	**12/31/2004**

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	0.00	0.00	0.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	0.00	0.00	0.00
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share(*Sum of lines c and f*)			0.00
h. Total Federal Funds authorized for this funding period			30,667,664.00
i. Unobligated balance of Federal funds(*Line h minus line g*)			$ 30,667,664.00

11. Indirect Expense	a. Type of Rate(*Place "X" in appropriate line*) Provisional	Predetermined	Final	Fixed
not applicable	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 102 has no liquidated or unliquidated obligations during this reporting period. The state match of $5,800,000.00 has been appropriated at this time as 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	Telephone (Area code, number and extension)
Dilip C. Mehta **Chief Financial Officer**	**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
102
As of December 31, 2004

ORIGINAL

Action	Amount	Type
Expended 6/30/04	0.00	**102**
3AA expended since 7/1/04	0.00	**102**
3AR expended since 7/1/04	0.00	**102**
3AR expended since 7/1/04 (FY04)	0.00	**102**
Total 102 Expended	**0.00**	**102**
Obligated Encumbrance 12/31/04	**0.00**	**102**
Federal dollars received 4/28/03	0.00	**102**
Federal dollars received 6/16/03	30,667,664.00	**102**
Total Federal Dollars Received	**$ 30,667,664.00**	**102**