REVISED

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

1. Federal Agency and Organizational Element to Which Report is Submitted US ELECTION ASSISTANCE COMMISS	2. Federal Grant or Other Identifying Number Assigned By Federal Agency CFDA# 39.011 SECTION 101	OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) OREGON SECRETARY OF STATE 255 CAPITOL ST NE STE 180, SALEM OR 97310			
4. Employer Identification Number 93-6001784	5. Recipient Account Number or Identifying Number 1650001070	6. Final Report ☑ Yes ☐ No	7. Basis ☑ Cash ☐ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 1/1/2005 To: (Month, Day, Year) 12/31/2005	9. Period Covered by this Report From: (Month, Day, Year) 1/1/2005 To: (Month, Day, Year) 12/31/2005		

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	4,261,903.00	1,072.00	4,262,975.00
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)*	4,261,903.00	1,072.00	4,262,975.00
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			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)*	4,261,903.00	1,072.00	4,262,975.00
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)*			4,262,975.00
o. Total Federal funds authorized for this funding period			4,262,975.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			0.00
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 N/A	c. Base N/A	d. Total Amount 0.00	e. Federal Share 0.00

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

INTEREST EARNED FOR FEDERAL FUNDS $0.

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 BILL BRADBURY, SECRETARY OF STATE	Telephone (Area code, number and extension) 503-986-1523
Signature of Authorized Certifying Official	Date Report Submitted January 26, 2007

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U.S. ELECTION ASSISTANCE COMMISSION
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