ORIGINAL

FINANCIAL STATUS REPORT

(Short Form)
(Follow instructions on the back)

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
GSA OFFICE OF BUDGET	**39.011**	0348-0038	pages

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

COMISION ESTATAL DE ELECCIONES, P.O. BOX 195552, SAN JUAN, PUERTO RICO 00919-5552

4. Employer Identification Number	5. Recipient Account Number or identifying Number	6. Final Report	7. Basis
66-0433481	**272-0280000-0000-081-2005**	☐ 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 01 02	**09 30 05**	**January 1, 2004 Dec. 31, 2004**	**02 22 05**

10. Transactions: **Consolidated Report, Section 101**	I Previously Reported	II This Period	III Cumulative
a. Total outlays:	$274,412	$132,444	$406,856
b. Recipient share of outlays			
c. Federal share of outlays			
d. Total unliquidated obligations	56,554	391,000	447,554
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*	330,967	523,443	854,410
h. Total Federal funds authorized for this funding period	3,151,144	0	3,151,144
i. Unobligated balance of Federal funds *(Line h minus line g)*	2,820,177	523,443	2,296,734

11. Indirect Expense

a. Type of Rate *(Place "X" in appropiate 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.

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 of Printed Name and Title	Telephone (Area code, number and extension)
AURELIO GRACIA MORALES, PRESIDENT	**(787) 766-8089**
Signature of Authorized certifying Official	Dated Report Submitted **February 22, 2005**

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Prescribed by OMB Circulars A-102 and A-110

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