ORIGINAL

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted US Elections Assistance Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 39.011 HAVA 102 funds	OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Office of the Lt Governor, State Elections Office State Capitol Complex Suite E220, SLC UT 84114-2210			
4. Employer Identification Number 87-6000545	5. Recipient Account Number or Identifying Number 0629	6. Final Report ☐ Yes ☒ No	7. Basis ☐ Cash ☐ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 4/29/2003	To: (Month, Day, Year) 4/30/2222	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	0.00	0.00	0.00
b. Refunds, rebates, etc.	0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative	0.00	0.00	0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	0.00	0.00
Recipient's share of net outlays, consisting of: e. Third party (in-kind) contributions	0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award	0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative	0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g	0.00	0.00	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)*	0.00	0.00	0.00
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)*			0.00
o. Total Federal funds authorized for this funding period			5,726,844.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			5,726,844.00
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above			0.00
r. Disbursed program income using the addition alternative			0.00
s. Undisbursed program income			0.00
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	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 or Printed Name and Title Sandy Naegle	Telephone (Area code, number and extension) 801.538.1149
Signature of Authorized Certifying Official	Date Report Submitted February 23, 2005