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

ORIGINAL

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
Election Assistance Commission	39.011 (HAVA - Title II)	0348-0039	1	3 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Indiana Secretary of State; 200 West Washington Street; Statehouse, Room 201; Indianapolis, Indiana 46204

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
[redacted]	[redacted]	☐ 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)
6/17/2003		1/1/2004	12/31/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	13,512,041.09	13,512,041.09
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)*	0.00	13,512,041.09	13,512,041.09
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		675,602.05	675,602.05
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	675,602.05	675,602.05
j. Federal share of net outlays *(line d less line i)*	0.00	12,836,439.04	12,836,439.04
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			0.00
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			12,836,439.04
o. Total Federal funds authorized for this funding period			49,413,087.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			36,576,648.05
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	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.*
Recipient outlays consist of the required 5% state match for HAVA Title II requirment funds. Each Title II requirements fund expenditure made consists of 95% federal funds and 5% state matching funds.

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)
Please see attached signature page	(317) 234-8683
Signature of Authorized Certifying Official	Date Report Submitted
	February 25, 2005

Title II Expenditures Reporting Period Ending December 31, 2004

HAVA Title II Expenditures			
Expense	**Total**	**Federal Share**	**State Match**
Statewide Voter Registration System	$3,781,908.87	$3,592,813.43	$189,095.44
County Distributions for Title II requirements (voting machines)	$9,730,132.22	$9,243,625.61	$486,506.61
TOTAL	$13,512,041.09	$12,836,439.04	$675,602.05

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Signature Page
Standard Form 236 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

ORIGINAL

Todd Rokita
NAME

February 25, 2005
DATE

Indiana Secretary of State
TITLE

SIGNATURE

J. Bradley King
NAME

February 25, 2005
DATE

Co-Director IN Election Division
TITLE

SIGNATURE

Kristi Robertson
NAME

February 25, 2005
DATE

Co-Director IN Election Division
TITLE

Kristi Robertson
SIGNATURE