

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

ORIGINAL

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 39.011 (HAVA - Section 101)		OMB Approval No. 0348-0039	Page 1	of 2	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 [REDACTED]		5. Recipient Account Number or Identifying Number [REDACTED]		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 05/30/2003		To: (Month, Day, Year) N/A		9. Period Covered by this Report From: (Month, Day, Year) 05/30/2003		To: (Month, Day, Year) 12/31/2003	
10. Transactions				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0.00	163,559.09	163,559.09	
b. Recipient share of outlays				0.00	0.00	0.00	
c. Federal share of outlays				0.00	163,559.09	163,559.09	
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)						163,559.09	
h. Total Federal funds authorized for this funding period						6,230,481.00	
i. Unobligated balance of Federal funds (Line h minus line g)						6,066,921.91	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> 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 Please see attached signature page				Telephone (Area code, number and extension) (317) 234-8683			
Signature of Authorized Certifying Official				Date Report Submitted 01/16/2004			

FINANCIAL STATUS REPORT
Standard For 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

ORIGINAL

Signature page



Todd Rokita, Indiana Secretary of State

1/16/04

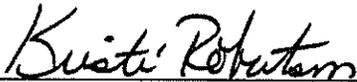
Date



J. Bradley King, Co-Director
Indiana Election Division

1/16/04

Date



Kristi Robertson, Co-Director
Indiana Election Division

1/16/04

Date