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**The Commonwealth of Massachusetts  
William Francis Galvin, Secretary of the Commonwealth  
Elections Division**

**FAX TRANSMITTAL COVER SHEET**

Telephone **(617) 727-2828**

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**TO:** General Services Administration      **FAX #:** 202-501-1124  
**FROM:** Michelle K. Tassinari  
Legal Counsel  
Elections Division

**DATE:** January 20, 2004

**NO. OF PAGES (INCLUDING COVER SHEET):** 3

**COMMENTS:**

**Enclosed please find the Standard Form 269A for Election Reform Payments for the Commonwealth of Massachusetts.**

**Thank you in advance for your cooperation and please do not hesitate to contact me with any questions.**

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

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<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  General Services Administration		<b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b>  [REDACTED]		<b>OMB Approval No.</b> 0348-0039	<b>Page</b> 2	<b>of</b> 2 pages
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  Secretary of the Commonwealth  1 Ashburton Place Boston, MA 02108						
<b>4. Employer Identification Number</b>  [REDACTED]		<b>5. Recipient Account Number or Identifying Number</b>  [REDACTED]		<b>6. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7. Basis</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
<b>8. Funding/Grant Period (See Instructions)</b> From: (Month, Day, Year) June 18, 2003		To: (Month, Day, Year) OPEN	<b>9. Period Covered by this Report</b> From: (Month, Day, Year) June 18, 2003		To: (Month, Day, Year) December 31, 2003	
<b>10. Transactions</b>				I Previously Reported	II This Period	III Cumulative
a. Total outlays						\$0
b. Recipient share of outlays						\$0
c. Federal share of outlays						\$0
d. Total unliquidated obligations						\$0
e. Recipient share of unliquidated obligations						\$0
f. Federal share of unliquidated obligations						\$0
g. Total Federal share (Sum of lines c and f)						\$0
h. Total Federal funds authorized for this funding period						\$1,519,497.00
i. Unobligated balance of Federal funds (Line h minus line g)						\$1,519,497.00
<b>11. Indirect Expense</b>						
a. Type of Rate (Place "X" in appropriate box) N/A <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
<b>12. Remarks:</b> Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  SECTION 102						
<b>13. Certification:</b> 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  Michelle K. Tassinari, Legal Counsel, Elections					Telephone (Area code, number and extension)  617-727-2828 x 3205	
Signature of Authorized Certifying Official  					Date Report Submitted  1/20/04	