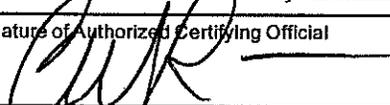


FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

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 Help America Vote Act of 2002 CFDA # 39001		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Nevada Secretary of State 101 N. Carson St. #3 Carson City, NV 89701					
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) 10/29/2002		To: (Month, Day, Year) 9/30/2005		9. Period Covered by this Report From: (Month, Day, Year) 10/29/2002	
To: (Month, Day, Year) 12/31/2003					
10. Transactions			I Previously Reported	II This Period	III Cumulative
a. Total outlays			-0-	2,999.70	2,999.70
b. Recipient share of outlays			-0-	-0-	-0-
c. Federal share of outlays			-0-	2,999.70	2,999.70
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)					2,999.70
h. Total Federal funds authorized for this funding period					5,000,000.00
i. Unobligated balance of Federal funds (Line h minus line g)					4,997,000.30
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 N/A	c. Base N/A	d. Total Amount N/A	e. Federal Share N/A	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Indirect expense rate has not been established					
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 C. William Reinhard, Administrative Services Officer				Telephone (Area code, number and extension) (775) 684-5720	
Signature of Authorized Certifying Official 				Date Report Submitted 1-14-04	