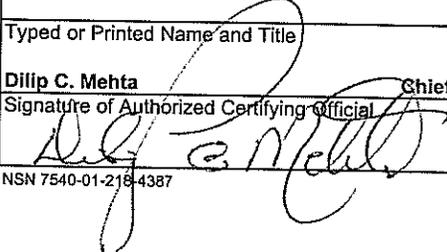


# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

ORIGINAL

1. Federal Agency and Organization Element to Which Report is Submitted <b>Election Assistance Commission by U.S. General Services Administrations</b>	2. Federal Grant of Other Identifying Number Assigned By Federal Agency <b>CFDA 39.011</b>	OMB Approval No. <b>0348-00358</b>	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Ohio Secretary of State Office 180 E. Broad St. 16th Fl. Columbus, OH 43215</b>			
4. Employer Identification Number <b>[REDACTED]</b>	5. Recipient Account Number <b>optional field per GSA</b>	6. Final Report <b>no</b>	7. Basis <b>accrual</b>
8. Funding/Grant period (see instructions) From: (Month, Day, Year) <b>10/1/2002</b>	To: (Month, Day, Year) <b>1/1/2006</b>	9. Period Covered by this Report From: (Month, Day Year) To: (Month, Day, Year) <b>1/1/2004 12/31/2004</b>	
10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	0.00	0.00	0.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	0.00	0.00	0.00
d. Total unliquidated obligations	0.00	0.00	0.00
e. Recipient share of unliquidated obligations	0.00	0.00	0.00
f. Federal share of unliquidated obligations	0.00	0.00	0.00
g. Total Federal share (Sum of lines c and f)	0.00	0.00	0.00
h. Total Federal Funds authorized for this funding period	0.00	0.00	30,667,664.00
i. Unobligated balance of Federal funds (Line h minus line g)	0.00	0.00	\$ 30,667,664.00
11. Indirect Expense <b>not applicable</b>	a. Type of Rate (Place "X" in appropriate line) 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. <b>Section 102 has no liquidated or unliquidated obligations during this reporting period. The state match of \$5,800,000.00 has been appropriated at this time as state fund 026.</b>			
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 <b>Dilip C. Mehta      Chief Financial Officer</b>		Telephone (Area code, number and extension) <b>614-466-0180</b>	
Signature of Authorized Certifying Official 		Date Report Submitted <b>01-11-2005</b>	

Secretary of State  
102

As of December 31, 2004  
Amount Type

ORIGINAL

Action	Amount	Type
Expended 6/30/04	0.00	102
3AA expended since 7/1/04	0.00	102
3AR expended since 7/1/04	0.00	102
3AR expended since 7/1/04 (FY04)	0.00	102
<b>Total 102 Expended</b>	<u>0.00</u>	102
<b>Obligated Encumbrance 12/31/04</b>	0.00	102
Federal dollars received 4/28/03	0.00	102
Federal dollars received 6/16/03	30,667,664.00	102
<b>Total Federal Dollars Received</b>	<u>\$ 30,667,664.00</u>	102