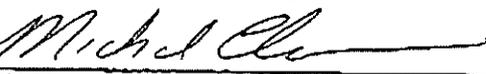


FILE COPY

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

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 CFDA 39.011 Title 1, Section 101		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Oklahoma State Election Board P.O. Box 53156, Oklahoma City, OK 73152					
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) May 1, 2003		9. Period Covered by this Report From: (Month, Day, Year) open		9. Period Covered by this Report From: (Month, Day, Year) May 1, 2003 To: (Month, Day, Year) December 31, 2003	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		NA	NA	4,528.54 -0.00	
b. Recipient share of outlays		NA	NA	0 -0.00	
c. Federal share of outlays		NA	NA	4,528.54 -0.00	
d. Total unliquidated obligations		NA	NA	0	
e. Recipient share of unliquidated obligations		NA	NA	0	
f. Federal share of unliquidated obligations		NA	NA	0	
g. Total Federal share (Sum of lines c and f)		NA	NA	4,528.54 -0.00	
h. Total Federal funds authorized for this funding period		NA	NA	5,000,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)		NA	NA	4,995,471.46 -0.00	
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. The funds were expended for training related to implementation of provisional voting and identification requirements.					
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 Michael Clingman, Secretary				Telephone (Area code, number and extension) 405-521-2391	
Signature of Authorized Certifying Official 				Date Report Submitted June 24, 2004	