

FILE COPY

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

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. General Services Administration 1800 F Street, NW Washington, DC 20405-0002	2. Federal Grant or Other Identifying Number Assigned By Federal Agency <p align="center">39.011 - Hava Section 102</p>	OMB Approval No. 0348-0039	Page of <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">1</td> <td style="width:50%; text-align: center;">1</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">pages</td> </tr> </table>	1	1	pages	
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3. Recipient Organization (Name and complete address, including ZIP code)
 Wisconsin State Elections Board
 17 West Main Street, Suite 310
 P.O. Box 2973
 Madison, WI 53701-2973

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
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8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 04/10/03	To: (Month, Day, Year) Open	9. Period Covered by this Report From: (Month, Day, Year) 04/10/03	To: (Month, Day, Year) 12/31/03
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10. Transactions	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			1,308,810.00
i. Unobligated balance of Federal funds (Line h minus line g)			1,308,810.00

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.

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 Kevin J. Kennedy, Executive Director	Telephone (Area code, number and extension) 608-266-8087
Signature of Authorized Certifying Official 	Date Report Submitted 1/16/04