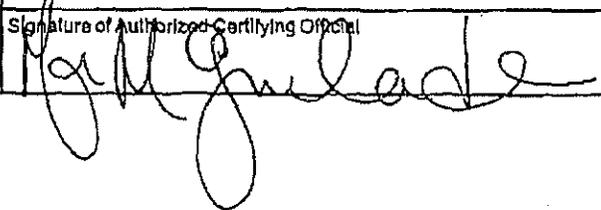


FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

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 Help America Vote Act		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Connecticut Office of the Secretary of the State 30 Trinity Street Hartford, CT 08106						
4. Employer Identification Number 06-6000798		5. Recipient Account Number or Identifying Number 0001130477		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding Grant Period (See instructions) From: (Month, Day, Year) 5/03		9. Period Covered by this Report To: (Month, Day, Year) Open		10. Period Covered by this Report From: (Month, Day, Year) 5/03		To: (Month, Day, Year) 12/31/2003
10. Transactions			I Previously Reported	II This Period	III Cumulative	
a. Total outlays					88,858	
b. Recipient share of outlays					100,483	
c. Federal share of outlays						
d. Total unliquidated obligations						
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						
g. Total Federal share (Sum of lines c and f)						
h. Total Federal funds authorized for this funding period						
i. Unobligated balance of Federal funds (Line h minus line g)						
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. Report includes money spent by the State of Connecticut for Help America Vote Act implementation which is considered by the State as part of the required 5% matching funds.						
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 Marla Greenslade, Deputy Secretary of the State				Telephone (Area code, number and extension) (860) 509-6212		
Signature of Authorized Certifying Official 				Date Report Submitted June 23, 2004		