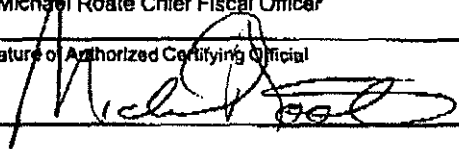


**FINANCIAL STATUS REPORT**

(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  Title I Section 101		OMB Approval No. 0348-0039		Page of pages	
3. Recipient Organization (Name and complete address, including ZIP code) Illinois State Board of Elections 1020 S.Spring Street Springfield IL 62704							
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) 06/16/2003		To: (Month, Day, Year) 12/31/2006		9. Period Covered by this Report From: (Month, Day, Year) 10/01/2003		To: (Month, Day, Year) 12/31/2003	
10. Transactions				I Previously Reported		II This Period	
						III Cumulative	
a. Total outlays						\$169,425	
b. Recipient share of outlays							
c. Federal share of outlays						\$169,425	
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						\$11,238,006	
i. Unobligated balance of Federal funds (Line h minus line g)						\$11,068,581	
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. Total Federal Funds authorized include earned interest income of \$108,876							
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 Roate Chief Fiscal Officer				Telephone (Area code, number and extension) 217-782-1525			
Signature of Authorized Certifying Official 				Date Report Submitted 1/20/04			