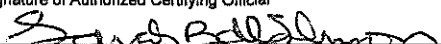


**FINANCIAL STATUS REPORT
(Long Form)**

ORIGINAL

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted US EAC		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 107-252		OMB Approval No. 0348-0039	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) KY STATE BOARD OF ELECTIONS 140 WALNUT ST., FRANKFORT, KY 40601					
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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/17/2004		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2003	
				To: (Month, Day, Year) 9/30/2004	
10. Transactions:					
		i Previously Reported		ii This Period	
				iii Cumulative	
a. Total outlays				33,001,953.62	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		33,001,953.62	
				33,001,953.62	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f, g and h				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
				0.00	
j. Federal share of net outlays (line d less line i)		0.00		33,001,953.62	
				33,001,953.62	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				33,001,953.62	
o. Total Federal funds authorized for this funding period				33,001,953.62	
p. Unobligated balance of Federal funds (Line o minus line n)				0.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input checked="" 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 SARAH BALL JOHNSON, EXECUTIVE DIRECTOR				Telephone (Area code, number and extension) 502/573-7100	
Signature of Authorized Certifying Official 				Date Report Submitted March 28, 2005	

RECEIVED
MAR 29 2005

BY: _____

11005-815

ORIGINAL

**EXPENDITURE REPORT
HAVA – TITLE II, SECTION 251
MARCH 28, 2005**

There were no financial expenditures for the period beginning October 1, 2003 to September 30, 2004.