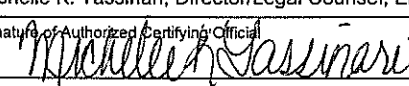


FINANCIAL STATUS REPORT
(Long Form)

ORIGINAL

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <div style="background-color: black; width: 100px; height: 15px;"></div>		OMB Approval No. 0348-0039	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Secretary of the Commonwealth, 1 Ashburton Place, Room 1705, Boston, MA 02108					
4. Employer Identification Number <div style="background-color: black; width: 100px; height: 15px;"></div>		5. Recipient Account Number or Identifying Number <div style="background-color: black; width: 100px; height: 15px;"></div>		6. Final Report <input checked="" 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) 9/10/2004		To: (Month, Day, Year) OPEN		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2004	
				To: (Month, Day, Year) 9/30/2005	
10. Transactions:					
		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		0.00	0.00	0.00	
b. Refunds, rebates, etc.		0.00	0.00	0.00	
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00	0.00	0.00	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions		0.00	0.00	0.00	
f. Other Federal awards authorized to be used to match this award		0.00	0.00	0.00	
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00	
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	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	0.00	0.00	
k. Total unliquidated obligations				0.00	
l. Recipient's share of unliquidated obligations				0.00	
m. Federal share of unliquidated obligations				0.00	
n. Total Federal share (sum of lines j and m)				0.00	
o. Total Federal funds authorized for this funding period		52,222,225	0	52,222,225.00	
p. Unobligated balance of Federal funds (Line o minus line n)		52,222,225	0	52,222,225.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above				0.00	
r. Disbursed program income using the addition alternative				0.00	
s. Undisbursed program income				0.00	
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense NA					
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. HAVA Title II, section 251 (Requirements Payments)					
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 Michelle K. Tassinari, Director/Legal Counsel, Elections Division				Telephone (Area code, number and extension) 617-727-2828	
Signature of Authorized Certifying Official 				Date Report Submitted February 28, 2006	



ORIGINAL

The Commonwealth of Massachusetts
William Francis Galvin, Secretary of the Commonwealth
Elections Division

February 28, 2006

State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, NW – Suite 1100
Washington, DC 20005

RE: Financial Status Reports (Standard Form 269) and Attachments—Title II
(Requirements Payments)—October 1, 2004-September 30, 2005

To Whom It May Concern:

Enclosed please the Financial Status Report (Standard Form 269) filed on
behalf of the Commonwealth of Massachusetts for title II Requirements
Payments under the Help America Vote Act.

Please note that no expenditures were made during this reporting period.
Accordingly, as no expenditures were made, there is no detailed list of
expenditures included with this report.

Please do not hesitate to contact me with any remaining questions.

Very truly yours,

A handwritten signature in cursive script, reading "Michelle K. Tassinari".

Michelle K. Tassinari
Director/Legal Counsel
Elections Division

Enclosure