

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

**ORIGINAL**

|                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                    |  |                                                                                               |                                                                        |                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| <b>1. Federal Agency and Organizational Element to Which Report is Submitted</b><br><br>General Services Administration                                                                                                                                              |  | <b>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</b><br><br>CSDA 39.011<br>SEC 101                                                                                       |  | <b>OMB Approval No.</b><br>0348-0039                                                          |                                                                        | <b>Page</b> 1 <b>of</b> 1 <b>pages</b>                                                       |  |
| <b>3. Recipient Organization (Name and complete address, including ZIP code)</b><br><br>NYS Board of Elections<br>40 Steuben Street<br>Albany, NY 12207-2108                                                                                                         |  |                                                                                                                                                                                                    |  |                                                                                               |                                                                        |                                                                                              |  |
| <b>4. Employer Identification Number</b><br><br><div style="background-color: black; width: 100px; height: 1.2em;"></div>                                                                                                                                            |  | <b>5. Recipient Account Number or Identifying Number</b><br><br>                                                                                                                                   |  | <b>6. Final Report</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                        | <b>7. Basis</b><br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual |  |
| <b>8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)</b><br>5/2/03                                                                                                                                                                                 |  | <b>To: (Month, Day, Year)</b><br>OPEN                                                                                                                                                              |  | <b>9. Period Covered by this Report From: (Month, Day, Year)</b><br>5/2/03                    |                                                                        | <b>To: (Month, Day, Year)</b><br>12/31/03                                                    |  |
| <b>10. Transactions</b>                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                    |  | I<br>Previously<br>Reported                                                                   | II<br>This<br>Period                                                   | III<br>Cumulative                                                                            |  |
| a. Total outlays                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| b. Recipient share of outlays                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| c. Federal share of outlays                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| d. Total unliquidated obligations                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| e. Recipient share of unliquidated obligations                                                                                                                                                                                                                       |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| f. Federal share of unliquidated obligations                                                                                                                                                                                                                         |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| g. Total Federal share (Sum of lines c and f)                                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| h. Total Federal funds authorized for this funding period                                                                                                                                                                                                            |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| i. Unobligated balance of Federal funds (Line h minus line g)                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  | 0                                                                                             | 0                                                                      | 0                                                                                            |  |
| <b>11. Indirect Expense</b>                                                                                                                                                                                                                                          |  | <b>a. Type of Rate (Place "X" in appropriate box)</b><br><input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed |  |                                                                                               |                                                                        |                                                                                              |  |
| <b>b. Rate</b>                                                                                                                                                                                                                                                       |  | <b>c. Base</b>                                                                                                                                                                                     |  | <b>d. Total Amount</b>                                                                        |                                                                        | <b>e. Federal Share</b>                                                                      |  |
| <b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</b><br>State legislation has not enacted necessary appropriation legislation to permit expenditure of funds. |  |                                                                                                                                                                                                    |  |                                                                                               |                                                                        |                                                                                              |  |
| <b>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.</b>                                         |  |                                                                                                                                                                                                    |  |                                                                                               |                                                                        |                                                                                              |  |
| <b>Typed or Printed Name and Title</b><br><br>Peter S. Kosinski                                                                                                                                                                                                      |  |                                                                                                                                                                                                    |  |                                                                                               | <b>Telephone (Area code, number and extension)</b><br><br>518-474-6236 |                                                                                              |  |
| <b>Signature of Authorized Certifying Official</b><br>                                                                                                                                                                                                               |  |                                                                                                                                                                                                    |  |                                                                                               | <b>Date Report Submitted</b><br>1/21/04                                |                                                                                              |  |