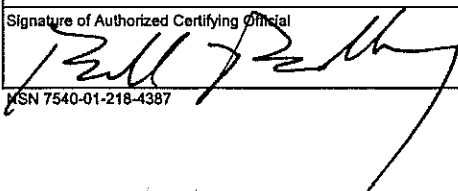


FILE COPY

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report Is Submitted EAC, 1225 New York Ave., Ste1100, DC		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CDFA 90.401 - Sec 251		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Oregon Secretary of State 255 Capitol Street NE, Ste 180, Salem OR 97310					
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) 10/1/2004		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	II This Period	III Cumulative	
a. Total outlays		0.00	5,362,425.00	5,362,425.00	
b. Recipient share of outlays		0.00	268,125.00	268,125.00	
c. Federal share of outlays		0.00	5,094,300.00	5,094,300.00	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share(Sum of lines c and f)				5,094,300.00	
h. Total Federal funds authorized for this funding period				9,961,818.00	
i. Unobligated balance of Federal funds(Line h minus line g)				4,867,518.00	
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 N/A		c. Base N/A		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. Help America Vote Act, 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 Bill Bradbury, Secretary of State				Telephone (Area code, number and extension) 503.986.2238	
Signature of Authorized Certifying Official 				Date Report Submitted March 29, 2006	