

ORIGINAL

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted GSA OFFICE OF BUDGET		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 39.011		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including Zip code) COMISION ESTATAL DE ELECCIONES, P.O. BOX 195552, SAN JUAN, PUERTO RICO 00919-5552					
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 01 02		To: (Month, Day, Year) 09 30 05		9. Period Covered by this Report From: (Month, Day, Year) January 1, 2004 Dec. 31, 2004	
10. Transactions: Consolidated Report, Section 101		I Previously Reported		II This Period	
a. Total outlays:		\$274,412		\$132,444	
b. Recipient share of outlays				\$406,856	
c. Federal share of outlays					
d. Total unliquidated obligations		56,554		391,000	
e. Recipient share of unliquidated obligations				447,554	
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)		330,967		523,443	
h. Total Federal funds authorized for this funding period		3,151,144		0	
i. Unobligated balance of Federal funds (Line h minus line g)		2,820,177		523,443	
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.					
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 of Printed Name and Title AURELIO GRACIA MORALES, PRESIDENT				Telephone (Area code, number and extension) (787) 766-8089	
Signature of Authorized certifying Official 				Dated Report Submitted February 22, 2005	

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Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

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