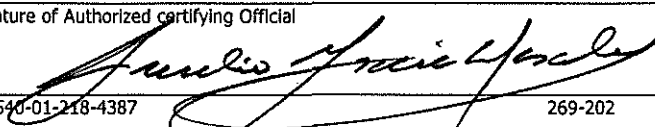


8 → Sammy - FILE  
5-24-04

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

**FILE COPY**

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>GSA Office of Budget</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  <b>39.011</b>		OMB Approval No. 0348-0038	Page of  pages
3. Recipient Organization (Name and complete address, including Zip code)  <b>Comisión Estatal de Elecciones, PO Box 195552, San Juan, Puerto Rico 00919-5552</b>					
4. Employer Identification Number <div style="background-color: black; height: 20px; width: 100%;"></div>		5. Recipient Account Number or Identifying Number <div style="background-color: black; height: 20px; width: 100%;"></div>		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) <b>10 01 02</b>		To: (Month, Day, Year) <b>09 30 05</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10 01 02</b>	
				To: (Month, Day, Year) <b>12 31 03</b>	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays:				274,412.00	
b. Recipient share of outlays				0.00	
c. Federal share of outlays				274,412.00	
d. Total unliquidated obligations				56,554.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				56,554.00	
g. Total Federal share (Sum of lines c and f)				330,967.00	
h. Total Federal funds authorized for this funding period				3,151,144.00	
i. Unobligated balance of Federal funds (Line h minus line g)				2,820,177.00	
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		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  <b>Aurelio Gracia Morales - Presidente</b>				Telephone (Area code, number and extension)  <b>(787) 777-8675</b>	
Signature of Authorized certifying Official 				Dated Report Submitted <b>May 13, 2004</b>	