

FINANCIAL STATUS REPORT

(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration - GSA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <div style="text-align: center; font-size: 1.2em;">39011 Section 102</div>		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Virginia State Board of Elections 200 North 9th Street, Suite 101 Richmond, VA 23219-3497						
4. Employer Identification Number <div style="text-align: center; font-size: 1.2em;">54-6001772</div>		5. Recipient Account Number or Identifying Number <div style="text-align: center; font-size: 1.2em;">N/A</div>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
From: (Month, Day, Year) <div style="text-align: center; font-size: 1.2em;">May 1, 2003</div>		To: (Month, Day, Year) <div style="text-align: center; font-size: 1.2em;">Sept 30, 2006</div>		9. Period Covered by this Report From: (Month, Day, Year) <div style="text-align: center; font-size: 1.2em;">May 1, 2003</div>		To: (Month, Day, Year) <div style="text-align: center; font-size: 1.2em;">Dec 31, 2003</div>
10. Transactions				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$0.00	\$0.00	\$0.00
b. Recipient share of outlays				\$0.00	\$0.00	\$0.00
c. Federal share of outlays				\$0.00	\$0.00	\$0.00
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)						\$0.00
h. Total Federal funds authorized for this funding period						\$0.00
i. Unobligated balance of Federal funds (Line h minus line g)						\$0.00
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. No Indirect Expenses: Item 11 is not applicable.						
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 Jean R. Jensen, Secretary					Telephone (Area code, number and extension) <div style="text-align: center; font-size: 1.2em;">(804)864-8903</div>	
Signature of Authorized Certifying Official 					Date Report Submitted <div style="text-align: center; font-size: 1.2em;">Jan 21, 2004</div>	

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