FINANCIAL STATUS REPORT ORIGINAL

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report Is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
US EAC	107-252	0348-0039	1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
KY STATE BOARD OF ELECTIONS
140 WALNUT ST., FRANKFORT, KY 40601

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
[redacted]	[redacted]	☐ Yes ☑ No	☐ Cash ☑ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
6/17/2004		10/1/2003	9/30/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays		33,001,953.62	33,001,953.62
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	33,001,953.62	33,001,953.62
Recipient's share of net outlays, consisting of: e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	33,001,953.62	33,001,953.62
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			33,001,953.62
o. Total Federal funds authorized for this funding period			33,001,953.62
p. Unobligated balance of Federal funds *(Line o minus line n)*			0.00
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			0.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ 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 or Printed Name and Title	Telephone (Area code, number and extension)
SARAH BALL JOHNSON, EXECUTIVE DIRECTOR	502/573-7100
Signature of Authorized Certifying Official: Sarah Ball Johnson	Date Report Submitted: March 28, 2005

RECEIVED MAR 30 2005 BY: [signature]

Previous Edition Usable
NSN 7540-01-012-4285

269-104

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

200-498 P.O. 139 (Face)

33005.865

ORIGINAL

EXPENDITURE REPORT
HAVA – TITLE II, SECTION 251
MARCH 28, 2005

There were no financial expenditures for the period beginning October 1, 2003 to September 30, 2004.