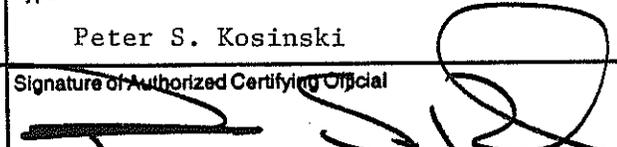


FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

ORIGINAL

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CSDA 39.011 SEC 101		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) NYS Board of Elections 40 Steuben Street Albany, NY 12207-2108					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 5/2/03		To: (Month, Day, Year) OPEN		9. Period Covered by this Report From: (Month, Day, Year) 5/2/03	
To: (Month, Day, Year) 12/31/03					
10. Transactions				I Previously Reported	II This Period
				III Cumulative	
a. Total outlays				0	0
b. Recipient share of outlays				0	0
c. Federal share of outlays				0	0
d. Total unliquidated obligations				0	0
e. Recipient share of unliquidated obligations				0	0
f. Federal share of unliquidated obligations				0	0
g. Total Federal share (Sum of lines c and f)				0	0
h. Total Federal funds authorized for this funding period				0	0
i. Unobligated balance of Federal funds (Line h minus line g)				0	0
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. State legislation has not enacted necessary appropriation legislation to permit expenditure of funds.					
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 Peter S. Kosinski				Telephone (Area code, number and extension) 518-474-6236	
Signature of Authorized Certifying Official 				Date Report Submitted 1/21/04	