FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

ORIGINAL

1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant of Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
Election Assistance Commission by U.S. General Services Administrations	**CFDA 39.011**	**0348-00358**	1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Ohio Secretary of State Office
180 E. Broad St. 16th Fl.
Columbus, OH 43215

4. Employer Identification Number	5. Recipient Account Number	6. Final Report	7. Basis
[redacted]	**optional field per GSA**	**no**	**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)
10/1/2002	**1/1/2006**	**10/1/2002**	**12/31/2006**

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total Outlays			$ -
b. Recipient share of outlays			0
c. Federal share of outlays			-
d. Total unliquidated obligations			-
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			-
g. Total Federal share(*Sum of lines c and f*)			-
h. Total Federal Funds authorized for this funding period			30,667,664.00
I. Unobligated balance of Federal funds(*Line h minus line g*)			$ 30,667,664.00

11. Indirect Expense	a. Type of Rate(*Place "X" in appropriate line*) ___ Provisional ___ Predetermined ___ Final ___ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
not applicable				

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*
Section 102 has no liquidated or unliquidated obligations during this reporting period. The state match of $5,800,000.00 has not been appropriated at this time.

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)
Dilip C. Mehta Chief Financial Officer	**614-466-0180**
Signature of Authorized Certifying Official: D C Mehta	Date Report Submitted: 01-15-04

NSN 7540-01-218-4387

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

Ohio Secretary of State
Election Reform Payments Received
As of December 31, 2003

ORIGINAL

Date of Deposit	Deposit Amount	Grant Received	Description	Secretary of State Fund	Section 101	Section 102	HHS Grant	Total HAVA $ Received
4/28/2003	$ 5,000,000.00	GSA	HAVA Title 1	3AA	$ 5,000,000.00			$ 5,000,000.00
6/16/2003	36,052,595.00	GSA	HAVA Title 1	3AA	5,384,931.00	30,667,664.00		36,052,595.00
	$ 41,052,595.00				$ 10,384,931.00	**$ 30,667,664.00**	0	41,052,595.00

Prepared by Lori Jordan 1/15/2004