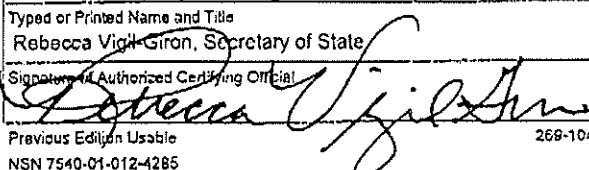


FINANCIAL STATUS REPORT
(Long Form)

FILE COPY

(Follow instructions on the back)

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 Title II Section 251		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) New Mexico Secretary of State, 325 Don Gaspar, Ste 300, Santa Fe, NM 87503					
4. Employer Identification Number 85-6000565		5. Recipient Account Number or Identifying Number		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)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
To: (Month, Day, Year)					
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays			2,028,040.19	2,028,040.19	
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	2,028,040.19	2,028,040.19	
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	2,028,040.19	2,028,040.19	
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)				2,028,040.19	
o. Total Federal funds authorized for this funding period				14,114,731.30	
p. Unobligated balance of Federal funds (Line o minus line n)				12,086,691.11	
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) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input checked="" 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 or Printed Name and Title Rebecca Vigil-Giron, Secretary of State				Telephone (Area code, number and extension) (505) 827-3631	
Signature of Authorized Certifying Official 				Date Report Submitted May 27, 2005	

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Office of The Secretary of State
Rebecca Vigil-Giron

325 Don Gaspar, Suite 300, Santa Fe, NM 87503
Phone (505) 827-3600 Fax (505) 827-8081

FAX COVER SHEET

Date: 3/28/06
Fax No. (202) 544-3127
Number of pages including cover sheet: _____

TO: Peggy Simms

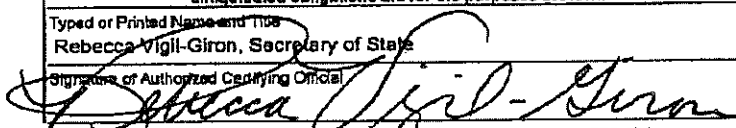
FROM: Martina Ceballos
Secretary of State's Office
(505) 827-3631

COMMENTS:
Title II
Section 251
due 3/31

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

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 Title II, Section 251		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) New Mexico Secretary of State's Office, 325 Don Gaspar Ste 300, Santa Fe, New Mexico 87503					
4. Employer Identification Number 85-60000565		5. Recipient Account Number or Identifying Number		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)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2004	
		To: (Month, Day, Year) 9/30/2005			
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		2,028,040.19	568,899.82	2,596,940.01	
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)		2,028,040.19	568,899.82	2,596,940.01	
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)		2,028,040.19	568,899.82	2,596,940.01	
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)				2,596,940.01	
o. Total Federal funds authorized for this funding period				14,114,731.30	
p. Unobligated balance of Federal funds (Line o minus line n)				11,517,791.29	
Program Income, consisting of:					
q. Disbursed program income shown on lines o and/or g above					
r. Disbursed program income using the addition alternative				173,613.82	
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				173,613.92	
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. * Line R represents accumulative interest recognized to date (September 30, 2005).					
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 Rebecca Vigil-Giron, Secretary of State				Telephone (Area code, number and extension) (505) 827-3631	
Signature of Authorized Certifying Official 				Date Report Submitted March 28, 2006	

Previous Edition Usable
NSN 7540-01-012-4285

258-104

Standard Form 289 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

200-488 P.O. 139 (Face)

FINANCIAL STATUS REPORT
(Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0039), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

<u>Item</u>	Entry	<u>Item</u>	Entry
1, 2 and 3.	Self-explanatory.	10b.	Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.	10c.	Enter the amount of program income that was used in accordance with the deduction alternative.
5.	Space reserved for an account number or other identifying number assigned by the recipient.	Note:	Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
6.	Check yes only if this is the last report for the period shown in item 8.	10d.	e, f, g, h, i and j. Self-explanatory.
7.	Self-explanatory.	10k.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j. On the final report, line 10k must be zero.
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."	10l.	Self-explanatory.
9.	Self-explanatory.	10m.	On the final report, line 10m must also be zero.
10.	The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column II of the previous report in the same funding period. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.	10n.	o, p, q, r, s and t. Self-explanatory.
10a.	Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.	11a.	Self-explanatory.
		11b.	Enter the indirect cost rate in effect during the reporting period.
		11c.	Enter the amount of the base against which the rate was applied.
		11d.	Enter the total amount of indirect costs charged during the report period.
		11e.	Enter the Federal share of the amount in 11d.
		Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

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FY 2005 PAYMENT VOUCHER LOG

VOUCHER NUMBER	DATE	AMOUNT	VERSION	INTEGRATION	903	REQUESTED BY	VOUCHER #	DATE	RE INVOICE	POSTDATE	PROGRAM	OBJECT	AMOUNT	OBJECT	AMOUNT	OBJECT	AMOUNT
05-901-00001	06/27/04	6,000.00															
05-901-00002	06/27/04	10,000.00															
05-901-00003	06/27/04	19,000.00															
05-901-00004	06/27/04	712.46															
05-901-00005	06/27/04	807.18															
05-901-00006	06/27/04	14,800.00															
05-901-00007	06/27/04	93.00															
05-901-00008	06/27/04	15,972.50															
05-901-00009	06/27/04	1,099.98															
05-901-00010	06/27/04	2,800,000.00															
05-901-00011	06/27/04	1,111.00															
05-901-00012	06/27/04	807,449.60															
05-901-00013	06/27/04	3,501.00															
05-901-00014	06/27/04	1,441.92															
05-901-00015	06/27/04	1,000.00															
05-901-00016	06/27/04	1,000.00															
05-901-00017	06/27/04	1,000.00															
05-901-00018	06/27/04	1,000.00															
05-901-00019	06/27/04	1,000.00															
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05-901-00093	06/27/04	1,000.00															
05-901-00094	06/27/04	1,000.00															
05-901-00095	06/27/04	1,000.00															

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FY 06 PURCHASE DOCUMENTS-----HAVA 903

DATE	DOCUMENT #	VENDOR	AMOUNT	DESCRIPTION
7/18/2005	06-903-000001	TEK SYSTEMS	145800	IMPLEMENT SEC. SOLUTIONS
7/18/2005	06-903-000002	A. GUTIERREZ & ASSOC.	2000000	EDUCATION
7/12/2005	06-903-000003	KUPFER CONSULTING	32137.6	Contract #06-370-1000-0601
8/10/2005	06-903-000004	Dell	5410.56	SERVER
8/18/2005	06-903-000005	J and J Technical Services	1735.4	
	06-903-000006	GSD	50451.24	ISD SERVICES
	06-903-000007	Oracle	193385.7	
8/7/2008	06-903-000008	ES & S	7388.7	Web Server
9/12/2005	06-903-000009	Dell	1220	Office IT Equipment
8/23/2005	06-903-000010	J and J Technical Services	58584.8	Licenses
9/27/2005	06-903-000011	DLT	3009170	voting machines
12/28/2005	06-903-000012	ES & S	28400.8	Support
10/4/2005	06-903-000013	ES & S	244085.2	Support
10/5/2005	06-903-000014	ES & S	50169.24	Licenses
10/26/2005	06-903-000015	DLT	11905.2	
10/6/2005	06-903-000016	ES & S	70360	
10/5/2005	06-903-000017	ES & S	25039.41	SERVER
1/6/2006	06-903-000018	ASAP	30	Executive Record Binding
1/10/2006	06-903-000019	Bookbinders of NH	2087.15	Reimbursement HAVA Disability
1/12/2005	06-903-000020	Union County	13601	Reimbursement HAVA Disability
1/11/2006	06-903-000021	Grant County Clerk	29935	Software, Design, Licensing
2/8/2006	06-903-000022	Egov Mail	5468.3	Reimbursement HAVA Disability
1/27/2006	06-903-000023	SF County Clerk's Office		
	06-903-000024	Lea County	3564.77	Reimbursement HAVA Disability
3/2/2006	06-903-000025	Lea County		

FY 06 PAYMENT VOUCHERS HAVA-----903

DATE	PV#	VENDOR	AMOUNT	DESCRIPTION
7/20/2005	06-903-000001	TEK SYSTEMS	2914.28	IMPLEMENT SEC. SOLUTIONS
7/12/2005	06-903-000002	A.Gutierrez & Assoc.	2000000	Contract
7/26/2005	06-903-000003	TEK SYSTEMS	2391.2	IMPLEMENT SEC. SOLUTIONS
8/22/2005	06-903-000004	TEK SYSTEMS	2989	IMPLEMENT SEC. SOLUTIONS
8/18/2005	06-903-000005	TEK SYSTEMS	2839.55	IMPLEMENT SEC. SOLUTIONS
8/10/2005	06-903-000006	Oracle	12785.88	Oracle Licenses W/Support
8/12/2005	06-903-000007	TEK SYSTEMS	2989	IMPLEMENT SEC. SOLUTIONS
8/22/2005	06-903-000008	TEK SYSTEMS	2989	IMPLEMENT SEC. SOLUTIONS
8/25/2005	06-903-000009	GSD	8408.54	ISD SERVICES
8/25/2005	06-903-000010	TEK SYSTEMS	2839.55	IMPLEMENT SEC. SOLUTIONS
8/6/2005	06-903-000011	J and J Technical Services	1765.4	Supplies
9/8/2005	06-903-000012	Vigi-Giron, Rebecca	882.19	Travel to Washington & Denver
9/6/2005	06-903-000013	TEK SYSTEMS	2839.55	IMPLEMENT SEC. SOLUTIONS
9/8/2005	06-903-000014	J and J Technical Services	1220	Workstation

TABLE 2

WAR. #	DATE PD.	OBL.	AMOUNT
B385696	7/22/2005	3562	2914.28
B385697	7/22/2005	3522	2000000
B509777	8/22/2005	3562	2391.2
B512591	8/14/2005	3562	2989
B512591	8/6/2005	3562	2839.55
B521023	8/12/2005	3562	2989
B524607	8/15/2005	3582	2989
B553716	8/31/2005	3562	2839.55
B548443	8/28/2005	4392	1765.4
B580717	9/7/2005	4871	801.24
B575116	8/16/2005	3562	2839.55
B579678	9/13/2005	4831	1220
B675117	9/16/2005		

