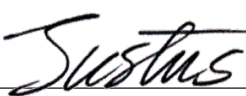


Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 01/31/2019

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Elections Assistance Commission		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) NV11RP01 Section 251	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Nevada Secretary of State Street1: 101 North Carson Street, Suite 3 Street2: City: Carson City County: State: NV: Nevada Province: Country: USA: UNITED STATES ZIP / Postal Code: 89701-3714			
4a. DUNS Number 360743967	4b. EIN 88-6000022	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 39.011	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: 05/01/2003 To: 09/30/2018	9. Reporting Period End Date 09/30/2018
10. Transactions (Use lines a-c for single or multiple grant reporting)			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			18,155,632.00
e. Federal share of expenditures			18,155,632.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			18,155,632.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
Recipient Share:			
i. Total recipient share required			955,560.00
j. Recipient share of expenditures			955,560.00
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			1,272,294.27
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			1,272,294.27
o. Unexpended program income (line l minus line m or line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
g. Totals:				<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<input style="width: 100%;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						
a. Name and Title of Authorized Certifying Official						
Prefix:	<input style="width: 100%;" type="text" value="Mr."/>	First Name:	<input style="width: 100%;" type="text" value="Justus"/>	Middle Name:	<input style="width: 100%;" type="text"/>	
Last Name:	<input style="width: 100%;" type="text" value="Wendland"/>			Suffix:	<input style="width: 100%;" type="text"/>	
Title:	<input style="width: 100%;" type="text" value="HAVA Administrator"/>					
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
				<input style="width: 100%;" type="text" value="775-684-5650"/>		
d. Email Address				e. Date Report Submitted		14. Agency use only:
<input style="width: 100%;" type="text" value="jwendland@sos.nv.gov"/>				<input style="width: 100%;" type="text" value="12/31/2018"/>		