

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  US Election Assistance Commission	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b>  CFDA 90.401 HAVA Title II sec. 251	Page 1	of 1  pages
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**3. Recipient Organization (Name and complete address including Zip code)**  
 Nebraska Secretary of State  
 Elections Division; PO Box 94608, State Capitol, Lincoln, NE 68509-4608

<b>4a. DUNS Number</b>	<b>4b. EIN</b>	<b>5. Recipient Account Number or Identifying Number</b>	<b>6. Report Type</b>	<b>7. Basis of Accounting</b>
18-819-7743	47-0491233	BU 9824588 and BU 9824584	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual

<b>8. Project/Grant Period</b>	<b>9. Reporting Period End Date</b>
From: (Month, Day, Year) 4/22/2003  To: (Month, Day, Year) Until Disbursed	(Month, Day, Year) 9/30/2016

**10. Transactions** Cumulative

*(Use lines a-c for single or multiple grant reporting)*

<b>Federal Cash</b>	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$15,442,405.00
e. Federal share of expenditures	\$15,442,405.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	\$15,442,405.00
h. Unobligated balance of Federal funds (line d minus g)	\$0.00

<b>Recipient Share:</b>	
i. Total recipient share required	\$1,162,930.89
j. Recipient share of expenditures	\$1,162,930.89
k. Remaining recipient share to be provided (line i minus j)	\$0.00

<b>Program Income:</b>	
l. Total Federal program income earned	\$1,046,167.80
m. Program income expended in accordance with the deduction alternative	\$1,046,167.80
n. Program income expended in accordance with the addition alternative	
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
g. Totals:							

**12. Remarks:** Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

**13. Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b>  Joyce Woofter, Controller	<b>c. Telephone (Area code, number and extension)</b> 402-471-2384  <b>d. Email address</b> joyce.woofter@nebraska.gov
<b>b. Signature of Authorized Certifying Official</b>  	<b>e. Date Report Submitted (Month, Day, Year)</b>  10/27/2016
<b>14. Agency use only:</b>	

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 (0348-0061), Washington, DC 20503.