**Federal Financial Report**

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)
   - 90.404 2018 Election Security

3. Recipient Organization (Name and complete address including Zip code)
   - **Recipient Organization Name:** Iowa Secretary of State
     - **Street1:** 321 East 12th Street
     - **City:** Des Moines
     - **County:** Polk
     - **State:** IA: Iowa
     - **Country:** USA: UNITED STATES
     - **ZIP / Postal Code:** 50319

4a. DUNS Number

4b. EIN

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)
   - IA18101001

6. Report Type
   - [ ] Quarterly
   - [ ] Semi-Annual
   - [x] Annual
   - [ ] Final

7. Basis of Accounting
   - [ ] Cash
   - [x] Accrual

8. Project/Grant Period
   - **From:** 03/23/2018
   - **To:** 03/22/2023

10. Transactions

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

   **Federal Cash (To report multiple grants, also use FFR attachment):**
   - [ ] Cash Receipts
   - [ ] Cash Disbursements
   - [x] Cash on Hand (line a minus b)

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

   **Federal Expenditures and Unobligated Balance:**
   - [ ] Total Federal funds authorized
     - 4,608,084.00
   - [ ] Federal share of expenditures
     - 170,051.90
   - [ ] Federal share of unliquidated obligations
     - 24,127.46
   - [ ] Total Federal share (sum of lines e and f)
     - 194,179.36
   - [ ] Unobligated balance of Federal Funds (line d minus g)
     - 4,413,904.64

   **Recipient Share:**
   - [ ] Total recipient share required
     - 230,404.00
   - [ ] Recipient share of expenditures
     - 0.00
   - [ ] Remaining recipient share to be provided (line i minus j)
     - 230,404.00

   **Program Income:**
   - [ ] Total Federal program income earned
     - 7,199.60
   - [ ] Program income expended in accordance with the deduction alternative
     - 0.00
   - [ ] Program Income expended in accordance with the addition alternative
     - 0.00
   - [ ] Unexpended program income (line l minus line m or line n)
     - 7,199.60
### Indirect Expense

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<tr>
<th>a. Type</th>
<th>b. Rate</th>
<th>c. Period From</th>
<th>Period To</th>
<th>d. Base</th>
<th>e. Amount Charged</th>
<th>f. Federal Share</th>
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<td>g. Totals:</td>
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### Remarks:
Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

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)

**a. Name and Title of Authorized Certifying Official**

Prefix: __________  
First Name: Molly  
Middle Name: Marie Hammer  
Last Name: Widen  
Suffix: Esq.

Title: Legal Counsel

**b. Signature of Authorized Certifying Official**

Molly ME Widen

**c. Telephone (Area code, number and extension)**

**d. Email Address**

**e. Date Report Submitted**

01/30/2019

Standard Form 425