Federal Financial Report  
(Follow form instructions) 

1. Federal Agency and Organizational Element to Which Report Is Submitted:  
U.S. Election Assistance Commission 

2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment):  
NE18101001 2018 Elect Security 

3. Recipient Organization (Name and complete address including Zip code): 
Recipient Organization Name: State of Nebraska – Secretary of State 
Street1: P.O. Box 94608  
City: Lincoln  
State: NE: Nebraska  
Country: USA: UNITED STATES 
ZIP / Postal Code: 68509-4608 

4a. DUNS Number  
4b. EIN  

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

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

7. Basis of Accounting 
[ ] Cash  
[ ] Accrual 

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

9. Reporting Period End Date 
09/30/2018  

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

Federal Cash (To report multiple grants, also use FFR attachment): 

a. Cash Receipts  

b. Cash Disbursements  

0.00  

0.00  

0.00  

(Use lines d-o for single grant reporting) 

Federal Expenditures and Unobligated Balance: 

d. Total Federal funds authorized  

3,496,936.00  

e. Federal share of expenditures  

23,206.85  

f. Federal share of unliquidated obligations  

0.00  

g. Total Federal share (sum of lines e and f)  

23,206.85  

h. Unobligated balance of Federal Funds (line d minus g)  

3,473,729.15  

Recipient Share: 

i. Total recipient share required  

174,847.00  

j. Recipient share of expenditures  

0.00  

k. Remaining recipient share to be provided (line i minus j)  

174,847.00  

Program Income: 

l. Total Federal program income earned  

19,112.34  

m. Program income expended in accordance with the deduction alternative  

0.00  

n. Program income expended in accordance with the addition alternative  

0.00  

o. Unexpended program income (line l minus line m or line n)  

19,112.34
11. 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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<th>g. Totals:</th>
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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

[Insert space for remarks]

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 16, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official

Prefix: [ ]
First Name: Joan
Middle Name: [ ]
Last Name: Arnold
Suffix: [ ]
Title: Controller

b. Signature of Authorized Certifying Official

[Signature]

[Joan Arnold]

c. Telephone (Area code, number and extension)

[ ]

d. Email Address

[ ]

e. Date Report Submitted

12/20/2018

14. Agency use only:

[ ]

Standard Form 425