Federal Financial Report

1. Federal Agency and Organizational Element to Which Report is Submitted
   US Election Assistance Commission

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

3. Recipient Organization (Name and complete address including Zip code)
   Recipient Organization Name: Vermont Secretary of State
   Street1: 128 State Street
   City: Montpelier
   State: VT: Vermont
   Country: USA: UNITED STATES
   ZIP / Postal Code: 05602

4a. DUNS Number

4b. EIN

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)
   23070

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

7. Basis of Accounting
   - Cash
   - Accrual

8. Project/Grant Period
   From: 03/22/2018
   To: 09/30/2018

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
      Cumulative
      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
      3,000,000.00
   e. Federal share of expenditures
      843,912.28
   f. Federal share of unliquidated obligations
      0.00
   g. Total Federal share (sum of lines e and f)
      843,912.28
   h. Unobligated balance of Federal Funds (line d minus g)
      2,156,087.72

   Recipient Share:
   i. Total recipient share required
      150,000.00
   j. Recipient share of expenditures
      0.00
   k. Remaining recipient share to be provided (line i minus j)
      150,000.00

   Program Income:
   l. Total Federal program income earned
      30,823.01
   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)
      30,823.01
11. Indirect Expenses

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| 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 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).

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<tr>
<th>a. Name and Title of Authorized Certifying Official</th>
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<tbody>
<tr>
<td>Prefix:</td>
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<tr>
<td>Last Name: Betit</td>
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<tr>
<td>Title: Director of Admin Services &amp; Corporations</td>
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<th>b. Signature of Authorized Certifying Official</th>
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<td>Marlene Betit</td>
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<th>c. Telephone (Area code, number and extension)</th>
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<th>e. Date Report Submitted</th>
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14. Agency use only:

1/30/2019

Standard Form 425