U.S. Election Assistance Commission

OMB Number: 3265-0022 Expires 04/30/2025

FEDERAL FINANCIAL REPORT

(EACFFR)

1. Federal Agency and Org. Element to	Which Report is Submitted	2. Federal Grant or Other Identifying Number A (To report multiple grants, use FFR Attachment)	Assigned By Fed. Agency
U.S. Election Assistance Commission		EAC-ELIMP22CA	
3. Recipient Organization (Name and con	mplete address including Zip code))L	
Recipient Organization Name: California Secretary of State			
Street1: 1500 11TH ST			
Street2:			
City: SACRAMENTO		County: SACRAMENTO	
State: CA			Province:
Country: United States		Zip 5: 95814	Zip +4: 5701
4a. UEI D9BXBJ9ZDNU8	4b. EIN 946001347	5. Recipient Account Number or Identifying N umber (To report multiple grants, use FFR Attachment) E7643B1	6. Report Type Quarterly Semi-Annual Annual Final
7. Basis of Accounting	8. Project/Grant Period		9. Reporting Period End Date
Cash C Accrual	From: 03/01/2003	To: 09/30/2099	(Month, Day, Year) 09/30/2022
10. TRANSACTIONS (Use lines a-c for single or multiple grant	reporting)		Cumulative
Federal Cash: (To report multiple grants	s, also use FFR attachment)		1
a. Cash Receipts			\$26,874,597.00
b. Cash Disbursements			\$26,874,597.00
c. Cash on hand (line a minus b)			\$0.00
Federal Expenditures and Unobligated	Balance: Do not complete this section	on if reporting on multiple awards.	
d. Total Federal funds authorized			\$26,874,597.00
e. Federal share of expenditures			\$26,874,597.00
f. Federal share of unliquidated oblig			\$0.00
g. Total Federal share (sum of line e p			\$0.00
Recipient Share: Do not complete this se		<u> </u>	\$0.00
i. Total recipient share required	cuton if reporting on manages arrange		\$0.00
j. Recipient share of expenditures			\$0.00
k. Remaining recipient share to be pro	ovided (line i minus j)		\$0.00
Program Income: Do not complete this s		ds.	
l. Total Federal program income earn	ed		\$0.00
m. Program income expended in acco	rdance with the deduction alternati	ve	\$0.00
n. Program Income expended in acco	rdance with the addition alternative	,	\$0.00
o. Unexpended program income (line	l minus line m and line n)		\$0.00
Federal Interest:			
p. Total Federal interest earned			\$2,792,243.79
q. Federal interest expenditures			\$2,738,481.80
r. Remaining Federal interest to be ex	pended (line p minus q)		\$53,761.99
11. Indirect Expense			·

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Provisional	62.70%	10/01/2021	09/30/2022	\$52,841.60	\$33,131.68	\$33,131.68

g. Total	\$52,841.60	\$33,1	31.68	\$33,131.68
12. Remarks:				
a. State Interest Earned: Enter the current year amount earned (not cumulative)				\$0.00
b. State Interest Expended: Enter the current year amount expended (not cumulat	ive)			\$0.00
c. Program Income Earned: Enter the current year amount earned. (not cumulativ	ve)			\$0.00
d. Program Income Expended: Enter the amount of Program Income expended in	the current year (not cum	ulative)		\$0.00
e. Program Income Earned Breakdown: List each source of program income indiv	idually next to each amour	nt (federal interest e	arned is not pro	gram income).
Source of program income			Amount	Delete
e. 1				\$0.00
		Total:		\$0.00
f. Comments: Attach any explanations deemed necessary or information required by	Federal sponsoring agency	in compliance with	governing legisl	lation:
13. Certification: By signing this report, I certify to the best of a plete, and accurate, and the expenditures, disbursements a set forth in the terms and conditions of the Federal award tinformation, or the omission of any material fact, may see so for fraud, false statements, false claims or otherwise. (Us 3729-3730 and 3801-3812).	and cash receipts rd. I am aware tha ubject me to crimi	are for the pu it any false, fi nal, civil or a	rposes and ctitious, or dministrat	d objective fraudulen ive penalti
a. Typed or Printed Name and Title of Authorized Certifying Official Fan Yang	c. Telep	hone (Area code, nu	ımber and exten	ision)
Certification Title		il address sos.ca.gov		
b. Signature of Authorized Certifying Official	e. Date 12/22/2	Report Submitted (1 022	Month, Day, Yea	ar)

Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.		
Federal Grant Number	Recipient Account Number	Cumulative Federal Cas h Disbursement
		\$0.00
	TOTAL (Should correspond to the amount on Line 10b on Page 1)	\$0.00

U.S. ELECTION ASSISTANCE COMMISSION

Voting Processes

Voter Registration Systems

OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025

\$0.00

\$0.00

Progress Report Section I: Cover Page

Grant Inf	ormation
1. State or Territory California Secretary of State	2. Federal Grant or Other Identifying Number Assigned by Federal Agency EAC-ELIMP22CA
3. Grant Type:	
© 101 © 251 © Election Security © Other [e.g., CARES]	
Describe Other	
Describe Other	
Report In	formation
4. Report Type: Semi-Annual Annual	
C Final C Other	
Describe Other	
5. Report Period	
Start Date (Month, Day, Year) 10/01/2021	End Date (Month, Day, Year) 09/30/2022
Section II: Progre	ess and Narrative
Additional guidance can be found on our website: https://www.eac.gov/payments- EAC grants reports will be made publicly available. Therefore, your report narra * Be written in clear, concise, and plain language * Not include sensitive confidential information 6. Describe in detail what happened during this reporting period and explain how	you implemented the approved grant activities in accordance with your State
Plan/Program Narrative. (Note: Your activities should align with your category ex response as applicable.)	penditures in Section IV and you may use those categories as headings in your
Check if no activity during this reporting period.	
During the reporting period, the funds were used to administer and manage the funds re ndors for allowable HAVA expenses and serving as a liaison with federal and state ager m the EAC, and reporting to the US DOJ and EAC. The funds were also used to suppose to provide further transparency to the voters of California. Expenditure of these funda HAVA section 101 provisions. For administration, pursuant to HAVA section 101 (b) (Secretary of State's office during the reporting period which includes: • Reviewing and Serving as a liaison with federal and state agencies on implementation issues, providing and EAC. • Indirect Costs for Section 101 costs during this reporting period.	ncies on implementation issues, providing guidance to counties, seeking guidance fro rt voter hotline costs during the June 2022 Primary Election and ballot tracking activit ds is consistent with California's State Plan as revised in August 2010 to comply with 1) (B), the funds were used for administering and managing the HAVA program at the approving claims submitted by counties and vendors for allowable HAVA expenses.
7. Provide a description of any training conducted, including security training.	
Check if no training was conducted during this reporting period.	
8. Report on the number and type of articles of voting equipment obtained with th	e funds. Include the amount expended on the expenditure chart.
Check if no voting equipment purchased during this reporting period.	e tanan menang ang ambang sapanata on tao sapanatan canata
Check is no voting equipment purchased during this reporting period.	
9. Subgrants (if applicable)	
Check if no subgrants were made during this reporting period.	
Describe the activities carried out by your subgrantees during the reporting perior	d.
10. Provide a breakdown of aggregate sub-award expenditures across major categ eld with \$0.00 Total expenses will automatically calculate. Please verify totals prio	
Category	Subaward Federal Expenditures
Voting Equipment	00.02

The state of the s		#0.00
Election Auditing		\$0.00
Cyber and Physical Security		\$0.00
Voter Education		\$0.00
Accessibility		\$0.00
Other:		\$0.00
Total		\$0.00
11. Match (if applicable)		
Check if match not required.		
Describe how you are meeting or have met the matching requir	ement.	
Section Secti	on III: Challenges and Cha	nges
12. Issues Encountered		
Check if no major issues encountered during this reporting	ng period.	
Describe how and whether the issues were resolved. Also, brie	efly discuss the implications of any unresolved issues or	concerns.
13. Describe any significant changes to your program during th developments that improved program efficiency and/or service		tate Plan/Program Narrative or favorable
Check if no significant changes were made during this rep	oorting period.	
Sec	tion IV: Expenditures	
14. Fill out the table below with both the Federal and State Mat d write-in any cost areas that do not fit into the predefined prog ed into the appropriate expense categories for #14. If you do no omatically calculate. Please verify totals prior to submission.	gram categories. Subaward expense totals identified in s t have expenses for a particular category please populat	ection #10 should also be populated and roll te the field with \$0.00 Total expenses will aut
d write-in any cost areas that do not fit into the predefined proged into the appropriate expense categories for #14. If you do no	ram categories. Subaward expense totals identified in s t have expenses for a particular category please populat the activities described in your narr	ection #10 should also be populated and roll te the field with \$0.00 Total expenses will aut ative and with the amounts i
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Title HAVA Coordinator

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First and Last Name Jessica Arriola Godina

Phone Number

