FEDERAL FINANCIAL REPORT

			(Follow form ins	tructions)					
1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page of										
to Which Re	port is Submitted						1	1		
}										
U.S. Election As	ssistance Commissio	n		Title II, 251				pages		
3. Recipient Or	ganization (Name an	d complete address including	Zip code)	1110 11, 201						
	•									
	Idaho Secretaty of	State 700 West Jefferson, Rr	n E-205, Boise, Io	laho,83720						
4a. DUNS Number 4b. EIN			5. Recipient Account Number or Identifying Number 6.			6. Re	eport Type 7. Basis of Accounting			
1						Semi-Annual				
							Annual			
	9334467 826000952			CFDA #90.401						
8. Project/Grant Period							Period End Date			
From: (Month, Day, Year)			To: (Month, Day, Year) (Month,			Day, Year)				
	4/18/2004		Until Dispersed			09/ 30/2016				
10. Transactions								Cumulative		
(Use lines a-c	for single or multip	le grant reporting)								
Federal Cash										
a. Cash Re	eceipts									
b. Cash Dis	sbursements						Sec. Me			
c. Cash on Hand (line a minus b)										
(Use lines d-o	for single grant rej	porting)								
Federal Expe	nditures and Unobl	ligated Balance:								
d. Total Fe	deral funds authorize	ed						\$1	3,021,803.00	
e. Federal share of expenditures								\$13,021,803.00		
f. Federal share of unliquidated obligations									\$0.00	
g. Total Federal share (sum of lines e and f) \$13,021,803										
		ral funds (line d minus g)							\$0.00	
Recipient Share:										
i. Total recipient share required \$685,358.0										
j. Recipient share of expenditures \$685,358.0										
		be provided (line i minus j)			·····		l		\$0.00	
Program Inco									1 267 652 00	
	leral program income		- alternative						1,267,652.00	
		n accordance with the deduction accordance with the addition a						⊅	1,207,052.00	
								······	\$0.00	
0. Onexpen	a. Type b. Rate c. Period From Period To d. Base e. Amount									
11. Indirect	u. ipo			1.215					Sec. States	
Expense			A start damage of the						A Antipation (10-	
will be designed			GLAN ANT	g. Totals:						
12. Remarks:	Attach any explanat	ions deemed necessary or info	mation required		nsoring agency in complian	ce with govern	ing legislation:			
13. Certificati	on: By signing thi	s report, I certify that it is tru	ie, complete, and	accurate to t	he best of my knowledge.	I am aware	that			
any faise,	fictitious, or fraudu	ulent information may subject	t me to criminal	, civil, or adm	inistrative penalties. (U.S	. Code, Title 1	8, Section 1001)			
a. Typed or Pr	inted Name and Title	of Authorized Certifying Officia	ai			c. Telephor	e (Area code, number and extension)			
							208-334-2852			
Timothy A. Hurst d. Email addr thurs							ress			
							st@sos.idaho.gov			
b. Signature of	f Authorized Certifyin	g Official				e. Date Re	port Submitted (N	/lonth, Day, Year)		
AT AIR										
1	emady 7.1	ter					23/2016	and the second		
14. Agency use only:										
	V					1				
						d Form 425				
							pproval Number: 034 ion Date: 10/31/2011	8-0061		

Paperwork Burden Statement

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 (0348-0060), Washington, DC 20503. Wednesday, December 23, 2016

Consolidated Report on HAVA Title II, section 251, requirements payments The State of Idaho Office of the Secretary of State

Form SF 425 FFR attached.

1. List of expenditures made with respect to each category of activities described for the use of funds in HAVA section 251.

Equipment that meets voting system standards:	\$ O
Provisional voting: Does not apply.	\$ O
Election Day Registration:	\$ O
Voting information:	\$ O
Statewide voter registration list:	\$ 47,252
Staff Education and Training:	\$ 0
Voter Registration System Maintenance:	\$ 0
Voters who register by mail:	\$ 0

2. The number and type of articles of voting equipment obtained with the funds:

No voting systems were purchased with Title II, 251 funds between October 1, 2015 and September 30, 2016.

3. Analysis and description of the activities funded to meet HAVA requirements and how such activities conform to the State plan.

Equipment that meets voting system standards: \$0

Provisional voting: Does not apply.

Election Day Registration: \$0

Voting information: \$0

Statewide voter registration list: \$47,252

The balance of the Title II funds, matching funds and interest was used to help pay the on-going support of the statewide voter registration system. All Title II funds as well as Title I funds have now been depleted.

System maintenance and yearly access fees: \$0

Help desk, staff education and training: \$0