

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) Title II, Section 251 and OH08RP01	Page of 1 2 pages
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3. Recipient Organization (Name and complete address including Zip code)
 Ohio Secretary of State Office
 180 E Broad St. 16th Floor
 Columbus, OH 43215

4a. DUNS Number 360744247	4b. EIN 31-1334850	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CFDA 90.401	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 06/18/2004 To: 01/01/9999	9. Reporting Period End Date (Month, Day, Year) September 30, 2018
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10. Transactions Cumulative

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

Federal Cash (To report multiple grants separately, also use FFR Attachment):	
a. Cash Receipts	\$102,069,874.00
b. Cash Disbursements	\$102,069,874.00
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	\$102,069,874.00
e. Federal share of expenditures	\$102,069,874.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$102,069,874.00
h. Unobligated balance of Federal funds (line d minus g)	\$0.00

Recipient Share:	
i. Total recipient share required	\$6,193,692.00
j. Recipient share of expenditures	\$7,973,412.89
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:	
l. Total Federal share of program income earned	\$6,307,852.93
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$6,307,852.93
o. Unexpended program income (line l minus line m or line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
10i. \$5,584,391 includes: \$4,789,080 original required match + \$234,268 FY 2008 required match + \$212,290 interest earned on FY 2008 state match + \$203,711 FY 2009 required match + \$142,599 FY 2010 required state match + \$2,443 FY 2011 required state match.
10j. \$7,973,412.89 includes: \$5,584,391 (10i) + \$534,830 overmatch of original grant + \$1,854,191.89 additional state match expended in fall of 2008.
10l. \$6,307,852.93 interest earned includes: FY04 \$303,840.07 + FY05 \$2,487,677.22 + FY06 \$2,683,835.92 + FY07 \$378,929.05 + FY08 \$320,568.42 + FY09 \$39,683.54 + FY10 \$31,119.46 + FY11 \$14,770.03 + FY12 \$17,223.64 + FY13 \$10,661.73 + FY14 \$10,760.41 + FY15 \$5,404.43 + FY16 \$3,068.48 + FY17 \$235.24 + FY18 \$75.29

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 intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Official Katherine C. Nickey, Chief Financial Officer	c. Telephone (Area code, number, and extension) 614-995-5999 d. Email Address knickey@ohiosecretaryofstate.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 12/19/2018 Amended 3/1/2019 14. Agency use only.

Standard Form 425 - Revised 10/11/2011
 OMB Approval Number: 0348-0061
 Expiration Date: 2/28/2015

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 (0348-0061), Washington, DC 20503.