

FEDERAL FINANCIAL REPORT

(Follow form instructions)

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 CFDA 90.404 - Agreement Number OR18101001	Page 1	of 1 pages
--	--	-----------	----------------------

3 Recipient Organization (Name and complete address including Zip code) OREGON SECRETARY OF STATE 255 CAPITOL ST NE SUITE 180, SALEM OR 97310
--

4a DUNS Number	4b EIN	5 Recipient Account Number or Identifying Number 1650001070	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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
-----------------------	---------------	---	--	---

8 Project/Grant Period From (Month, Day, Year) 3/23/2018	To (Month, Day, Year) 3/22/2023	9 Reporting Period End Date (Month, Day, Year) 09/30/2018
--	---	---

10. Transactions	Cumulative
-------------------------	------------

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

Federal Cash	
a Cash Receipts	\$5,362,981.00
b Cash Disbursements	\$2,290.45
c Cash on Hand (line a minus b)	\$5,360,690.55

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d Total Federal funds authorized	\$5,362,981.00
e Federal share of expenditures	\$2,290.45
f Federal share of unliquidated obligations	\$0.00
g Total Federal share (sum of lines e and f)	\$2,290.45
h Unobligated balance of Federal funds (line d minus g)	\$5,360,690.55

Recipient Share:	
i Total recipient share required	\$0.00
j Recipient share of expenditures	\$0.00
k Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:	
l Total Federal program income earned	\$39,704.10
m Program income expended in accordance with the deduction alternative (Do Not Use for EAC)	\$0.00
n Program income (interest) expended	\$0.00
o Unexpended program income (line l minus line m or line n)	\$39,704.10

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

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation Federal Fund Interest Earned: \$39,704.10 - Accum. Interest Earned \$39,704.10
--

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. 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 DENNIS RICHARDSON - OREGON SECRETARY OF STATE	c. Telephone (Area code, number and extension) d. Email address
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 14. Agency use only:

Standard Form 425
OMB Approval Number 0348-0061
Expiration Date: 10/31/2011

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.