

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission	2. Federal Grant or Other Identifying Number Assigned by Federal Agency HAVA Election Security Grant 2018	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
 American Samoa Election Office
 3570 Tafuna Airport Rd. Pago Pago AS 96799

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number	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 X Cash <input type="checkbox"/> Accrual
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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) 9/30/2018
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10. Transactions Cumulative

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

Federal Cash	
a. Cash Receipts	\$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	\$600,000.00
e. Federal share of expenditures	\$0.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$0.00
h. Unobligated balance of Federal funds (line d minus g)	\$600,000.00

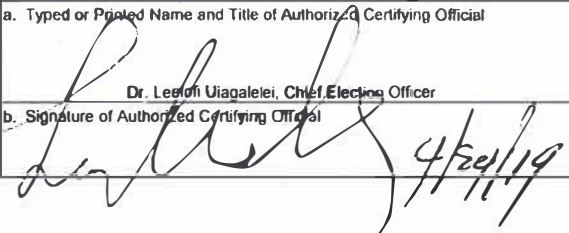
Recipient Share:	
i. Total recipient share required	\$0.00
j. Recipient share of expenditures	\$0.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

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

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	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 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 Dr. Leifoni Uiaalelei, Chief Election Officer	c. Telephone (Area code, number and extension) d. Email address
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 4/24/2019
14. Agency use only:	

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

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