# FEDERAL FINANCIAL REPORT

## 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

## 3. Recipient Organization (Name and complete address including Zip code)

American Samoa Election Office
3530 Tafuna Airport Rd. Pago Pago AS 96799

## 4. DUNS Number


## 5. Recipient Account Number or Identifying Number


## 6. Report Type

- Quarterly
- Semi-Annual
- Annual
- Final

## 7. Basis of Accounting

- Cash
- Accrual

## 8. Project/Grant Period

- From: (Month, Day, Year) 3/23/2018
- To: (Month, Day, Year) 3/22/2023

## 9. Reporting Period End Date

- 9/30/2018

## 10. Transactions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>a. Cash Receipts</td>
<td>$0.00</td>
</tr>
<tr>
<td>b. Cash Disbursements</td>
<td>$0.00</td>
</tr>
<tr>
<td>c. Cash on Hand (line a minus b)</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## 11. Federal Expenditures and Unobligated Balance

- Total Federal Funds Authorized: $600,000.00
- Federal Share of Expenditures: $0.00
- Federal Share of Unliquidated Obligations: $0.00
- Unobligated Balance of Federal Funds: $600,000.00

## 12. Program Income

- Total Program Income Earned: $0.00
- Program Income Expended in accordance with the deduction alternative: $0.00
- Unexpended Program Income (line 1 minus line 2 or line 3): $0.00

## 13. Indirect Expense

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
<th>Period From</th>
<th>Period To</th>
<th>Base</th>
<th>Amount Channeled</th>
<th>Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
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<td>b.</td>
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<td>c.</td>
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</table>

## 14. Agency use only:

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

**Remarks:**
Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

**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)

**Signature:**
Dr. Lesa M. Igualiter, Chief Election Officer

**Date:** 4/24/2019

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**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.