

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report Is Submitted  <b>U. S. Election Assistance Commission</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <b>HAVA of 2002 Title I, Section 101 - 2018 HAVA ELECTION SECURITY</b>	Page <b>1</b>	of <b>1</b>  pages
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3. Recipient Organization (Name and complete address including Zip code)  
**California Secretary of State Office (Section 101)**  
**1500 11th Street, Room 465, Sacramento, CA 95814**

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	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 From: (Month, Day, Year) <b>March 23, 2018</b>	To: (Month, Day, Year) <b>3/22/2023</b>	9. Reporting Period End Date (Month, Day, Year) <b>September 30, 2018</b>
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10. Transactions Cumulative

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

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	\$34,558,874.00
b. Cash Disbursements	\$0.00
c. Cash on Hand (line e minus b)	\$34,558,874.00

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$34,558,874.00
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)	\$34,558,874.00


<b>Recipient Share:</b>	
i. Total recipient share required	\$1,727,944.00
j. Recipient share of expenditures	\$0.00
k. Remaining recipient share to be provided (line i minus j)	\$1,727,944.00

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

11. Indirect Expense	e. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed with Carry-Forward						
g. Totals:						\$0.00	\$0.00

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

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 28, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official  <b>Cindy Halverstadt, Chief, Management Services Division</b>	o. Telephone (Area code, number and extension)  d. Email address  e. Date Report Submitted (Month, Day, Year)  <b>December 21, 2018</b>
b. Signature of Authorized Certifying Official  	

Standard Form 425  
 OMB Approval Number: 4040-0014  
 Expiration Date: 01/31/2019

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 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 collect