## U.S. Election Assistance Commission

OMB Number: 3265-0022 Expires 04/30/2025

## **FEDERAL FINANCIAL REPORT**

(EACFFR)

1. Federal Agency and Org. U.S. Election Assistance Con		Which Report is Subm	itted (	2. Federal Grant or Other Identifying Number Assigned By Fed. Agency (To report multiple grants, use FFR Attachment)  EAC-ELSEC22CA			
3. Recipient Organization (	Name and co	mplete address includin					
Recipient Organization No		<u>*</u>	<u> </u>				
Street1: 1500 11TH ST							
Street2:							
City: County: SACRAMENTO SACRAMENTO							
State: CA						Province:	
Country: United States				<b>Lip 5:</b> 5814		<b>Zip +4:</b> 5701	
4a. UEI D9BXBJ9ZDNU8		<b>4b. EIN</b> 946001347	u (	. Recipient Account Numbe mber To report multiple grants, use 7/7/643B1	r or Identifying N	5. Report Type  Quarterly Semi-Annual Annual Final	
7. Basis of Accounting		8. Project/Grant Perio	od		9	O. Reporting Period End Date	
Cash CAccrual		From: 03/23/2018		Fo: 9/30/2099		(Month, Day, Year) 03/31/2023	
10. TRANSACTIONS (Use lines a-c for single or m	ultiple grant	reporting)			(	Cumulative	
Federal Cash: (To report m	ultiple grant:	s, also use FFR attachn	ient)				
a. Cash Receipts						\$85,154,834.00	
b. Cash Disbursements		\$46,777,972.35					
c. Cash on hand (line a m	inus b)					\$38,376,861.65	
Federal Expenditures and	Unobligated	Balance: Do not compl	ete this section if repo	orting on multiple awards.			
d. Total Federal funds au	thorized					\$85,154,834.00	
e. Federal share of expenditures						\$46,777,972.35	
f. Federal share of unliqu	idated oblig	ations				\$0.00	
g. Total Federal share (su		\$46,777,972.35					
h. Unobligated balance of						\$38,376,861.65	
Recipient Share: Do not co		ection if reporting on m	ultiple awards.		1		
i. Total recipient share re		\$11,847,136.00					
j. Recipient share of expe		\$9,516,646.00					
k. Remaining recipient sh		, ,				\$2,330,490.00	
Program Income: Do not co	-		nultiple awards.				
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 and line	n)			\$0.00	
Federal Interest:					<u> </u>		
p. Total Federal interest earned						\$1,498,103.75	
q. Federal interest expenditures						\$0.00	
r. Remaining Federal int  1. Indirect Expense	erest to be ex	xpended <i>(line p minus q</i>	<i>)</i>			\$1,498,103.75	
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. d Federal Share	

Provisional

62.70% 01/01/2023

\$0.00

\$0.00

\$0.00

03/31/2023

g. Total	\$0.00	\$0.0	0	\$0.00			
12. Remarks:							
a. State Interest Earned: Enter the current year amount earned (not cumulative)			\$0.00				
b. State Interest Expended: Enter the current year amount expended (not cumulati			\$0.00				
c. Program Income Earned: Enter the current year amount earned. (not cumulativ		\$0.00					
d. Program Income Expended: Enter the amount of Program Income expended in	ulative)		\$0.00				
e. Program Income Earned Breakdown: List each source of program income indivi	idually next to each amour	nt (federal interest earne	d is not program in	come).			
Source of program income		1	mount	Delete			
e. 1			\$0.00				
		Total:		\$0.00			
f. Comments: 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 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 objective s set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulen t information, or the omission of any material fact, may subject me to criminal, civil or administrative penalti es for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section s 3729-3730 and 3801-3812).							
a. Typed or Printed Name and Title of Authorized Certifying Official Fan Yang	<b>c. Telep</b> (916) 69	hone (Area code, number 5-1487	r and extension)				
Certification Title		il address sos.ca.gov					
b. Signature of Authorized Certifying Official	e. Date 04/28/2	Report Submitted (Mon 023	th, Day, Year)				

## Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.					
Federal Grant Number	Recipient Account Number	Cumulative Federal Cas h Disbursement			
		\$0.00			
	TOTAL (Should correspond to the amount on Line 10b on Page 1)	\$0.00			