## U.S. Election Assistance Commission

12. Remarks:

a. State Interest Earned: Enter the current year amount earned (not cumulative)

FEDERAL FINANCIAL REPORT

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

			(EACFF	FR)				
Federal Agency and Org. Element to Which Report is Submitted S. Election Assistance Commission  2. Federal Grant or Other Identifying Number A (To report multiple grants, use FFR Attachment)						igned I	By Fed. Agency	
EAC-ELSEC22KS								
3. Recipient Organization		nplete address including	Zip code)					
Recipient Organization N Kansas Secretary of State	Vame:							
Street1: 120 SW 10TH AVE								
Street2:								
City: TOPEKA				ounty: IAWNEE				
State: KS						Provin	ce:	
Country: United States				<b>p 5:</b> 612		Zip +4	:	
4a. UEI TBY8JDN9C6C8		<b>4b. EIN</b> 481124839	ml	Recipient Account Number per o report multiple grants, use	or Identifying Nu FFR Attachment)	C Sami Annual		
7. Basis of Accounting		8. Project/Grant Perio	d				orting Period End Date h, Day, Year)	
Cash Accrual		From: 03/23/2018	<b>To</b> 09.	: /30/2099		03/31/2		
10. TRANSACTIONS (Use lines a-c for single or t	nultiple grant i	reporting)	'			Cumul	lative	
Federal Cash: (To report n	nultiple grants,	, also use FFR attachme	nt)		,			
a. Cash Receipts						\$10,308,516.0		
b. Cash Disbursements	b. Cash Disbursements						\$4,135,947.2	
c. Cash on hand (line a n	ninus b)						\$6,172,568.7	
Federal Expenditures and	Unobligated l	Balance: Do not complet	te this section if reportin	g on multiple awards.	1			
d. Total Federal funds a	uthorized						\$10,308,516.0	
e. Federal share of exper	nditures					\$4,135,947.2		
f. Federal share of unliquidated obligations						\$0.0		
g. Total Federal share (sum of line e plus line f)						\$4,135,947.2		
h. Unobligated balance of							\$6,172,568.7	
Recipient Share: Do not co		ction if reporting on mul	tiple awards.		1		Φ1.440.644.4	
i. Total recipient share r						\$1,440,644.4		
j. Recipient share of expenditures  k. Remaining recipient share to be provided (line i minus j)						\$0.0		
Program Income: Do not of			ultinla awands				\$1,440,644.4	
			uupte uwurus.				\$0.0	
Total Federal program income carned  m. Program income expended in accordance with the deduction alternative						\$0.0		
n. Program Income expended in accordance with the addition alternative						\$0.0		
o. Unexpended program income (line l minus line m and line n)						\$0.0		
Federal Interest:	meome (une i	minus une m unu une n	<i>y</i>		<u> </u>		Ψ0.0	
p. Total Federal interest	earned						\$220,919.6	
q. Federal interest expe							\$0.0	
r. Remaining Federal in		nended <i>(line n minus a</i> )					\$220,919.6	
1. Indirect Expense		r (Sinc p minus 4)			<u> </u>	—	<i>422</i> 0,717.0	
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charge	d	f. Federal Share	
	0.00%			\$0.00		\$0.00	\$0.0	

g. Total

\$0.00

\$0.00

\$17,723.24

b. State Interest Expended: Enter the current year amount expended (not cumulative)		\$0.00						
c. Program Income Earned: Enter the current year amount earned. (not cumulative)	\$0.00							
d. Program Income Expended: Enter the amount of Program Income expended in the current year (not cumulative)		\$0.00						
e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earned is not program income).								
Source of program income	Amount	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, complet e, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set fo rth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent informat ion, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, f alse statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).								
a. Typed or Printed Name and Title of Authorized Certifying Official Andy Burlingham  c. Telephone (Area (785) 296-8473	code, nu	nber and extension)						

## Report Attachment (For reporting multiple grants)

d. Email address andy.burlingham2@ks.gov

e. Date Report Submitted (Month, Day, Year) 04/25/2023

Certification Title Budget and Finance Director

b. Signature of Authorized Certifying Official

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				