U.S. Election Assistance Commission OMB Number: 3265-0022 Expires 04/30/2025 FEDERAL FINANCIAL REPORT (EACFFR) 2. Federal Grant or Other Identifying Number Assigned By Fed. Agency 1. Federal Agency and Org. Element to Which Report is Submitted (To report multiple grants, use FFR Attachment) U.S. Election Assistance Commission EAC-ELSEC22NE 3. Recipient Organization (Name and complete address including Zip code) **Recipient Organization Name:** Nebraska Secretary Of State Street1: 1445 K ST Street2: City: LINCOLN County: LANCASTER State: Province: **Zip 5:** 68509 Country: Zip +4: United States 6. Report Type 5. Recipient Account Number or Identifying Nu Quarterly 4a. UEI 4b. EIN UXQ2AMLX4L35 470491233 (To report multiple grants, use FFR Attachment) C Semi-Annual e7664b1 C Annual C Final 7. Basis of Accounting 8. Project/Grant Period 9. Reporting Period End Date (Month, Day, Year) Cash To: From: 03/23/2018 09/30/2099 03/31/2023 Accrual 10. TRANSACTIONS (Use lines a-c for single or multiple grant reporting) Cumulative Federal Cash: (To report multiple grants, also use FFR attachment) \$9,422,268.00 a. Cash Receipts \$3,349,174.77 b. Cash Disbursements \$6,073,093.23 c. Cash on hand (line a minus b) Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards. \$9,422,268.00 d. Total Federal funds authorized e. Federal share of expenditures \$3,349,174.77 f. Federal share of unliquidated obligations \$122.48 g. Total Federal share (sum of line e plus line f) \$3,349,297.25 \$6,072,970.75 h. Unobligated balance of Federal funds (line d minus g) Recipient Share: Do not complete this section if reporting on multiple awards. i. Total recipient share required \$1,159,913.00 \$959,913.00 j. Recipient share of expenditures \$200,000.00 k. Remaining recipient share to be provided (line i minus j) Program Income: Do not complete this section if reporting on multiple awards. \$0.00 l. Total Federal program income earned 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: p. Total Federal interest earned \$448,898.37 q. Federal interest expenditures \$0.00 \$448,898.37 r. Remaining Federal interest to be expended (line p minus q) 11. Indirect Expense e. Amount Charged a. Type Period From Federal Share Rate Period To Base 0.00% \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 g. Total \$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 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 e, and accurate, and the expenditures, disbursements and cash receipts are for the purpose rth in the terms and conditions of the Federal award. I am aware that any false, fictitious, of ion, or the omission of any material fact, may subject me to criminal, civil or administrativalse statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Se 3801-3812).	s and objectives set fo or fraudulent informat e penalties for fraud, f		

00010012).	
	c. Telephone (Area code, number and extension) (402) 471-2384
	d. Email address joan.arnold@nebraska.gov
	e. Date Report Submitted (Month, Day, Year) 04/19/2023

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