

U.S. Election Assistance Commission	OMB Number: 3265-0022 Expires 04/30/2025
FEDERAL FINANCIAL REPORT (EACFFR)	

1. Federal Agency and Org. Element to Which Report is Submitted U.S. Election Assistance Commission	2. Federal Grant or Other Identifying Number Assigned By Fed. Agency <i>(To report multiple grants, use FFR Attachment)</i> EAC-ELSEC22RI
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3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name: Rhode Island Secretary Of State		
Street1: 82 SMITH ST STE 217		
Street2:		
City: PROVIDENCE	County: PROVIDENCE	
State: RI		Province:
Country: United States	Zip 5: 02903	Zip +4: 1120

4a. UEI STLFUXD8RBR7	4b. EIN 056000522	5. Recipient Account Number or Identifying Number <i>(To report multiple grants, use FFR Attachment)</i>	6. Report Type <input checked="" type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual <input type="radio"/> Final
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7. Basis of Accounting <input type="radio"/> Cash <input checked="" type="radio"/> Accrual	8. Project/Grant Period From: 03/23/2018 To: 09/30/2099	9. Reporting Period End Date <i>(Month, Day, Year)</i> 03/31/2023
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10. TRANSACTIONS <i>(Use lines a-c for single or multiple grant reporting)</i>	Cumulative
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Federal Cash: (To report multiple grants, also use FFR attachment)	
a. Cash Receipts	\$7,216,180.00
b. Cash Disbursements	\$4,009,734.00
c. Cash on hand <i>(line a minus b)</i>	\$3,206,446.00
Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards.	
d. Total Federal funds authorized	\$7,216,180.00
e. Federal share of expenditures	\$4,009,734.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share <i>(sum of line e plus line f)</i>	\$4,009,734.00
h. Unobligated balance of Federal funds <i>(line d minus g)</i>	\$3,206,446.00
Recipient Share: Do not complete this section if reporting on multiple awards.	
i. Total recipient share required	\$793,236.00
j. Recipient share of expenditures	\$793,236.00
k. Remaining recipient share to be provided <i>(line i minus j)</i>	\$0.00
Program Income: Do not complete this section if reporting on multiple 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 <i>(line l minus line m and line n)</i>	\$0.00
Federal Interest:	
p. Total Federal interest earned	\$150,465.00
q. Federal interest expenditures	\$0.00
r. Remaining Federal interest to be expended <i>(line p minus q)</i>	\$150,465.00


11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	0.00%			\$0.00	\$0.00	\$0.00
g. Total				\$0.00	\$0.00	\$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 report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false 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 Colleen Halloran-Villandry	c. Telephone (Area code, number and extension) (401) 222-2299
Certification Title	d. Email address cvillandry@sos.ri.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 05/12/2023

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 Cash Disbursement
		\$0.00
TOTAL (Should correspond to the amount on Line 10b on Page 1)		\$0.00