## Federal Financial Report

### Follow form Instructions

1. **Federal Agency and Organizational Element to Which Report Is Submitted**
   - U.S. Elections Assistance Commission

2. **Federal Grant or Other Identifying Number Assigned by Federal Agency**
   - 80.404 2018 Election Security

3. **Recipient Organization (Name and complete address including Zip code)**
   - **Recipient Organization Name:** Iowa Secretary of State
   - **Street1:** 321 East 12th Street
   - **City:** Des Moines
   - **State:** IA: Iowa
   - **Country:** USA: UNITED STATES
   - **ZIP/Postal Code:** 50319

4. **DUNS Number  EIN**

5. **Recipient Account Number or Identifying Number**

6. **Report Type**
   - Quarterly
   - Semi-Annual
   - Annual
   - Final

7. **Basis of Accounting**
   - Cash
   - Accrual

8. **Project/Grant Period**
   - From: 03/23/2018
   - To: 03/22/2019

9. **Reporting Period End Date**
   - 09/30/2018

### 10. Transactions

#### Federal Cash (To report multiple grants, also use FFR attachment):

<table>
<thead>
<tr>
<th>a. Cash Receipts</th>
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<tbody>
<tr>
<td>b. Cash Disbursements</td>
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<tr>
<td>c. Cash on Hand (a minus b)</td>
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</table>

#### Federal Expenditures and Unobligated Balance:

- **d. Total Federal funds authorized**
  - $4,608,084.00

- **e. Federal share of expenditures**
  - $170,051.90

- **f. Federal share of unliquidated obligations**
  - $24,127.46

- **g. Total Federal share (sum of lines e and f)**
  - $194,179.36

- **h. Unobligated balance of Federal Funds (d minus g)**
  - $4,413,904.64

#### Recipient Share:

- **i. Total recipient share required**
  - $230,404.00

- **j. Recipient share of expenditures**
  - $0.00

- **k. Remaining recipient share to be provided (i minus j)**
  - $230,404.00

#### Program Income:

- **l. Total Federal program income earned**
  - $7,199.60

- **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 (l minus line m or line n)**
  - $7,199.60
## 11. Indirect Expense

<table>
<thead>
<tr>
<th>a. Type</th>
<th>b. Rate</th>
<th>c. Period From</th>
<th>Period To</th>
<th>d. Base</th>
<th>e. Amount Charged</th>
<th>f. Federal Share</th>
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</thead>
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**g. Totals:**

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

[Add Attachment] [Delete Attachment] [View Attachment]

## 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 18, section 1001)

### a. Name and Title of Authorized Certifying Official

- **Prefix:**
- **First Name:** Molly
- **Middle Name:** Marie Hammer
- **Last Name:** Widen
- **Suffix:** Esq.
- **Title:** Legal Counsel

### b. Signature of Authorized Certifying Official

Molly MH Widen

### c. Telephone (Area code, number and extension)

### d. Email Address

### e. Date Report Submitted

01/30/2019

### 14. Agency use only

Standard Form 425