							Corre	permission from Donald by Starte 1	
							With	permission to	
						1	Aboid!	sher Donald 1	
						Ĺ	111 1510	was de naid, of	
			FEDERA	L FINAN	ICIAL REPORT	Of	the We	aspungton Secret	
				Follow form in				State 2119/1	
	gency and Organizati	onal Element			lentifying Number Assigne	ed by Federal	Agency	Page / of /	
	leport is Submitted		(To report multiple grants, use FFR Attachment) 90.404 - Title I, Section 101 (2018 Election Security funds)						
U.S. Elec	ction Assistan	ce Commission	90.404 -	ritie i, Se	ction 101 (2018 E	ection 5	ecurity tun	as) '	
3. Recipient 0	Organization (Name	and complete address inclu	iding Zip code)					pages	
		fice of Secretary o		Box 402	229 Olympia, WA	98504-02	229		
4a. DUNS Nu	ımber 4b	. EIN	Recipient Account Number or Identifying Numbe			6. Report Type 7. Basis of Accounting			
THE TOTAL SECTION SET			(To report multiple grants, use FFR Attachment)			○ Quarterly			
			A 1978			r. Se	emi-Annual		
						. Ar			
O Decis et/C-	net Daried					Fit Paraetia		☐ Cash ☐ Accrual	
	nth, Day, Year)		To: (Month, Day, Year)			(Month,	g Period End Da Day, Year)		
March 23	3, 2018		March 22				ber 30, 20	18	
10. Transac	tions		11/					Cumulative	
(Use lines a-	c for single or mult	iple grant reporting)					50		
		ole grants, also use FFR A	ttachment):						
a. Cash R	leceipts Disbursements								
	n Hand (line a minus	s b)							
(Use lines d-	o for single grant re	eporting)							
	enditures and Unol								
d. Total Federal funds authorized e. Federal share of expenditures							\$ 7,907,768.00 \$ 512,533.07		
Federal share of unliquidated obligations									
g. Total Federal share (sum of lines e and f)									
h. Unoblig Recipient S		eral funds (line d minus g)					4 398	0234,10	
	ciplent share require	ed					\$ 395,388.0	0	
j. Recipient share of expenditures							\$ 0.00		
k. Remaini Program Inc	-	be provided (line i minus)					\$ 0.00	745 380,00	
	deral program incom	e earned					\$ 40,503.72		
		in accordance with the ded							
		n accordance with the addi te (line I minus line m or line					\$ 0.00 \$ 40,503.72		
c. Onoxper	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount (f. Federal Share	
11. Indirect									
Expense			CHERRY TOWN	g. Totals:	-				
		tions deemed necessary or		ired by Feder		ompliance wit	th governing leg	islation:	
		f the 2018 Election Security fu				o oom-lets	and answers	and the ownerditures	
		is report, I certify to the beints are for the purpose.		_				us, or fraudulent information	
						are since all	,		
may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) a. Typed or Printed Name and Title of Authorized Certifying Official c							c. Telephone (Area code, number and extension)		
Sho	ennon	Cortez, D	eiout 1	Droft	wof Auto				
			1	ווטיוע	THE CHECK DV	7		N Fil	
D. Signature of Authorized Certifying Official							e. Date Report Submitted (Month, Day, Year)		
\bigcirc	WWW	Un/				December			
						14. Agency use only:			

Standard Form 425 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061). Washington, DC 20503.