

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted US Election Assistance Committee	2. Federal Grant or Other Identifying Number Assigned by Federal Agency Title II, 251	Page 1	of 1
pages			

3. Recipient Organization (Name and complete address including Zip code)
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4a. DUNS Number	4b. EIN 06-6000798	5. Recipient Account Number or Identifying Number CFDA#90.401	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 6/17/2004	To: (Month, Day, Year) Until Disbursed	9. Reporting Period End Date (Month, Day, Year) 9/30/2013
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$31,095,158.00
e. Federal share of expenditures	\$31,095,158.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$31,095,158.00
h. Unobligated balance of Federal funds (line d minus g)	\$0.00


Recipient Share:	
i. Total recipient share required	\$1,636,588.00
j. Recipient share of expenditures	\$1,636,588.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:	
l. Total Federal program income earned	\$7,847,073.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$7,847,073.50
o. Unexpended program income (line l minus line m or line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Interest Earned this period \$2,903.98/Total Interest Earned \$1,953,265.75/5%Match \$2,045,687.00 appropriated and spent/MOE \$733,183 met or exceeded

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. Typed or Printed Name and Title of Authorized Certifying Official Secretary of the State	c. Telephone (Area code, number and extension) 860-509-6200
	d. Email address denise.merrill@ct.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 3/22/19 - Revised

14. Agency use only:

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

Paperwork Burden Statement
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