## **Federal Financial Report**

Program Name: Election Security Grantee Name: Alaska Secretary of State Report Name: Federal Financial Report Funding/Grant Period: EAC-ELSEC22AK Report Period: 04/01/2023 to 06/30/2023 Report Status: Submission Accepted by CO

U.S. Election Assistance	OMB Number: 3265-0022 Expires 04/30/2025			
			· · · · ·	
1. Federal Agency and Org. Eleme U.S. Election Assistance Commission	Number Assigned By Fed.			
3. Recipient Organization (Name a	nd complete address including Zip co	ode)		
Recipient Organization Name: Alaska Secretary of State				
Street1: 240 Main St Ste 400				
Street2:				
City: Juneau		County: JUNEAU		
State: AK			Province:	
Country: United States		Zip 5: 99801	Zip +4:	
<b>4a. UEI</b> MJAVNYV4C4T1	<b>4b. EIN</b> 926001185	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) E7638B1	6. Report Type Quarterly Semi-Annual Annual Final	
7. Basis of Accounting	8. Project/Grant Period		9. Reporting Period End	
Cash Accrual	<b>From:</b> 03/23/2018	<b>To:</b> 09/30/2099	Date (Month, Day, Year) 06/30/2023	
10. TRANSACTIONS (Use lines a-c for single or multiple)	grant reporting)		Cumulative	
Federal Cash: (To report multiple grad	nts, also use FFR attachment)			
a. Cash Receipts	· · · · ·		\$8,000,000.00	
b. Cash Disbursements	\$5,317,148.00			
c. Cash on hand <i>(line a minus b)</i>	\$2,682,851.94			
Federal Expenditures and Unobligate	ed Balance: Do not complete this section	if reporting on multiple awards.		
d. Total Federal funds authorized			\$8,000,000.00	
e. Federal share of expenditures			\$5,317,148.06	
f. Federal share of unliquidated obl	eral share of unliquidated obligations		\$0.00	
g. Total Federal share (sum of line of	e plus line f)		\$5,317,148.06	
h. Unobligated balance of Federal f	unds <i>(line d minus g)</i>		\$2,682,851.94	
Recipient Share: Do not complete this	section if reporting on multiple awards.			
i. Total recipient share required			\$2,747,044.22	
j. Recipient share of expenditures	\$384,552.24			
k. Remaining recipient share to be J	provided <i>(line i minus j)</i>		\$2,362,491.98	
Program Income: Do not complete thi	s section if reporting on multiple awards			
l. Total Federal program income ea	rned		\$0.00	
m. Program income expended in ac	cordance with the deduction alternative	e	\$0.00	

n. Program Income exper	nded in acco	rdance with the addi	tion alternative					\$0.00	
o. Unexpended program income <i>(line 1 minus line m and line n)</i>							\$0.00		
Federal Interest:									
p. Total Federal intere	st earned						\$214	4,355.64	
q. Federal interest expenditures								\$0.00	
r. Remaining Federal i	interest to <b>k</b>	e expended <i>(line p</i>	minus q)				\$21	14,355.64	
1. Indirect Expense									
а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount Charg	ged	f. Federal Sha	are	
	0.00%			\$0.00	\$0.00			\$0.00	
I	Į_		g. Total	\$0.00		\$0.00		\$0.00	
12. Remarks:									
a. State Interest Earned:	Enter the cu	rrent year amount e	arned (not cumulative)				\$63	,170.62	
b. State Interest Expende		-		ive)				\$0.00	
c. Program Income Earne	ed: Enter the	e current year amou	nt earned. (not cumulativ	ve)				\$0.00	
d. Program Income Expe	nded: Enter	the amount of Progr	am Income expended in	the current year (not cu	mulative)			\$0.00	
e. Program Income Earne income).	ed Breakdow	n: List each source o	f program income indivi	dually next to each amou	nt (federal interest	earned is	not program		
Source	of program	income				Amo	Amount D		
e. 1							\$0.00		
1					Total:			\$0.00	
Log Scans; ends 6/30/24 \$ System; Formal Dominion 13. Certification: By sig complete, and accu objectives set forth	Training in gning this rate, and	D-Suite. \$ 6,000.00 s report, I cert l the expendit	CIP Receipts RS; place tify to the best of ures, disburseme	my knowledge a nts and cash reco	rvices expenditure nd belief tha eipts are for	t the ru	60.52 eport is tru rposes and	ue, I	
fraudulent informa administrative pen- 1001 and Title 31, S	ition, or alties for Sections	the omission o fraud, false s 3729-3730 and	f any material fa tatements, false o	ct, may subject 1	ne to crimina	al, civi	or		
a. Typed or Printed Name Authorized Certifying Of Sharon1651724 Forrest			lephone (Area code, n 1sion)	umber and					
<b>Certification Title</b> N/A			<b>nail address</b> on.forrest@alaska.gov						
b. Signature of Authorize	d Certifyin	g Official e. Da Year 07/18	te Report Submitted (	Month, Day,					

## Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.					
Federal Grant Number	Imber Recipient Account Number				
		\$0.00			
ΤΟΤΑ	\$0.00				