Federal Financial Report

Program Name: Election Security

Grantee Name: South Carolina Election Commission

Report Name: Federal Financial Report

Funding/Grant Period: EAC-ELSEC22SC

Report Period: 04/01/2023 to 06/30/2023 **Report Status:** Submission Accepted by CO

U.S. Election Assistan	ce Commission		OMB Number: 3265-0022 Expires 04/30/2025		
FEDERAL FINANCIAL REPORT (EACFFR)					
1. Federal Agency and Org. Elen U.S. Election Assistance Commiss	nent to Which Report is Submitted	2. Federal Grant or Other Identifying I Agency (To report multiple grants, use FFR Atta			
		EAC-ELSEC22SC			
3. Recipient Organization (Name	and complete address including Zip c	rode)			
Recipient Organization Name: South Carolina Election Commission	on				
Street1: 1122 Lady Suite 500					
Street2:					
City: Columbia		County: RICHLAND			
State: SC			Province:		
Country: United States		Zip 5: 29201	Zip +4:		
4a. UEI UL92ZY2HMLG6	4b. EIN 157600028	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type Quarterly Semi-Annual Annual Final		
7. Basis of Accounting	8. Project/Grant Period		9. Reporting Period End		
C Cash Accrual	From: 03/23/2018	To: 09/30/2099	Date (Month, Day, Year) 06/30/2023		
10. TRANSACTIONS (Use lines a-c for single or multiple)	Cumulative				
Federal Cash: (To report multiple gr	rants, also use FFR attachment)				
a. Cash Receipts			\$15,003,757.00		
b. Cash Disbursements			\$12,833,984.00		
c. Cash on hand (line a minus b)			\$2,169,773.00		
Federal Expenditures and Unobliga	ated Balance: Do not complete this section	if reporting on multiple awards.	*		
d. Total Federal funds authorized	\$15,003,757.00				
e. Federal share of expenditures	\$12,833,984.00				
f. Federal share of unliquidated o	\$0.00				
g. Total Federal share (sum of line	\$12,833,984.00				
h. Unobligated balance of Federal	\$2,169,773.00				
Recipient Share: Do not complete th	is section if reporting on multiple awards.				
i. Total recipient share required			\$2,094,632.00		
j. Recipient share of expenditures	\$1,660,678.00				
k. Remaining recipient share to be	\$433,954.00				
Program Income: Do not complete to	his section if reporting on multiple awards	i			
l. Total Federal program income o	earned		\$0.00		
m Program income evnended in s	accordance with the deduction alternative		\$0.00		

n. Program Income expended in accordance with the addition alternative	\$0.00	
o. Unexpended program income (line l minus line m and line n)	\$0.00	
Federal Interest:		
p. Total Federal interest earned	\$529,102.38	
q. Federal interest expenditures	\$0.00	
r. Remaining Federal interest to be expended (line p minus q)	\$529,102.38	
11. Indirect Expense		

1. Huntet 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

L	Type	Rate	Period From	Period To	Base	Amount Charged	Federal Share
		0.00%			\$0.00	\$0.00	\$0.00
	g. Tota			\$0.00	\$0.00	\$0.00	
1	12. Remarks:						

12. Xundi as.			
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		
a Program Income Farned 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

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 LaToria Williams	c. Telephone (Area code, number and extension) (803) 734-9069
Certification Title Director of Adminstration	d. Email address lwilliams@elections.sc.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 08/31/2023

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		
TOT	AL (Should correspond to the amount on Line 10b on Page 1)	\$0.00		