



DEBRA BOWEN | SECRETARY OF STATE
STATE OF CALIFORNIA | MANAGEMENT SERVICES
1500 11th Street, 4th Floor | Sacramento, CA 95814 | www.sos.ca.gov

December 28, 2011

Ms. Monica Holman Evans, Deputy Director
State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, NW, Suite 1100
Washington, DC 20005

Federal Report Title I, Section 271 of Help America Vote Act (HAVA) of 2002

Dear Ms. Evans:

Enclosed please find the original signed Federal Financial Report (SF-425) for HAVA Title I, Section 271 covering the period from June 1, 2011 to November 30, 2011.

Pending drawdowns will be processed in January 2012. If you have any questions regarding this report, please do not hesitate to contact me at (916) 653-9445 or Carol Chen at (916) 653-3357.

Sincerely,

A handwritten signature in red ink, appearing to read "Linda Arviso-Hunt".

Linda Arviso-Hunt
Fiscal Affairs Manager, Management Services Division

Enclosure

cc: Chris Reynolds, Deputy Secretary of State, HAVA Activities
Dora Mejia, Chief, Management Services Division
Shigeko Shibata, Fiscal Officer
Carol Chen, Accounting Officer

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted U. S. Election Assistance Commission	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) HAVA of 2002 Title I, Section 271	Page 1	of 1
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3. Recipient Organization (Name and complete address including Zip code) California Secretary of State Office (Section 251) 1500 11th Street, Room 465, Sacramento, CA 95814
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4a. DUNS Number 360741904	4b. EIN 90-0603904	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 90.403	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input 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) May 23, 2011	To: (Month, Day, Year) April 30, 2013	9. Reporting Period End Date (Month, Day, Year) November 30, 2011
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	\$0.00
b. Cash Disbursements	\$0.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$230,000.00
e. Federal share of expenditures	\$14,446.45
f. Federal share of unliquidated obligations	\$12,300.46
g. Total Federal share (sum of lines e and f)	\$26,746.91
h. Unobligated balance of Federal funds (line d minus g)	\$203,253.09

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

Program Income:	
l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
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
	Fixed with Carry-Forward	5%				\$0.00	\$0.00
g. Totals:							

12. Remarks:

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 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Linda Arviso-Hunt, Fiscal Affairs Manager, Management Services Division	c. Telephone (Area code, number and extension) (916) 653-9445
b. Signature of Authorized Certifying Official 	d. Email address linda.hunt@sos.ca.gov
	e. Date Report Submitted (Month, Day, Year) December 28, 2011

14. Agency use only

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

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.