U.S. Election Assistance Commission OMB Number: 3265-0022 Expires 04/30/2025 FEDERAL FINANCIAL REPORT (EACFFR) 2. Federal Grant or Other Identifying Number Assigned By Fed. Agency 1. Federal Agency and Org. Element to Which Report is Submitted (To report multiple grants, use FFR Attachment) U.S. Election Assistance Commission EAC-ELSEC22OR 3. Recipient Organization (Name and complete address including Zip code) **Recipient Organization Name:** Oregon Secretary Of State Street1: 255 Capitol St NE Ste 151 Street2: City: County: MARION Salem State: Province: Country: Zip 5: 97310 Zip +4: United States 6. Report Type 5. Recipient Account Number or Identifying Nu Quarterly 4a. UEI 4b. EIN 🧖 Semi-Annual JMTGJKNLETS7 936001784 (To report multiple grants, use FFR Attachment) Annual OR20101001 C Final 7. Basis of Accounting 8. Project/Grant Period 9. Reporting Period End Date (Month, Day, Year) Cash To: From: 03/23/2018 09/30/2099 09/30/2022 Accrual 10. TRANSACTIONS (Use lines a-c for single or multiple grant reporting) Cumulative Federal Cash: (To report multiple grants, also use FFR attachment) \$12,392,029.00 a. Cash Receipts b. Cash Disbursements \$4,125,853,76 \$8,266,175.24 c. Cash on hand (line a minus b) Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards. \$12,392,029.00 d. Total Federal funds authorized e. Federal share of expenditures \$4,125,853.76 \$4,955,079.76 f. Federal share of unliquidated obligations g. Total Federal share (sum of line e plus line f) \$9,080,933.52 h. Unobligated balance of Federal funds (line d minus g) \$3,311,095.48 Recipient Share: Do not complete this section if reporting on multiple awards. i. Total recipient share required \$1,673,959.00 \$1,503,627.74 j. Recipient share of expenditures \$170,331.26 k. Remaining recipient share to be provided (line i minus j) Program Income: Do not complete this section if reporting on multiple awards. \$54,406.64 l. Total Federal program income earned m. Program income expended in accordance with the deduction alternative \$0.00 n. Program Income expended in accordance with the addition alternative \$54,406.64 o. Unexpended program income (line l minus line m and line n) \$0.00 Federal Interest: p. Total Federal interest earned \$462,194.10 \$462,164.10 q. Federal interest expenditures \$30.00 r. Remaining Federal interest to be expended (line p minus q) 11. Indirect Expense e. Amount Charged a. Type Federal Share Period From Rate Period To Base 0.00% \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 g. Total 12. Remarks:

a. State Interest Earned: Enter the current year amount earned (not cumulative)		\$315.21
b. State Interest Expended: Enter the current year amount expended (not cumulative)		\$315.21
c. Program Income Earned: Enter the current year amount earned. (not cumulative)	\$54	1,406.64
d. Program Income Expended: Enter the amount of Program Income expended in the current year (not cumulative)	\$54,406.64	
e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earn	ed is not program income	:).
e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earn Source of program income	Amount	Delete

f. Comments: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complet e, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set fo rth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent informat ion, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, f alse 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 Michael Hickam	c. Telephone (Area code, number and extension)	
Certification Title Deputy Business Services Director	d. Email address michael.hickam@sos.oregon.gov	
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 12/22/2022	

Report Attachment (For reporting multiple grants)

4. List Information below for each grant covered by this report.		
Federal Grant Number	Recipient Account Number	Cumulative Federal Cas h Disbursement
		\$0.00
	TOTAL (Should correspond to the amount on Line 10b on Page 1)	\$0.00

2/17/23, 2:03 PM Progress Report

U.S. ELECTION ASSISTANCE COMMISSION

	U.S. ELECTION ASSISTANCE COMMISSION	OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025				
	Progress	s Report				
	Section I: Cover Page					
İ	Grant Information					
İ	1. State or Territory	2. Federal Grant or Other Identifying Number Assigned by Federal Agency				
Ļ	Oregon Secretary Of State	EAC-ELSEC22OR				
	3. Grant Type:					
	C 101					
	© 251 © Election Security					
	Other [e.g., CARES]					
ĺ	Describe Other					
Ļ	Report In:	formation				
	4. Report Type:					
	Semi-Annual					
	C Annual					
	Other					
İ	Describe Other					
L	5. Report Period					
İ	Start Date (Month, Day, Year)	End Date (Month, Day, Year)				
L	10/01/2021	09/30/2022				
	Section II: Progre	ess and Narrative				
	Instructions: Reports due for the period ending March 31 should describe the activities of the previous six-month period and reports due for the period ending Septem ber 30 should cover the previous 12- month period. Final reports should cover the entire performance period from the start of the grant. Additional guidance can be found on our website: https://www.eac.gov/payments-and-grants/financial-progress-reporting EAC grants reports will be made publicly available. Therefore, your report narrative should: * Be written in clear, concise, and plain language					
I	* Not include sensitive confidential information 6. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities in accordance with your State Plan/Program Narrative. (Note: Your activities should align with your category expenditures in Section IV and you may use those categories as headings in your					
ľ	response as applicable.) Check if no activity during this reporting period.					
Ī	During this reporting period all available funds were allocated toward voter registration s	ystems: Oregon Votes, the voter registration system currently in development to replace				
L	Oregon's legacy voter registration system, and OCVR, the legacy system. 7. Provide a description of any training conducted, including security training.					
ľ						
L	Check if no training was conducted during this reporting period.					
L	8. Report on the number and type of articles of voting equipment obtained with the	funds. Include the amount expended on the expenditure chart.				
ľ		annus menue me umount espenueu on the capenarut e cuntu				
Ļ	Check if no voting equipment purchased during this reporting period.					
L	9. Subgrants (if applicable)					
Ľ						
Ļ	check it no subgrams were made during this reporting period					
	Describe the activities carried out by your subgrantees during the reporting period.					
Ī	10. Provide a breakdown of aggregate sub-award expenditures across major categories. If you do not have expenses for a particular category please populate the field with \$0.00 Total expenses will automatically calculate. Please verify totals prior to submission.					
ļ	Category	Subaward Federal Expenditures				
ŀ	Voting Equipment	\$0.00				
Ļ	Voting Processes	\$0.00				
ľ	Voter Registration Systems	\$0.00				
ľ	Election Auditing	\$0.00				
Ļ	Cyber and Physical Security	\$0.00				
Ļ	Voter Education	\$0.00				
ŀ	Accessibility Other:	\$0.00				
ш	Other.	\$0.00				

Total

\$0.00

.U3 PIVI	Progress Report	
11. Match (if applicable)		
Check if match not required.		
Describe how you are meeting or have met the matching requirement. Oregon is using General Fund dollars and will be fully matched by 12/31/2022.		
Section Section I	II: Challenges and Changes	
Section Section 1	ii. Challeriges and Chariges	
12. Issues Encountered		
Check if no major issues encountered during this reporting period.		
Oregon Votes has encountered vendor-related delays.		
Describe how and whether the issues were resolved. Also, briefly discuss Currently the vendor is struggling to meet their agreed-to-development schedul iate level of contingency funding.		
13. Describe any significant changes to your program during the reporting developments that improved program efficiency and/or service delivery.	period, including changes to your original State Plan	/Program Narrative or favorable
Check if no significant changes were made during this reporting peri	iod.	
The current uses of available funding are ensuring an appropriate allocation of o significant changes have occurred.	contingency funding for ongoing voter registration deve	lopment and supporting active systems. N
Section	ı IV: Expenditures	
14. Fill out the table below with both the Federal and State Match expendi ite-in any cost areas that do not fit into the predefined program categories, e appropriate expense categories for #14. If you do not have expenses for a culate. Please verify totals prior to submission. Expenditures should be consistent with the acti	Subaward expense totals identified in section #10 she particular category please populate the field with \$0. vities described in your narrative (ould also be populated and rolled into the .00 Total expenses will automatically cal
your financial reports. (EAC uses the difference	e between your current and previo	ous period FFR to calcula
te current period expenditures).		
Categories	Federal	State Match
Voting Equipment	\$0.00	\$0.00
Voting Processes	\$0.00	\$0.00
Voter Registration Systems	\$2,963,597.07	\$27,182.70
Election Auditing	\$0.00	\$0.00
Cyber and Physical Security	\$0.00	\$0.00
Voter Education	\$0.00	\$0.00
Accessibility	\$0.00	\$0.00
Other Administration Costs	\$0.00	\$2,486.04
TOTAL	\$2,963,597.07	\$29,668.74
Section V	/: Final Assessment	
The final progress report is your opportunity to share the significant succe ort should cover the entire period of performance.	sses of your project and present information about th	e results your project achieved. The rep
15. Self-Assessment - Assess whether the goals set out in your State plan/Namet or ongoing/under resourced areas for future consideration.	arrative were met as intended during the grant progr	am. Highlight any needs that were not
16. Impact and Achievements - Describe how this grant program impacted	elections in your state/territory. Highlight your acco	mplishments and successes.
17. Lessons Learned - Describe any lessons learned during the grant that n	nay be replicated, expanded and/or help others.	
Section	n VI: Certification	
18. Name and Contact of the authorized certifying official.		
First and Last Name Kevin Herburger	Title Chief Accountant	
Phone Number	Email Address kevin.r.herburger@sos.oregon.gov	
19. Signature of Certifying Official	T.	