

**Department Name and Organization Code**  
**REPORT OF EXPENDITURES OF FEDERAL FUNDS – REPORT NO. 13**  
As of June 30, 20\_\_

**FUND: 0890 FEDERAL TRUST FUND**

CFDA No. Program Title 1/	Expenditures -1-	Encumbrances -2-	Total Budgetary Expenditures -3-
10.500 Cooperative Extension Service	\$100,000,000.00	\$100,000,000.00	\$200,000,000.00
20.205 Highway Planning and Construction	35,000,000.00	15,000,000.00	50,000,000.00
93.778 Medical Assistance Program	<u>320,000,000.00</u>	<u>30,000,000.00</u>	<u>350,000,000.00</u>
Totals 2/	<u>\$455,000,000.00</u>	<u>\$145,000,000.00</u>	<u>\$600,000,000.00</u>
<b>ARRA</b>			
20.205 Highway Planning and Construction	\$115,000,000.00	\$15,000,000.00	\$130,000,000.00
93.778 Medical Assistance Program	<u>\$60,000,000.00</u>	<u>\$10,000,000.00</u>	<u>\$70,000,000.00</u>
Totals 2/	<u>\$175,000,000.00</u>	<u>\$25,000,000.00</u>	<u>\$200,000,000.00</u>
<b>Totals</b>	<b><u>\$630,000,000.00</u></b>	<b><u>\$170,000,000.00</u></b>	<b><u>\$800,000,000.00</u></b>

I certify (or declare) under penalty of perjury that the foregoing is true and correct and that I have not violated any of the provisions of Article 4, Chapter 1, Division 4, Title 1, Government Code (commencing with Section 1090).

Subscribed and executed this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ at \_\_\_\_\_, California.

**Report as of June 30 includes year-end accruals in accordance with State Administrative Manual instructions**

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Type or print name of Officer

\_\_\_\_\_  
Title of Officer

1/ Catalog of Federal Domestic Assistance (CFDA) and program title of each federally funded program.

2/ Columns 1 + 2 = Column 3.