

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>
ARRA				
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>
	Totals	<u>\$630,000,000.00</u>	<u>\$170,000,000.00</u>	<u>\$800,000,000.00</u>

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.

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.