



## State of South Carolina Contribution Expenditure Report

This form is designed to collect the quarterly and annual expenditure reports required by South Carolina in accordance with Proviso 117.21 of the appropriations act of 2022 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designation organization at the end of year quarter and by June 30, 2023.

### Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$340,000.00	K050 - Department of Public Safety	Law Enforcement

### Organization Information

Entity Name	Lancaster County Sheriff's Office
Address	PO Box 908
City/State/Zip	Lancaster, SC 29721
Website	www.lacoso.net
Tax ID#	57-6000370
Entity Type	County

### Organization Contact Information

Name	Barry Faile
Position/Title	Sheriff
Telephone	803-313-2121
Email	sheriffaile@lacoso.net

### Reporting Period

Reporting Period	Quarter 2: October 1, 2022 - December 30, 2022
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### Accounting of how the funds have been spent:

Description	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
	\$340,000.00						\$0.00	\$340,000.00
BearCat		\$330,353.00					\$330,353.00	-\$330,353.00
Per Diem Shaw		\$75.00					\$75.00	-\$75.00
Per Diem Carroll		\$75.00					\$75.00	-\$75.00
American Airline Charges for Shaw & Carroll			\$687.11	✓			\$687.11	-\$687.11
Checked Bag at airport			\$30.00	✓			\$30.00	-\$30.00
Hotel			\$105.00	✓			\$105.00	-\$105.00
Install of radio			\$230.00	✓			\$230.00	-\$230.00
							\$0.00	\$0.00
<b>Grand Total</b>	<b>\$340,000.00</b>	<b>\$330,503.00</b>	<b>\$1,052.11</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$331,555.11</b>	<b>\$8,444.89</b>

### Explanation of any unspent funds (to be provided only if unspent funds remain at the end of the fiscal year):

### Expenditure Certification

The Organization certifies that the funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a public purpose.

Signature

Barry Faile

Printed Name

Title

Date