

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 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, 2024.

		Contribution Information				
Amount	State Agency Providing the Contribution	Purpose				
\$73,819.00 K050 - Department of Public Safety		Law Enforcement Equipment				

Organization Information					
Entity Name	Clarendon County Sheriff's Office				
Address	411 Sunset Drive				
City/State/Zip	Manning, SC 29102				
Website	www.clarendoncountygov.org				
Tax ID#	57-6000337				
Entity Type	County				

No. of the Asset	Organization Contact Inform	ation
Name	Timothy W. Baxley	DECEIVED
Position/Title	Sheriff, Clarendon County	Kropi
Telephone	8030435-4414	20-20 A CONTROL OF THE R.
Email	Timothy W. Baxley	JUN 0 6 2024

Highway Safety Accounting

Reporting Period						
Reporting Period	Quarter 4: April 1, 2024 - June 30, 2024					

Accounting	ig of how the f	unds have bee	n spent:	A STATE OF THE STA	西山地 南州		*24000.
Description	Budget	Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Law Enforcement Equipment	\$73,819.00	\$0.00	\$0.00	\$40,284.75	\$34,558.15	\$74,842.90	-\$1,023.90
						\$0.00	\$0.00
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						\$0.00	\$0.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$73,819.00	\$0.00	\$0.00	\$40,284.75	\$34,558.15	\$74,842.90	-\$1,023.90

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

All equipment has been orderd and the full amount appropriated for this line item has been spent. The deficit in funds in the amount of \$1,023.00 was paid by the Sheriff's Office.

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

Printed Name

Title -5-24