

## 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.

A SIN IF WELL PIE		Contribution Information
Amount	State Agency Providing the Contribution	Purpose
\$963,362.47	K050 - Department of Public Safety	Marion County Training Facility

Organization Information					
Entity Name	Marion County Sheriff's Office				
Address	1811 North Highway 501 Bypass				
City/State/Zip	Marion				
Website	marionsc.org				
Tax ID#	57-6000384				
<sup>c</sup> ntity Type	County				

	Organization Contact Information		
Name	J. Brian Wallace		
Position/Title	Sheriff		
Telephone	843-423-8216	DECEN	
Email	bwallace@marionsc.org	Thom	ر تا ۷

JUN 17 2024

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

Highway Safety Accounting

Accounti	ng of how the f	unds have bee	n spent:			100		
Description	Budget \$963,362.47	Expenditures						
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1 \$0.00	Quarter 2	Quarter 3	Quarter 4 \$0.00	Total \$0.00	Balance	
Marion County Training Facility			\$0.00	\$0.00			\$963,362.47	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
Grand Total	\$963,362.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$963,362.47	

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

Building materials have been ordered and have been arriving. The project is expected to be finished by fall and will be invoiced at that time.

## **Expenditure Certification**

I	her	rgar	izatic	n cert	ifiest	hat t	he fu	funds have been expended in accordance with the Plan provided to the Agency Providing the Distribution and for a put	alic purpose

Signature
J. Brian Wallace
Printed Name

Sheriff
Title
6/13/2024
Date