

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, 2025.

	Consent to distribute of	Contribution Information		-17-20
Amount	State Agency Providing the Contribution		Purpose	
\$500,000.00 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, SC 29571			
Website	marionsc.org			
Tax ID#	57-6000384			
ity Type	County			

	Organization Contact Ir	nformation
Name	J. Brian Wallace	
Position/Title	Sheriff	
Telephone	843-423-8216	RECEIVE
Email	bwallace@marionsc.org	

JAN 27 2025

Reporting Period				
Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024			

Highway Safety Accounting

Account	ing of how the f	funds have bee	n spent:	- 17 17 17 18	Side of the Side		
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Marion County Training Facility	\$500,000.00	\$0.00	\$0			\$0.00	\$500,000.00
						\$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	\$0.00
Grand Total	\$500,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500,000.00

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

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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

J. Brian Wallace

Printed Name

Sheriff

Title

1/8/2024

Date