

## 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.

		Contribution Information
Amount	State Agency Providing the Contribution	Purpose
\$100,000.00 K050 - Department of Public Safety		Technology Updates

Organization Information					
Entity Name	Calhoun County Sheriff's Office				
Address	2811 Old Belleville Rd / PO Box 749				
City/State/Zip	Saint Matthews, SC 29135				
Website	ccso.sc.gov				
Tax ID#	82-2872454 / 7000142190				
Entity Type	County				

Organization Contact Information					
Name	Thomas S Summers				
Position/Title	Sheriff				
Telephone	803-874-2741				
Email	tsummers@ccso.sc.gov				

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

Account	ing of how the f	funds have be					
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
	\$100,000.00	\$0.00	\$0.00			\$0.00	\$100,000.00
NONE	<b>\$200,000.00</b>					\$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	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00

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

Exp	end	iture	Certi	fica	tion
Ciliana et al 14		COLUMN TO A STATE OF THE STATE			

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

Thomas S Summers

Printed Name

Sheriff

Title

1/27/2025

Date