

## 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 Believille Rd / PO Box 749					
City/State/Zip	Saint Matthews, SC 29135					
Website	ccso.sc.gov					
Tax ID#	82-2872454 / 7000142190					
itity Type	County					

<b>最后,但是</b>	Organization Contact Information	
Name	Thomas S Summers	
Position/Title	Sheriff	
Telephone	803-874-2741	
Email	tsummers@ccso.sc.gov	

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Reporting Period
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Reporting Period Quarter 3: Jan- Mar 2025

Highway Safety Accounting

Account	ing of how the f	unds have bee	en spent:				
Description	Budget	Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
NONE	\$100,000.00	\$0.00	\$0.00	\$0.00		\$0.00	\$100,000.00
TOTAL						\$0.00	\$0.00
	1					\$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 Tota	\$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):

## **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

Thomas S Summers

Printed Name

Sheriff

Title

4/29/2025

Date