

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.

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|---|---|--|---------|
| | | Contribution Information | |
| Amount | State Agency Providing the Contribution | | Purpose |
| \$100,000.00 K050 - Department of Public Safety | | FACILITY UPGRADE AND EQUIPMENT | ruipose |

| | Organization Information |
|----------------|----------------------------------|
| Entity Name | CITY OF DILLON POLICE DEPARTMENT |
| Address | POST OFFICE BOX 431 |
| City/State/Zip | DILLON, S.C. 29536 |
| Website | WWW.CITYOFDILLON.SC.GOV |
| Tax ID# | 57-6001023 |
| Entity Type | Municipality |

| Name | Organization Contact Infor DAVID LANE | mation |
|----------------|---------------------------------------|-------------|
| Position/Title | POLICE CHIEF | DEST |
| Telephone | 843-495-0942 | RECEIVED |
| Email | DILLONCITYICE@AOL.COM | |
| | | APR 28 2025 |

Highway Safety Accounting

| Reporting Period | | | | | |
|------------------|---|--|--|--|--|
| Reporting Period | Quarter 3: January 1, 2025 - March 31, 2025 | | | | |

| Description | ng of how the f | arras mave bee | in spent. | | | | |
|--|-----------------|----------------|-----------|--------------|-----------|--------|--------------|
| | Budget | Expenditures | | | | | |
| (Attach additional detail for subgrantees and affiliated nonprofits) | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| IGHTS AND GENERATOR | \$100,000.00 | 10 | 40 | \$ () | | \$0.00 | \$100,000.00 |
| | | | | | | \$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 |
| Grand Total | \$100,000.00 | 60.00 | 40.00 | | | \$0.00 | \$0.00 |
| Gianu (Otal | \$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):

| | - | | |
|--------|---------|---------|---------|
| Evnon | ditura | Cartifi | ication |
| CVHCII | uitui e | Certin | llation |

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

DAVID LANE

Printed Name

POLICE CHIEF

Title

04/24/2025

Date