

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 |
| \$43,000 | KO50 - Department of Public Safety | Cameras |

| Organization Information | | | | | |
|--------------------------|------------------------------------|--|--|--|--|
| Entity Name | Darlington County Sheriff's Office | | | | |
| Address | 1621 Harry Byrd Hwy. | | | | |
| City/State/Zip | Darlington, SC 29532 | | | | |
| Website | | | | | |
| Tax ID# | 57-4000340 | | | | |
| tity Type | County | | | | |

| | Organization Contact Information | |
|----------------|---|---|
| Name | Michael B. August | |
| Position/Title | Sheriff D D C C C C C C C C C C C C C C C C C | 7 |
| Telephone | 843-398-4501 | |
| Email | maugust@darlingtonsheriff.org | |
| | 100 1 0 202E | |

APR 16 2025

Highway Safety Accounting

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

| Accounting | ig of how the f | unds have bee | n spent: | | | | |
|--|-----------------|---------------|-------------|-----------|-----------|-------------|--------------|
| Description | Budget | Expenditures | | | | | PANEL CHEST |
| (Attach additional detail for subgrantees and affiliated nonprofits) | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total | Balance |
| | \$63,000.00 | | | | | \$0.00 | \$63,000.00 |
| | | | \$32,364.00 | \$0.00 | | \$32,364.00 | -\$32,364.00 |
| | | | \$2,796.00 | | | \$2,796.00 | -\$2,796.00 |
| | | | \$2,812.80 | | | \$2,812.80 | -\$2,812.80 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 |
| Grand Total | \$63,000.00 | \$0.00 | \$37,972.80 | \$0.00 | \$0.00 | \$37,972.80 | \$25,027.20 |

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.

Michael B Ougast

Michael B. August

Printed Name

Sheriff

4-110-25

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