

## 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			
\$75,000 X220 - Aid to Subdivisions - Treasurer		Upgrade Parks and Recreation Facilities (primarily lighting)			

Organization Information					
Entity Name	Town of North				
Address	9305 North Rd				
City/State/Zip	North, SC 29112				
Website	https://townofnorth.sc.gov				
Tax ID#	57-6001624				
Entity Type	Municipality				

Reporting Period						
Reporting Period	Quarter 2: October 1, 2024 - December 31, 2024					

	Organization Contact Information			
Name	ame Jeffrey Washington			
Position/Title	Mayor			
Telephone	803-247-2101			
Email	nail mayor@townofnorth-sc.gov			
	Secondary Organization Contact Information			
Name	Kimberly Vinson			
Position/Title	n/Title Finance Director			
Telephone	803-247-2101			
Email	mail kvinson@townofnorth-sc.gov			

Accounti	ng of how the f	funds have bee	n spent:			100	
Description	Budget	Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Playground and Park Equipment	\$23,000.00		\$0.00			\$0.00	\$23,000.00
Replace/upgrade light posts along pavilion	\$15,000.00		\$0.00			\$0.00	\$15,000.00
resurface and stripe drive leading along side town hall up to Veterans park	\$37,000.00		\$0.00			\$0.00	\$37,000.00
0 0						\$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	\$75,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75,000.00

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

Expend		

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

**Printed Name** 

Kimberly Vinson

**Finance Director** 

Title

1/15/2025

Date