

## 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, 2024.

Contribution Information								
Amount	State Agency Providing the Contribution	Purpose						
\$1,000,000	X220 - Aid to Subdivisions - Treasurer	236 Stoneridge Drive building renovation and engineering						

Organization Information				
Entity Name	Central Midlands Council of Governments			
Address	236 Stoneridge Drive			
City/State/Zip	Columbia SC 23210			
Website	www.centralmidlands.org			
Tax ID#	57-0517713			
Entity Type	State Agency			

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

	Organization Contact Information
Name	Melissa Labbe
Position/Title	Director of Finance
Telephone	803-744-5159
Email	mlabbe@centralmidlands.org
	Secondary Organization Contact Information
Name	Britt Poole
Position/Title	Executive Director
Telephone	803-744-5133
Email	bpoole@centralmidlands.org

Accou	nting of how the	funds have bee	n spent:				
Description		Expenditures					
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Building remodel and upgrades	\$1,000,000.00		\$18,204.11	\$28,895.08		\$47,099.19	\$952,900.81
0 10						\$0.00	\$0.00
			11			\$0.00	\$0.00
			N.			\$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 Tot	al \$1,000,000.00	\$0.00	\$18,204.11	\$28,895.08	\$0.00	\$47,099.19	\$952,900.81

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
Molissa Labbe

Printed Name

Title 4.15-25

Date