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, 2026.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$1,000,000	X220 - Aid to Subdivisions - Treasurer	Simpsonville Traffic Realignment and Downtown Improvements

Organization Information	
Entity Name	City of Simpsonville
Address	425 E. Curtis Street
City/State/Zip	Simpsonville, SC 29681
Website	www.simpsonville.com
Tax ID#	57-6001106
Entity Type	Municipality

Reporting Period	
Reporting Period	Quarter 1: July 1, 2025 - September 30, 2025

Organization Contact Information	
Name	Thomas Coker
Position/Title	City Administrator
Telephone	864-967-5404
Email	tcoker@simpsonville.com
Secondary Organization Contact Information	
Name	Melissa McGahee
Position/Title	Senior Accountant
Telephone	864-967-9526
Email	mmcgahee@simpsonville.com

Accounting of how the funds have been spent:

Description	Budget	Expenditures						Balance
		FY25 Total	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Road Resurfacing - SCDOT roadways and sidewalks	$1,000,000.00	$0.00	$0.00				$0.00	$1,000,000.00
							$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
							$0.00	$0.00
							$0.00	$0.00
Grand Total	**$1,000,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$1,000,000.00**

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 A COKER JR.
Printed Name

CITY ADMINISTRATOR
Title

10/23/25
Date