

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	建设是是不是是一个企业的企业。
Amount	State Agency Providing the Contribution		Purpose
\$1,000,000 X220 - Aid to Subdivisions - Treasurer		Old Loris High School Project	

Organization Information						
Entity Name	City of Loris					
Address	4101 Walnut Street					
City/State/Zip	Loris, SC 29569					
Website	cityoflorissc.com					
Tax ID#	57-6001069					
Entity Type	Municipality					

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

	Organization Contact Information
Name	W. Clay Young
Position/Title	City Administrator
Telephone	843-756-4004
Email	williamyoung@cityofloris.org
	Secondary Organization Contact Information
Name	Angel Neighbours
Position/Title	City Treasurer
Telephone	843-756-4004
Email	aneighbours@cityofloris.org

	Budget	Expenditures						
Description		FY25 Total	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Pay-off loan amount on property	\$150,000.00	\$150,000.00	\$0.00				\$150,000.00	\$0.00
Clean up cost associated with Old Loris High School	\$850,000.00	\$760,138.35	\$79,810.00				\$839,948.35	\$10,051.65
							\$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	\$910,138.35	\$79,810.00	\$0.00	\$0.00	\$0.00	\$989,948.35	\$10,051.65

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.

mughoras

Signature Angel Neighbours

Printed Name

Interim Administrator

Title 16 114/15

Date