

State of South Carolina Contribution Expenditure Report

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. 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

J020 - Department of Health and Human Services	Amount State Agency Providing the Contribution	Contribution
	Purpose	

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Entity Name	Town of Eastover
Address	624 Main Street
City/State/Zip	Eastover, SC 29044
Website	www.eastoversc.com
Tax ID#	57-0479594
Entity Type	Municipality

Reporting Period Quarter 2: October 1, 2023 - December 30, 2023

Reporting Period

	Organization Contact Information
Name	Gearldene Robinson
Position/Title Mayor	Mayor
Telephone	803-353-2281
Email	mayorrobinson@eastoversc.com

\$34,590.55	\$15,409.45	\$0.00	\$0.00	\$15,409.45	\$0.00	Grand Total \$50,000.00	Grand Total
\$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		Annual May Festival & Jam Fest
-\$14,809.45	\$14,809.45			\$14,809.45	\$0.00		Christmas Parade
-\$600.00	\$600.00			\$600.00	\$0.00		National Night Out
\$50,000.00	\$0.00				\$0.00	\$50,000.00	Healthy Community Program
Balance	Total	Quarter 4	Quarter 3	Quarter 2	Quarter 1	Budget	(Attach additional detail for subgrantees and affiliated nonprofits)
			Expenditures				Description
日本の 心見				n spent:	Accounting of how the funds have been	ng of how the f	Accounting

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
Signature
Ceraldene Isbinson

Printed Name

Title Title

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