



# 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
\$100,000.00	A050 - House of Representatives	Williamsburg County Veterans Affairs

### Organization Information

Entity Name	Williamsburg County Government
Address	201 West Main Street
City/State/Zip	Kingstree, SC 29556
Website	<a href="http://www.williamsburgcounty.sc.gov">www.williamsburgcounty.sc.gov</a>
Tax ID#	57-6000412
Entity Type	County

### Organization Contact Information

Name	Kristen Miller
Position/Title	Assistant Grants Administrator
Telephone	843-355-9321 EXT 5202
Email	<a href="mailto:Kristen.Miller@wc.sc.gov">Kristen.Miller@wc.sc.gov</a>

### Reporting Period

Reporting Period	Quarter 4: April 1, 2025 - June 30, 2025
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### Accounting of how the funds have been spent:

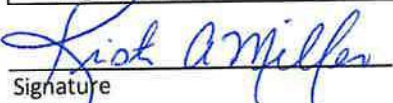
Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
No funds have been spent during this quarter	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00	
						\$0.00	\$0.00	
						\$0.00	\$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	
<b>Grand Total</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>	

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

Currently working with the Architect

### 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  
 Kristen A. Miller  
 Printed Name

Assistant Grants Administrator  
 Title  
 6/23/2025  
 Date