



### 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 of 2022 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, 2023.

Contribution Information		
Amount	State Agency Providing the Contribution	Purpose
\$75,000	State Representative Lucas Atkinson	Preservation and revitalization of our Main Street, Downtown Mullins

Organization Information	
Entity Name	City of Mullins
Address	PO Drawer 408
City/State/Zip	Mullins SC 29574
Website	www.mullinssc.us
Tax ID#	57-6001081
Entity Type	Local Government

Organization Contact Information	
Name	Holly C Jackson
Position/Title	Interim City Administrator
Telephone	843-464-5662
Email	hjackson@mullinssc.us

Reporting Period	
Reporting Period	10/1-12/31


Accounting of how the funds have been spent:								
Description	Budget	Expenditures					Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4			
Facade and Painting Grants	\$15,000.00	\$0.00	\$0.00			\$0.00	\$0.00	
Beautification Projects for Historic District	\$20,000.00					\$0.00	\$0.00	
Education Programs with The SC Tobacco Museum	\$5,000.00					\$0.00	\$0.00	
Aid to Golden Leaf Festival	\$10,000.00					\$0.00	\$0.00	
Aid to Juneteenth Celebration	\$10,000.00					\$0.00	\$0.00	
Aid to Miscellaneous Events & Programs	\$10,000.00					\$0.00	\$0.00	
Advertising and Promoting local businesses	\$5,000.00					\$0.00	\$0.00	
						\$0.00	\$0.00	
						\$0.00	\$0.00	
	\$75,000.00					\$0.00	\$0.00	
<b>Grand Total</b>	<b>-----\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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

We have just received this funding so it has not been spent.

**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  
 Holly C Jackson  
 Printed Name

Interim City Administrator  
 Title  
 01/10/2023  
 Date