

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			
\$75,000.00	X220 - Aid to Subdivisions - Treasurer	Preservation and revitalization of our Main Street, Downtown Mullins			

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

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

	Reporting Period						
Reporting Period	Quarter 3: January 1, 2023 - March 31, 2023						

Accounting of how the funds have been spent:									
		Expenditures							
Description	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance		
Façade and Painting Grants	\$15,000.00				4	\$0.00	\$15,000.00		
Beautification Projects for Historic District	\$20,000.00					\$0.00	\$20,000.00		
Education Programs with The SC Tobacco Museum	\$5,000.00				all and a second	\$0.00	\$5,000.00		
Aid to Golden Leaf Festival	\$10,000.00					\$0.00	\$10,000.00		
Aid to Juneteenth Celebration	\$10,000.00					\$0.00	\$10,000.00		
Aid to Miscedllaneous Events & Programs	\$10,000.00					\$0.00	\$10,000.00		
Advertising and Promoting Local Businesses	\$5,000.00					\$0.00	\$5,000.00		
						\$0.00	\$0.00		
						\$0.00	\$0.00		
Grand Total	\$75,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75,000.00		

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 Musika

Holly C Jackson

Printed Name

Interim City Administrator

Title

12-Apr-23

Date