



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 |
|--------------|---|---|
| \$400,000.00 | H950 - State Museum Commission | For the Town of Neeses Farm and Cultural Museum |

Organization Information

| | |
|----------------|---------------------------------|
| Entity Name | Town of Neeses |
| Address | 6357 Savannah Highway PO Box 70 |
| City/State/Zip | Neeses, South Carolina 29107 |
| Website | |
| Tax ID# | 57-0725875 |
| Entity Type | Municipality |

Organization Contact Information

| | |
|----------------|------------------------------|
| Name | Kenneth Gleaton |
| Position/Title | Mayor, Town of Neeses |
| Telephone | 803-247-5811 or 803-707-6263 |
| Email | neesestownhall@tds.net |

Reporting Period

| | |
|------------------|--|
| Reporting Period | Quarter 2: October 1, 2024 - December 30, 2024 |
|------------------|--|

Accounting of how the funds have been spent:

| Description <i>(Attach additional detail for subgrantees and affiliated nonprofits)</i> | Budget | Expenditures | | | | | Total | Balance |
|--|---------------------|---------------|---------------|---------------|---------------|---------------|---------------------|---------|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | | |
| No funds spent this quarter | \$400,000.00 | | \$0.00 | | | \$0.00 | \$400,000.00 | |
| | | | | | | \$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 | |
| Grand Total | \$400,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$400,000.00 | |

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.

Kenneth Gleaton
 Signature
 Kenneth Gleaton
 Printed Name

Mayor
 Title
 1-7-2025
 Date