

## 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
	P280 - Department of Parks, Recreation, and Tourism	Cemetery maintenance for historic Randolph Cemetery

	Organization Information
Entity Name	Committee for Beautification and Restoration of Randolph
Address	P.O. Box 7074
City/State/Zip	Columbia, SC 29202
Website	www.randolphcemetery.org
Tax ID#	68-0651646
Entity Type	Nonprofit Organization

	Organization Contact Information
Name	Staci Richey
Position/Title	Treasurer/volunteer Board Member
Telephone	803-546-4888
Email	staci.richey@gmail.com

	Reporting Period
Reporting Period	Quarter 3: January 1, 2025 - March 31, 2025

Account	ing of how the	funds have bee	en spent:				
Description				Expenditures			
(Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
lawn maintenance at the cemetery	\$76,272.25	\$5,500.00	\$1,365.00			\$6,865.00	\$69,407.25
downed tree removal after hurricane, remove trees encroaching on graves				\$14,450.00		\$14,450.00	-\$14,450.00
						\$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	\$76,272.25	\$5,500.00	\$1,365.00	\$14,450.00	\$0.00	\$21,315.00	\$54,957.25

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

We have funds remaining for restoration and maintenance as part of a three-year project. Remaining funds are for ongoing cemetery maintenance, headstone repair and other projects.

## **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.

Staci L	Richey
Signature	0
Staci L. Richey	
Printed Name	<u> </u>

Treasurer
Title
3/31/2025
Date