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 and Executive Order 2022-19. This form must be submitted to the state agency that is providing the contribution to the designated organization at the end of each quarter. **Please complete each of the yellow highlighted fields. SFY 26-27 Quarterly Reports are due as follows: Q1, October 31, 2026; Q2, January 31, 2027; Q3, April 30, 2027; Q4, July 31, 2027. Please submit completed reports to Roxanne Ancheta, AnchetaRM@scdot.org.**

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
$8,000,000.00	U120 - Department of Transportation	Local Road Maintenance

Organization Information	
Entity Name	York County Government
Address	6 S. Congress Street, PO Box 116
City/State/Zip	York, SC 29745
Website	www.yorkcountygov.com
Tax ID#	57-60000418
Entity Type	County

Organization Contact Information	
Name	Beth Zamorski
Position/Title	Controller
Telephone	(803) 818-5319
Email	beth.zamorski@yorkcountysc.gov

Reporting Period	
Reporting Period	Q1: July - September 2026

Accounting of how the funds have been spent:

Description	Original Budget (Earmark Amount)	FY 22-23 Expend	FY 23-24 Expend	FY 24-25 Expend	FY 25-26 Expend	FY 25-26 Expenditures					Balance
						Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	
Local Road Maintenance	$8,000,000.00	NA	NA	$0.00	$0.00	$0.00				$0.00	$8,000,000.00
										$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	**$8,000,000.00**			**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$8,000,000.00**

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.

Beth Zamorski
Signature

Beth Zamorski
Printed Name

Controller
Title

10/27/2026
Date