

State of South Carolina Contribution Expenditure Report

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. 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

Amount		
Amount State Agency Providing the Contribution	Contribution Information	ever and in the property that is broading the continuation of the application of the city of Andrew and Assault an

Nonprofit Organization	Entity Type
54-2098883	Tax ID#
www.CAAnderson.org	Website
Anderson, SC 29621	City/State/Zip
215 E. Calhoun Street	Address
Cancer Association of Anderson	Entity Name
Organization Information	

ACCRECATION AND AND AND ADDRESS OF THE PERSON ADDRESS OF THE PER	Email Angela@CAAnderson.org	Telephone 864.634.4221	Position/Title Executive Director	Name Angela Stringer	Organization Contact Information
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orting Period Quarter 1: July 1, 2024 - September 30, 2024	Reporting Perio
Reporting Period	

Grand Total \$0.00 \$0.00 \$0.00									Funding Not Yet Received \$0.00	(Attach additional detail for subgrantees and affiliated nonprofits) Budget Quarter 1 Quarter 2	The second of th	Accounting of how the funds have been spent:
5,45										Quarter 2		s have been spent:
\$0.00 \$0.00										Quarter 3 Quarter 4	Expenditures	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Total Balance		
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	'n		

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.

Printed Name

Executive Director
Title
13/20/24