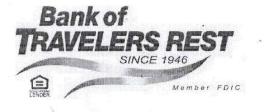


Greenville County Republican Party

Treasurer's Report for the month of February2023

	February	Year to Date
Beginning Balance	\$2,836.43	
<u>Income</u>		
Donations - Gen Fund	\$95.40	\$95.40
Fundraiser Revenue		\$276.30
Movie tickets		
T-shirts		
Promo materials		
Jambalaya dinner		# 4 0 00
Bank credits		\$10.00
Membership - Anedot		
Membership - Cash/check		
Square		
Membership Funds - Total		
Office/Printing		
Total Income	\$95.40	
Expenses		¢10.04
Office/Printing		\$16.94
Fundraiser Expense		\$78.75
Fundraiser - Venue Rental		
Fundraiser - Promo materials		
Fundraiser - Movie Night		
Fundraiser - Jambalaya dinner Fundraiser - T-shirts		
Meeting Venue		
Insurance	\$50.50	\$101.00
Rent/Utilities	\$1,250.00	\$2,500.00
Fees	ψ1,230.00	\$2,500.00
Christmas Party		
Out Reach Efforts		
Promotional Efforts		
Total Expense	\$1,300.50	
Ending Balance	\$1,631.33	





Statement Date	Page No.
Feb 28, 2023	1 of 1

Rewards.

005837

TO PO 156812-8-1-1 - 5837 GREENVILLE COUNTY REPUBLICAN PARTY 2505 WADE HAMPTON BLVD **GREENVILLE SC 29615**

important message about your debit rewards points.

Effective December 31, 2022, your Bank of Travelers Rest debit card will no longer accrue uChoose Rewards® points. You can redeem your points for merchandise, gift cards, or travel through March 31, 2023. OR if you have a Bank of Travelers Rest credit card, you may contact us and we can transfer your debit rewards points to your credit card rewards point balance. If you do not have a Bank of Travelers Rest credit card, you can apply online* at bankoftravelersrest.com. uChoose Rewards is a registered trademark of Fisery. Inc.

*Application is subject to credit approval.

			2 Withdrawals/Debits	Days This Period	1 End	Ending Balance	
			- \$1,300.50	28	\$	1,631.33	
Date			DEPOSITS / OTHER CREDITS			Amount	
02/09/2023 02/28/2023	ACH De	NEDOT SV9T 22525013 posit NEDOT SV9T 22525013		sequence		47.7(
			(// 3-1				
1116 (Date	02/15	1,250.00	OTHER DEBITS			Amount	
	Debit Ca	1,250.00	OTHER DEBITS				
Date	Debit Ca	1,250.00	OTHER DEBITS		ear-to-Date		
Date	Debit Ca H/	1,250.00	OTHER DEBITS -962-6170 CT #0130		ear-to-Date \$.00		
Date	Debit Ca H/ Total Ov	1,250.00 I rd Debit ARTFORD INS. PR 800-	OTHER DEBITS -962-6170 CT #0130 Total For This P	Períod Total Ye			
Date	Debit Ca H/ Total Ov	1,250.00 I rd Debit ARTFORD INS. PR 800- erdraft Fees	OTHER DEBITS -962-6170 CT #0130 Total For This P \$	reriod Total Ye	\$.00	Amount 50.50	

P.O. Box 1067 • Travelers Rest, SC 29690 • (864) 834-9031 • Toll-Free (888) 557-2265 • www.bankoftravelersrest.com

005113

CHECKBOOK RECONCILIATION		OUTSTANDING CHECKS					
C	Compare and mark off enclosed checks, harges and deposits against your checkbook isting.	DATE	CHECK #	AMOUNT	DATE	CHECK #	AMOUNT
()	ist in your checkbook all items which appear on this statement but have not been listed in your checkbook. Example: Automatic Advances, Payments, Cost of Service, and Interest.			1 1 1 1 1			
3. 7	o balance your statement, complete the above and then:						
3	A. ENTER: Statement Balance						
	B. ADD: Amounts deposited since date of statement.			1			
	C. TOTAL:						
	D. SUBTRACT: Outstanding Checks		SUBTOT	AL		1	
	E. BALANCE:					TOTAL	

FOR OUR CONSUMER ACCOUNTS ONLY

ADDITIONAL TRUTH-IN-LENDING DISCLOSURES AS TO YOUR CREDIT ACCOUNT

Imposition of the **FINANCE CHARGE** in your Credit account: To figure and impose the **FINANCE CHARGE**, we will apply the daily periodic rate shown on the face of this Statement to the "average daily balance" of your credit account (including cash transactions). To get the "average daily balance" we will take the beginning balance of your credit account each day, add any new cash advances and subtract any payments or credits. This gives us the daily balance. Then, we add up all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance". The average daily balance is or can be multiplied by the number of days in the billing cycle and the daily periodic rate applied to the product to determine the amount of the **FINANCE CHARGE**. **LATE CHARGES:** A late charge will be applied to payments made more than 10 days after the payment due date. The late charge will be equal to 5% of the unpaid amount due and may adjust in accordance with the minimum and maximum charges allowed by the South Carolina Consumer Protection Code as amended.

BILLING RIGHTS SUMMARY (In Case of Errors or Questions About Your Statement)

If you think your Statement is wrong, or if you need more information about a transaction on your Statement, write us on a separate sheet at the address shown on the face of this Statement as soon as possible. We must hear from you no later than 60 days after we sent you the first Statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- If possible, describe in detail the item you are unsure about and the reason why you believe there is an error.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your Statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

Notice as to Crediting of Payments: If payments are received by us at our primary address, as shown on the face of this Statement, by 6:00 P.M. on a bank business day, they will be credited to your account that same day. If received at this address after 6:00 P.M., they will be credited as of the following bank business day. If you make payments at any other authorized banking location, crediting such payments to your account may be delayed up to 5 days.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at (864) 834-9031 or Toll Free (888) 557-2265 or write us at Bank of Travelers Rest, P.O. Box 1067, Travelers Rest, SC 29690-1067 as soon as you can. If you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appears. (1) Tell us your name and account number (if any).

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promply. If we need more than 10 business days to do this, we will re-credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

PLEASE NOTIFY BANK IN WRITING OF CHANGE OF ADDRESS TO VERIFY RECEIPT OF ANY DIRECT DEPOSIT OR PRE-AUTHORIZED PAYMENTS PLEASE CALL (864) 834-9031 OR TOLL FREE (888) 557-2265

1522	GREENVILLE COUNTY REPUBLICAN PARTY 2556 WADE HAMPTON RUYD GREENVILLS SCOULD	· / /	1116
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	For Part + Utilities	Man hoh	eelen
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1116 \$1,250.00 2/15/2023