

## Greenville County Republican Party <br> Treasurer’s Report for the month of November 2023

| Beginning Balance | \$4,560.71 | Year to Date |
| :---: | :---: | :---: |
| Income |  |  |
| Donations - Gen Fund | \$151.12 | \$5,437.63 |
| Fundraiser Revenue |  | \$3,354.70 |
| Movie tickets |  | \$420.76 |
| T-shirts | \$47.70 | \$289.50 |
| Promo materials | \$353.76 | \$915.76 |
| Jambalaya dinner | \$674.04 | \$1,055.78 |
| Bank credits |  | \$10.00 |
| Membership - Anedot |  | \$2,488.20 |
| Membership - Cash/check |  | \$1,300.00 |
| Square |  | \$77.62 |
| Membership Funds - Total | \$748.80 | \$7,823.82 |
| Office/Printing | \$153.00 | \$179.70 |
| Total Income | \$2,128.42 |  |
| Expenses |  |  |
| Office/Printing | \$162.70 | \$643.48 |
| Fundraiser Expense |  | \$3,291.95 |
| Fundraiser - Venue Rental | \$740.00 | \$890.00 |
| Fundraiser - Promo materials |  | \$632.01 |
| Fundraiser - Movie Night |  | \$350.00 |
| Fundraiser - Jambalaya dinner | \$165.72 | \$165.72 |
| Fundraiser - T-shirts | \$236.00 | \$236.00 |
| Meeting Venue |  | \$2,515.92 |
| Insurance |  | \$505.00 |
| Rent/Utilities | \$1,250.00 | \$13,750.00 |
| Fees |  |  |
| Christmas Party | \$263.06 | \$423.06 |
| Out Reach Efforts |  | \$25.00 |
| Promotional Efforts | \$123.03 | \$123.03 |
| Total Expense | \$2,940.51 |  |
| Ending Balance | \$3,748.62 |  |


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GREENVILLE COUNTY REPUBLICAN PARTY
2505 WADE HAMPTON BLVD
GREENVILLE SC 29615

## all update to ou Friday homs

With technology providing more ways to serve our customers, we are making changes to our operating hours. Starting Monday, October 2, 2023, our branch lobbies will be open Monday through Friday from 9:00 a.m. until 5:00 p.m. Our Drive Thrus and Customer Support Center will continue to operate Monday through Friday from 8:00 a.m. until 6:00 p.m., providing extended customer service beyond our lobby hours.


BASIC BUSINESS CHECKING - XXXXXX5763

| Beginning Balance | 11 Deposits/Credits | 7 Withdrawals/Debits | Days This Period | Ending Balance |
| :---: | :---: | :---: | :---: | :---: |
| $\$ 4,560.71$ | $+\$ 2,128.42$ | $-\$ 2,940.51$ | 30 | $\$ 3,748.62$ |


| Date | DEPOSITS / OTHER CREDITS | Amount |
| :---: | :---: | :---: |
| 11/01/2023 | ACH Deposit ANEDOT SV9T 22525013012630128543321 | 247.92 |
| 11/02/2023 | ACH Deposit <br> ANEDOT SV9T 22525013012630144092824 | 56.22 |
| 11/06/2023 | ACH Deposit <br> ANEDOT SV9T 22525013012630173170129 | 299.22 |
| 11/07/2023 | Deposit | 240.00 |
| 11/08/2023 | ACH Deposit ANEDOT SV9T 22525013012630247208228 | 388.50 |
| 11/10/2023 | ACH Deposit ANEDOT SV9T 22525013012630296591128 | 18.90 |
| 11/16/2023 | Deposit | 238.00 |
| 11/20/2023 | ACH Deposit <br> ANEDOT SV9T 22525013012630435891124 | 353.76 |
| 11/21/2023 | ACH Deposit ANEDOT SV9T 22525013012630485740221 | 57.00 |
| 11/22/2023 | ACH Deposit <br> ANEDOT SV9T 22525013012630494517321 | 37.80 |
| 11/30/2023 | ACH Deposit ANEDOT SV9T 22525013012630640691327 | 191.10 |

CHECKS CLEARED (*) indicates gap in sequence

| 1131 | $11 / 20$ | $1,250.00$ | 1132 | $11 / 14$ | 165.72 | 1133 | $11 / 21$ | 286.00 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## CHECKBOOK RECONCILIATION

1. Compare and mark off enclosed checks, charges and deposits against your checkbook listing.
2. List 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.
3. To balance your statement, complete the above and then:
A. ENTER: Statement Balance
B. ADD: Amounts deposited since date of statement.
C. TOTAL:
D. SUBTRACT: Outstanding Checks
E. BALANCE:
$\qquad$
$\qquad$
$\square$
$\qquad$

| OUTSTANDING CHECKS |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DATE | CHECK \# | AMOUNT | DATE | CHECK \# | AMOUNT |
|  |  | $1$ |  |  | $1$ |
|  |  | 1 |  |  | 1 |
|  |  | $\begin{aligned} & 1 \\ & 1 \end{aligned}$ |  |  | $T$ |
|  |  | 1 |  |  | 1 |
|  |  | $\begin{aligned} & 1 \\ & 1 \\ & \hline \end{aligned}$ |  |  | 1 |
|  |  | I |  |  | 1 |
|  |  | $\begin{aligned} & 1 \\ & 1 \end{aligned}$ |  |  | 1 |
|  |  | 1 |  |  | 1 |
|  |  | 1 |  |  | 1 |
|  |  | 1 |  |  | 1 |
|  |  | 1 |  |  | $\begin{aligned} & 1 \\ & 1 \end{aligned}$ |
| SUBTOTAL |  |  |  |  | $1$ |
|  |  |  | 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 296901067 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

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BASIC BUSINESS CHECKING - XXXXXX5763 - continued

| OTHER DEBITS |  | Amount |
| :---: | :--- | :---: |
| $11 / 14 / 2023$ | Debit Card Debit | 162.70 |
| $11 / 15 / 2023$ | VISTAPRINT 866-207-4955 MA \#0130 |  |
| $11 / 21 / 2023$ | Debit Card Debit |  |
| VISTAPRINT 866-207-4955 MA \#0130 | 73.03 |  |
| $11 / 28 / 2023$ | Debit Card Debit |  |
| SQQ *AURORA FARMS TAYLORS SC \#0130 |  |  |
| Debit Card PIN Debit ALDI 76093 GREER SC \#0130 | 740.00 |  |


|  | Total For This Period |  | Total Year-to-Date |  |
| :--- | :---: | :---: | :---: | :---: |
| Total Overdraft Fees | $\$$ | .00 | $\$$ | .00 |
| Total Returned Item Fees | $\$$ | .00 | $\$$ | .00 |

DAILY ENDING BALANCE

| $11 / 01$ | $4,808.63$ | $11 / 08$ | $5,792.57$ | $11 / 16$ | $5,648.02$ | $11 / 28$ | $3,557.52$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| $11 / 02$ | $4,864.85$ | $11 / 10$ | $5,811.47$ | $11 / 20$ | $4,751.78$ | $11 / 30$ | $3,748.62$ |
| $11 / 06$ | $5,164.07$ | $11 / 14$ | $5,483.05$ | $11 / 21$ | $3,782.78$ |  |  |
| $11 / 07$ | $5,404.07$ | $11 / 15$ | $5,410.02$ | $11 / 22$ | $3,820.58$ |  |  |


$\$ 238.00 \quad 11 / 16 / 2023$


1131 \$1,250.00 11/20/2023


1132 \$165.72 11/14/2023


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GREENVILLE COUNTY REPUBLICAN PARTY
2505 WADE HAMPTON BLVD
GREENVILLE SC 29615

## ACCOUNT ANALYSIS REPORT - XXXXXX5763

| Activity From | Activity Through | Days in Cycle |
| :---: | :---: | :---: |
| $11 / 01 / 2023$ | $11 / 30 / 2023$ | 30 |


| SUMMARY |  |  |  | Amount |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Average Ledger Balance |  |  |  |  | 4,849.13 |
| Less: Uncollected Funds |  |  |  |  | 0.00 |
| Average Collected Balance |  |  |  |  | 4,849.13 |
| Investable Balance |  |  |  |  | 4,267.23 |
| Earnings Allowance ( $0.0000 \%$ ( 4, | 7.23 @ 0.0 |  |  |  | 0.00 |
| TRANSACTION TYPE | Vol/Units | Per | Unit Cost |  | Total |
| Transit | 1.00 |  | 0.0000 |  | 0.00 |
| Total Costs |  |  |  |  | 0.00 |


| DESCRIPTION | Amount |
| :--- | ---: |
| Analysis Charge Calculated This Period | 0.00 |
| Analysis Credit Calculated This Period | 0.00 |
| Total Analysis Charge Debited To Account | 0.00 |
| Investable Balance Needed to Avoid Charge | 0.00 |

