



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, 2024.

Contribution Information

Amount	State Agency Providing the Contribution	Purpose
\$365,454.00	P280 - Department of Parks, Recreation, and Tourism	Tourism Marketing and Promotions
Organization Information		Organization Contact Information
Entity Name	Olde English District Tourism Commission	
Address	PO Box 368	
City/State/Zip	Fort Lawn, SC 29714	
Website	oldeenglishdistrict.com	
Tax ID#	57-0744281	
Entity Type	Special Purpose District	
Reporting Period		
Reporting Period	Quarter 3: January 1, 2024 - March 31, 2024	

Accounting of how the funds have been spent:

Description (Attach additional detail for subgrantees and affiliated nonprofits)	Budget	Expenditures				Total	Balance
		Quarter 1	Quarter 2	Quarter 3	Quarter 4		
Marketing and Advertising	\$181,000.00	\$35,119.00	\$35,119.00	\$54,332.00		\$124,570.00	\$56,430.00
SCATR Co-op Membership	\$12,000.00	\$12,000.00	\$0.00	\$0.00		\$12,000.00	\$0.00
Staff Salaries	\$143,000.00	\$35,750.00	\$35,750.00	\$35,700.00		\$107,200.00	\$35,800.00
Travel for Marketing and Promotion	\$13,954.00	\$3,872.00	\$2,375.00	\$3,484.00		\$9,731.00	\$4,223.00
Postage for potential visitor information	\$1,500.00	\$1,028.00	\$355.00	\$688.00		\$2,071.00	-\$571.00
Marketing Conferences	\$14,000.00	\$3,461.00	\$2,779.00	\$3,627.00		\$9,867.00	\$4,133.00
						\$0.00	\$0.00
						\$0.00	\$0.00
Grand Total	\$365,454.00	\$91,230.00	\$76,378.00	\$97,831.00	\$0.00	\$265,439.00	\$100,015.00

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.

Signature
Lynn M Moore

Projects Manager

Printed Name

Title

Date