

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, 2025.

Contribution Information					
Amount	State Agency Providing the Contribution		Purpose		
	P280 - Department of Parks, Recreation, and Tourism	Improvements To Theatre of the Republic			

Organization Information				
Entity Name	Theatre of the Republic			
Address	331 Main Street			
City/State/Zip	Conway/South Carolina/29526			
Website	http://www.Theatreorthe republic.com			
Tax ID#	23271			
Entity Type	Nonprofit Organization			

Organization Contact Information				
Name	Tim McGhee			
Position/Title	Executive Director			
Telephone	843-488-0821			
Email	tim@thetor.biz			

	Reporting Period Ouarter 2: October 1, 2024 - December 30, 2024					
Reporting Period	Quarter 2: October 1, 2024 - December 30, 2024					

Account	ing of how the t	funds have bee	en spent:				
Description	Budget	Expenditures				The second telestration	
(Attach additional detail for subgrantees and affiliated nonprofits)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Balance
Outdoor Improvements - See attached summary for details	\$132,659.00	\$103,272.00	\$21,277.63			\$124,549.63	\$8,109.37
Auditorium Improvements	-\$10,913.50					\$0.00	-\$10,913.50
Production Improvements	\$9,702.52					\$0.00	\$9,702.52
1 Todaction improvements	, , ,					\$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	\$131,448.02	\$103,272.00	\$21,277.63	\$0.00	\$0.00	\$124,549.63	\$6,898.39

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

Michael P. Kohler

Printed Name

Grants Coordinator

Title

12/31/2024

Date