Pursuant to Proviso 117.83 of the FY2018-19 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		_		nd Special Needs/J160 exxx8494 (Operating)
Exemption Requested: If exemption is requested, 1	roocon•	Yes	X No	
ii exemption is requested, i		iously gra	anted 3/6/12	
Exemption Approved in Pr	ior Year:	Yes	X No	
Authorized Personnel				
Check Writing/Withdrawa	ıl:			
Name:	John Dooney			
Title	District II HRM Direc	tor		
Name:	Richard Nickless			
Title:	Service and Supply Di	rector		
Name:	Barbara Taylor			
Title:	Administrative Assistant to the Facilities			
Name:	Rebecca Hill			
Title:	Facility Administrator			
Name:	James Harris			
Title:	Director of Maintenan	ce		
Reconciliation:				
Name:	Lori McCurley			
Title	Director of Finance			
Name:	Edward Tustin			
Title:	Fiscal Analyst III - Central Office			
Financial Information				
Beginning Balance at July 1, 2017: 42,915.43			5.43	
Detailed Transactions During FY 2017-2018: Deposits (Please list each deposit separately. Add lines as needed.)				
Date	Amount		Sou	rce

Date	Amount	Source
07/01/17 - 06/30/18	1,725,668.35	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/17 - 06/30/18	1,672,881.81		Summary of Expenditures

Ending Balance at June 30, 2018:	95,701.97

Pursuant to Proviso 117.83 of the FY2018-19 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160 **Account Name:** Coastal Center - Acct No. xxxxxxxxx9493 (Direct Deposit) **Purpose of Account:** Client Funds **Exemption Requested:** Yes No If exemption is requested, reason: Previously granted 3/6/12 **Exemption Approved in Prior Year:** Yes No **Authorized Personnel** Check Writing/Withdrawal: Name: John Dooney Title District II HRM Director Name: Richard Nickless Title: Service and Supply Director Name: Barbara Taylor Title: Administrative Assistant to the Facilities Name: Rebecca Hill Title: Facility Administrator Name: James Harris Title: Director of Maintenance **Reconciliation:** Name: Lori McCurley Director of Finance Title **Edward Tustin** Name: Title: Fiscal Analyst III - Central Office **Financial Information** Beginning Balance at July 1, 2017: 4,129.06 **Detailed Transactions During FY 2017-2018:** Deposits (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/17 - 06/30/18	1,708,577.87	Summary of Deposits

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/17 - 06/30/18	1,690,187.21		Summary of Expenditures

Ending Balance at June 30, 2018:	22,519.72

			t of Disabilities and - Acct No. xxxxxxx Client Funds	-
Exemption Requested:		Yes	X No	
If exemption is requested,	Previously gran	ted 3/6/12		
Exemption Approved in Prior Year: Yes X No				
Authorized Personnel				
Check Writing/Withdraw	al:			
Name:	John Dooney			
Title	District II HRM D	irector		
Name:	Richard Nickless			
Title:	Service and Supply Director			
Name:	Barbara Taylor			
Title:	Administrative Assistant to the Facilities			
Name:	Rebecca Hill			
Title:	Facility Administr	rator		
Name:	James Harris			
Title:	Director of Mainte	enance		
Reconciliation:				
Name:	Lori McCurley			
Title	Director of Finance			
Name:	Edward Tustin			
Title:	Γitle: Fiscal Analyst III - Central Office			
Financial Information				
Beginning Balance at July	1, 2017:		-	
Detailed Transactions Dur Deposits (Please list each de		="	ed.)	
Date	Amount		Sourc	e
07/01/17 - 06/30/18		- Summary o		-
Withdrawals: (Please list e	ach withdrawal sepa	nrately. Add line	es as needed)	

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/17 - 06/30/18	-		Summary of Expenditures
			<u> </u>
	2010		

Ending Balance at June 30, 2018:	-

Pursuant to Proviso 117.83 of the FY2018-19 Appropriations Act

Agency Name/Number:	S.C.	Department	of Disabi	lities and S	Special Needs/J160)
Account Name:	Midland Center - Acct No. xxxx8889 (Operating)					
Purpose of Account:			Clien	t Funds		
Exemption Requested:	Yes	X	No			
If exemption is requested,						
	Pre	viously grant	ed 3/6/12			
Exemption Approved in P	rior Year:	Yes	X	No		
Authorized Personnel						
Check Writing/Withdrawa	al:					
Name:	Nancy Hall/ Angela V	Vright				
Title	Facility Administrator	•				
None						
Name: Title:	Kim Layton	Midlanda				
Tiuc.	Director of Finance - Midlands					
Name:	Paul Justus					
Title:	Procurement/Claims (Officer				
Reconciliation:						
Name:	Kim Layton					
Title	Director of Finance -	Midlands				
Name:	Edward Tustin					
Title:	Fiscal Analyst III - Ce	entral Office				
nic. Tiscai Anaryst III Central Office						
Financial Information						
Beginning Balance at July 1, 2017: 946.80						
Detailed Transactions Dur Deposits (Please list each de		lines as need	ed.)			
Date	Amount			Source	.	
07/01/17 - 06/30/18	2,077,953.01	Summary of	f Deposits			

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/17 - 06/30/18	2,012,523.10		Summary of Expenditures

Ending Balance at June 30, 2018:	66,376.71
	•

Withdrawals: (Please list each withdrawal separately. Add lines as needed)

Agency Name/Number: Account Name: Purpose of Account:		-	nter- Acct N		Special Needs/J160 539 (Direct Deposit)
Exemption Requested: If exemption is requested	l reason.	Yes	X	No	
i exemption is requested		eviously gr	anted 3/6/12		
Exemption Approved in	Prior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdray	val:				
Name:	Nancy Hall/ Angela	Wright			
Title	Facility Administrate	or			
Name: Title:	Kim Layton Director of Finance -	- Midlands			
Name:	Paul Justus				
Title:	Procurement/Claims	Officer			
Reconciliation:					
Name:	Kim Layton				
Title	Director of Finance	- Midlands			
Name:	Edward Tustin				
Title:	Fiscal Analyst III - C	Central Offi	ce		
Financial Information					
Beginning Balance at Jul	y 1, 2017:			4,884.	13
Detailed Transactions Du	ıring FY 2017-2018:				
Deposits (Please list each		d lines as n	eeded.)		
Date	Amount	1		Sour	ce
07/01/17 - 06/30/18	1,743,857.59	Summar	of Deposits		

Withdrawals:	(Please list	each withdrawal	separately	. Add lines as needed)
--------------	--------------	-----------------	------------	------------------------

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/17 - 06/30/18	1,741,599.48		Summary of Expenditures

Ending Balance at June 30, 2018:	7,142.24

Agency Name/Number: Account Name: Purpose of Account:		Department of Iidland Center		o. xxxx940	ecial Needs/J160 1 (Dedicated)
Exemption Requested: If exemption is requested, 1	rooson	Yes	X	No	
if exemption is requested, i		viously granted	3/6/12		
		riously granted	3/0/12		
Exemption Approved in Pr	ior Year:	Yes	X	No	
Authorized Personnel					
Check Writing/Withdrawa		7 * 1 .			
Name:	Nancy Hall/ Angela W	-			
Title	Facility Administrator				
Name:	Kim Layton				
Title:	Director of Finance - I	Midlands			
Name:	Paul Justus				
Title:	Procurement/Claims (Officer			
Reconciliation:					
Name:	Kim Layton				
Title	Director of Finance - I	Midlands			
Title	Director of Finance	viididids			
Name:	Edward Tustin				
Title:	Fiscal Analyst III - Ce	ntral Office			
Financial Information					
r manciai imoi mation					
Beginning Balance at July	1, 2017:			-	
Detailed Transactions Duri	ing FV 2017-2018				
Deposits (Please list each de		lines as needed.)		
Data	A 4			C	
Date 07/01/17 - 06/30/18	Amount	Summary of De	enosits	Source	
07/01/17 00/30/10	_	Sammary of Do	грозиз		
Withdrawalar (Di 1:	oob with drawal	alv. A 44 1!	o noo 1-	1/	
Withdrawals: (Please list ea	acii wiliidrawai separat	ery. Aud innes a	is needed	1)	
Date	Amount	Payee		Description	on of Goods/Services Purch

Dutt	IIIIIouiit	I uj cc	Description of Goods/Services ruremused
07/01/17 - 06/30/18	-		Summary of Expenditures
Ending Balance at June 30,	, 2018:		-

Agency Name/Number:	S.	C. Departn	nent of Disa	abilities and	Special Needs/J160
Account Name:	P	ee Dee Cer	nter- Acct N	lo. xxxxxxx	xx5306 (Operating)
Purpose of Account:			Cli	ent Funds	
Exemption Requested:		Yes	X	No	
If exemption is requested	d. reason:	105	11		
		reviously g	granted 3/6/	12	
Exemption Approved in	Prior Year:	Yes	X	No	
<u>Authorized Personnel</u> Check Writing/Withdra	wal:				
Name:	Deborah Reddick				
Title	Director of Finance				
Name:	Jack Kolesar				
Title:	Co-Administrator/P	rogram Sai	rvices/Supp	orte	
Title.	Co-Administrator/P	rogram sei	vices/Supp	orts	
Reconciliation:					
Name:	Cassandra Jackson				
Title	Claims and Collecti	ons - Pee I	Dee		
Name:	Edward Tustin				
Title:	Fiscal Analyst III - 0	Central Off	fice		
Financial Information					
Beginning Balance at Ju	ly 1, 2017:			150,742.	39
Detailed Tooms of our D					
Detailed Transactions D Deposits (Please list each		ld lines as r	needed.)		
		1	·		
Date	Amount	2 0	C D	Source	ce
07/01/17 - 06/30/18	1,787,913.2	2 Summa	ry of Depos	ats	
		-			
Withdrawals: (Please list	t each withdrawal separ	rately. Add	l lines as ne	eded)	
Date	Amount		Payee	Descri	ption of Goods/Services Purchased
07/01/17 - 06/30/18	1,758,648.8		·		Summary of Expenditures
Ending Balance at June	30, 2018:			180,006.	73

Agency Name/Number:		_			Special Needs/J160	
Account Name:	Pee De	ee Center			480 (Direct Deposit)	
Purpose of Account:			Clien	t Funds		
				_		
Exemption Requested:		Yes	X	No		
If exemption is requested,	reason:			-		
	Pres	viously gr	anted 3/6/12			
Exemption Approved in P	rior Year:	Yes	X	No		
Authorized Personnel						
Check Writing/Withdraw	al:					
Name:	Deborah Reddick					
Title	Director of Finance					
Name:	Jack Kolesar					
Title:	Co-Administrator/Pro	gram Serv	vices/Support	ts		
Reconciliation:						
Name:	Cassandra Jackson					
Title	Claims and Collection	s - Pee D	ee			
Name:	Edward Tustin					
Title:	Fiscal Analyst III - Ce	ntral Offi	ce			
Financial Information						
<u> </u>						
Beginning Balance at July	1, 2017:			4,376.86	5	
Detailed Transactions Dur	ring FY 2017-2018:					
Deposits (Please list each d	eposit separately. Add	lines as no	eeded.)			
D .	1	1				
Date 07/01/17 - 06/30/18	Amount 1,735,942.15	Cummor	y of Deposits	Source		
07/01/17 - 00/30/18	1,733,942.13	Summar	y of Deposits			
	1	1				
Withdrawals: (Please list e	each withdrawal separat	ely. Add	lines as need	ed)		
Date	Amount	I	Payee	Descrip	tion of Goods/Services Pur	chased
07/01/17 - 06/30/18	1,740,319.01				Summary of Expenditures	
Ending Balance at June 30) 2018:				٦	
Liming Dalance at sulle St	, 2010 .			-		

Agency Name/Number:		S.C. Departm	ent of Disa	bilities and	Special Needs/J160
Account Name:		Pee Dee Cent	ter - Acct N	lo. xxxxxxx	exx1564 (Dedicated)
Purpose of Account:			Cli	ent Funds	
				_	
Exemption Requested:		Yes	X	No	
If exemption is requested	, reason:				
		Previously gr	ranted 3/6/	12	
Exemption Approved in I	Prior Year:	Yes	X	No	
Authorized Personnel					
Check Writing/Withdraw	val:				
Name:	Deborah Reddic	k			
Title	Director of Finan				
	21100001 0111111				
Name:	Jack Kolesar				
Title:	Co-Administrate	or/Program Ser	vices/Supp	orts	
1100.	Co Hammstrate	n, i rogram ser	чесы варр	0115	
Reconciliation:					
Name:	Cassandra Jacks	on			
Title	Claims and Coll		ee		
Name:	Edward Tustin				
Title:	Fiscal Analyst II	I - Central Offi	ice		
Financial Information					
D ' ' D I (T I	1 2015				_
Beginning Balance at July	y 1, 2017:			-	
Datailed Transactions Du	ming EV 2017 201	Q.			
Detailed Transactions Du Deposits (Please list each of			aadad)		
Deposits (1 lease list each c	reposit separatery.	Add filles as if	ccucu.)		
Date	Amount			Sourc	ce
07/01/17 - 06/30/18		- Summar	y of Depos		
Withdrawals: (Please list	each withdrawal se	eparately. Add	lines as ne	eded)	
Data	A	<u> </u>	D	D	and an af Conduitor and Decision Decision
Date	Amount		Payee	Descri	ption of Goods/Services Purchased
07/01/17 - 06/30/18		-			Summary of Expenditures
Ending Balance at June 3	60, 2018:			_	\neg

Agency Name/Number: Account Name: Purpose of Account:		_		xxxxxxx	pecial Needs/J160 2172 (Operating)
Exemption Requested: If exemption is requested, 1	reason:	Yes	X	No	
		eviously gra	nted 3/6/12		
Exemption Approved in Pr	ior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdrawa	d:				
Name:	J. Alan Longshore				
Title	Claims and Claims				
Name:	Tracy A Long				
Title	Fiscal Analyst				
Name:	Wes Leonard / Randy	/ Davis			
Title:	Facility Administrato	r			
Reconciliation:					
Name:	Deborah De Troia				
Title	Director of Finance -	Whitten			
Name:	Edward Tustin				
Title:	Fiscal Analyst III - Co	entral Office			
Financial Information					
Beginning Balance at July	1, 2017:			76,424.46	5
Detailed Transactions Duri	ing FY 2017-2018:				
Deposits (Please list each de		lines as need	ded.)		
Date	Amount	<u> </u>		Source	
07/01/17 - 06/30/18	3,248,408.89	Summary o	of Deposits	_	
		1			

Withdrawals: (Please list each withdrawal separately. Add lines as n

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/17 - 06/30/18	3,267,139.54		Summary of Expenditures

Ending Balance at June 30, 2018:	57,693.81
,	1

Agency Name/Numbe Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Whitten Center - Acct No. xxxxxxxxx2169 (Direct Deposit) Client Funds				
Exemption Requested If exemption is reques		Yes	X	No	
		Previously g	ranted 3/6/12	ļ.	
Exemption Approved	in Prior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withd	rawal:				
Name:	J. Alan Longshore				
Title	Claims and Claims				
Name:	Tracy A Long				
Title	Fiscal Analyst				
Name:	Wes Leonard / Randy	Davis			
Title:	Facility Administrator				
Reconciliation:					
Name:	Deborah De Troia				
Title	Director of Finance - '	Whitten 76,424.46			
Name:	Edward Tustin	,			
Title:	Fiscal Analyst III - Ce	ntral Office			
Financial Information	<u>!</u>				
Beginning Balance at	July 1, 2017:			3,602.52]
Detailed Transactions	During FY 2017-201	<u>8:</u>			
Deposits (Please list ea			s needed.)		
Date	Amount			Source	
07/01/17 - 06/30/18	3,216,723.94	Summary o	f Deposits		

Withdrawals: (Please list each withdrawal separately. Add lines as no

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/17 - 06/30/18	3,210,664.18		Summary of Expenditures

Ending Balance at June 30, 2018:	9,662.28

Agency Name/Number:			-		-	pecial Needs/J160		
Account Name:	Whitten Center - Acct No. xxxxxxxxx2185 (Dedicated)							
Purpose of Account:	Client Funds							
Exemption Requested:			Yes	X	No			
If exemption is requested	l, reason:		200			<u> </u>		
	,	Previ	ously grante	ed 3/6/12				
Exemption Approved in	Prior Year:		Yes	X	No			
Authorized Personnel								
Check Writing/Withdra	wal:							
Name:	J. Alan Longshore							
Title	Claims and Claims							
Name:	Tracy A Long							
Title	Fiscal Analyst							
Name:	Wes Leonard / Randy Davis							
Title:	Facility Administrator							
Reconciliation:								
Name:	Deborah De Troia							
Title	Director of Finance - Whitten 76,424.46							
Name:	Edward Tustir	1						
Title:	Fiscal Analyst III - Central Office							
Financial Information								
Beginning Balance at Ju	ly 1, 2017:					-		
Detailed Transactions De Deposits (Please list each			lines as nee	ded.)				
Date	Amount				Source			
07/01/17 - 06/30/18		-	Summary of	of Deposits				
Withdrawals: (Please list	each withdrawal	separat	ely. Add lir	nes as need	ed)			

Date	Amount	Payee	Description of Goods/Services
07/01/17 - 06/30/18	-		Summary of Expenditures
			I I I I I I I I I I I I I I I I I I I
Ending Balance at June 30, 2018:			-

Agency Name/Number:	S.C.	. Departme	ent of Disabil	lities and S	pecial Needs/J160
Account Name:		R	eturn Check	- Acct No.	xxxxxxxxx9231
Purpose of Account:			I	Return Che	ecks
Exemption Requested:		Yes	X	No	
If exemption is requested,	reason•	103	Λ		<u> </u>
ir exemption is requested,		viously gra	inted 3/6/12		
	110	viously giv	ance 3/ 6/ 12		
Exemption Approved in Pr	rior Year:	Yes	X	No	
Authorized Dengannel					
Authorized Personnel Check Writing/Withdrawa	1•				
Name:	N/A - no checks				
Title	TWIT HO CHECKS				
1144					
Reconciliation:					
Name:	Ed Tustin				
Title	Fiscal Analyst III				
Name:	Deloris Hill				
Title:	Accounts Payable				
	,				
Financial Information					
Beginning Balance at July	1 2017.			1,000.00	ā
Deginning Dalance at July	1, 2017.			1,000.00	<u>'</u>
Detailed Transactions Dur	ing FY 2017-2018:				
Deposits (Please list each de		lines as ne	eded.)		
	T .				
Date	Amount	C	CD :	Source	
07/01/17 - 06/30/18	75.00	Summary	of Deposits		
	<u> </u>				_
Withdrawals: (Please list ea	ach withdrawal separat	ely. Add l	ines as neede	ed)	
D-4-	A			l D	C F.C J-/C
Date 07/01/17 - 06/30/18	Amount 75.00	P	ayee	Descript	tion of Goods/Services Purchased Cover Bad Checks
07/01/17 - 00/30/10	/3.00				COVEL DAU CHECKS
<u> </u>	1			1	
Ending Balance at June 30	, 2018:			1,000.00	