Agency Name/Number: Account Name: Purpose of Account:		•		and Special Needs/J160 xxxxx8494 (Operating)
Exemption Requested: If exemption is requested,		Yes	x No anted 3/6/12	
Exemption Approved in Pr	rior Year:	Yes	x No	
Authorized Personnel Check Writing/Withdrawa Name: Title	al: Richard Nickless Service and Supply D	irector		
Name: Title:	John Dooney District II HRM Direc	ctor		
Name: Title:	Rochelle Ansah Quality Manager			
Reconciliation: Name: Title	Lori McCurley Director of Finance			
Name: Title:	Edward Tustin Fiscal Analyst III - Ce	entral Offi	ce	
Financial Information				
Beginning Balance at July	1, 2019:		146,73	33.09
Detailed Transactions Dur Deposits: (Please list each d		l lines as ı	needed.)	
Date	Amount		So	urce
07/01/2019 - 06/30/2020	2,101,407.83	Summary	of Deposits and I	nterest

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

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	1,933,367.59		Summary of Expenditures

Ending Balance at June 30, 2020:	314,773.33

Agency Name/Number: Account Name: Purpose of Account:		_	Acct No. xx		Special Needs/J160 9493 (Direct Deposit)
Exemption Requested: If exemption is requested	reason.	Yes	х	No	
if exemption is requested		viously gra	inted 3/6/12		
Exemption Approved in I	Prior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdraw					
Name:	Richard Nickless				
Title	Service and Supply D	irector			
Name:	John Dooney				
Title:	District II HRM Dire	ctor			
Name:	Rochelle Ansah				
Title:	Quality Manager				
Reconciliation:					
Name:	Lori McCurley				
Title	Director of Finance				
Name:	Edward Tustin	1.000			
Title:	Fiscal Analyst III - Co	entral Offic	ce		
Financial Information					
Beginning Balance at July	y 1, 2019:			12,394.0	7
Detailed Transactions Du					
Deposits: (Please list each	deposit separately. Ad	d lines as i	needed.)		
Date	Amount			Source	e
07/01/2019 - 06/30/2020	1,884,593.16	Summary	of Deposits		
0., 01, 2017 00, 30, 2020	1,301,373.10		or Dopositi		
	1	1			

With	ıdrawals:	(Please l	list each	withdrawal	separately.	Add lines as needed)	
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Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	1,886,187.63		Summary of Expenditures

Ending Balance at June 30, 2020:	10,799.60

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Coastal Center - Acct No. xxxxxxxx2428 (Dedicated) Client Funds					
Exemption Requested:		Yes	2	x No		
If exemption is requested,						
	P	reviously g	granted 3/	/6/12		
Exemption Approved in F	Prior Year:	Yes	2	No		
Authorized Personnel Check Writing/Withdraw	val:					
Name:	Richard Nickless					
Title	Service and Supply	Director				
Name:	John Dooney					
Title:	District II HRM Di	rector				
Name:	Rochelle Ansah					
Title:	Quality Manager					
Reconciliation:						
Name:	Lori McCurley					
Title	Director of Finance	e				
Name:	Edward Tustin					
Title:	Fiscal Analyst III -	Central Of	fice			
Financial Information						
Beginning Balance at July	y 1, 2019:				-	
Detailed Transactions Du	ring FY 2019-2020:	:				
Deposits: (Please list each	-	=	s needed	.)		
Date	Amount			Soui	rce	
07/01/2019 - 06/30/2020	-	Summa	ry of Der	osits and In		
			J P			
		•				

Wit	hdrawals:	(Please li	st each	withdrawal	separately.	Add lines as needed)
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Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	1		Summary of Expenditures

Ending Balance at June 30, 2020:	-

Coastal Center

Account Number:	xxxxxxxx8494
Account Name:	Coastal Center - Operating

Fiscal Month	Deposits	Checks	Adjustment
July 2019	291,896.93	134,520.06	245.28
August 2019	176,280.85	193,020.10	292.17
September 2019	141,932.51	145,266.97	502.56
October 2019	140,741.93	148,652.29	444.72
November 2019	138,890.18	187,545.42	-
December 2019	143,538.48	134,280.44	279.43
January 2020	136,641.25	170,554.65	257.89
February 2020	140,673.85	138,242.95	243.60
March 2020	142,034.17	164,731.96	•
April 2020	137,912.29	252,011.96	-
May 2020	140,200.50	128,939.07	22.26
June 2020	368,376.98	135,601.72	
Total	2,099,119.92	1,933,367.59	2,287.91

Beginning Balance as of July 1, 2019	146,733.09
Deposits	2,099,119.92
Checks	1,933,367.59
Adjustments	2,287.91
Ending Balance as of June 30, 2020	314,773.33

Account Number:	xxxxxxxx9493
Account Name:	Coastal Center - Direct Deposit

Fiscal Month	Deposits	Checks	Adjustment
July 2019	289,508.71	289,646.84	85.84
August 2019	149,122.78	143,622.34	177.16
September 2019	134,116.57	139,143.78	68.85
October 2019	137,470.17	138,426.77	109.44
November 2019	141,900.57	138,465.12	-
December 2019	132,045.48	134,020.15	67.52
January 2020	138,814.91	136,194.93	38.91
February 2020	140,396.75	139,371.64	56.26
March 2020	134,632.68	139,998.44	-
April 2020	135,985.24	137,310.08	-
May 2020	216,169.31	136,499.31	4.70
June 2020	133,821.31	213,488.23	•
Total	1,883,984.48	1,886,187.63	608.68

Beginning Balance as of July 1, 2019	12,394.07
Deposits	1,883,984.48
Checks	1,886,187.63
Adjustments	608.68
Ending Balance as of June 30, 2020	10,799.60

Account Number:	xxxxxxxx2428
Account Name:	Coastal Center - Dedicated

Fiscal Month	Deposits	Checks	Adjustment
July 2019	-	-	-
August 2019	-	-	=
September 2019	-	-	-
October 2019	-	-	-
November 2019	-	-	-
December 2019	-	-	-
January 2020	-	-	-
February 2020	-	-	-
March 2020		-	-
April 2020	-	-	-
May 2020	-	-	-
June 2020	-	-	-
Total	-	-	-

Beginning Balance as of July 1, 2019	-
Deposits	-
Checks	-
Adjustments	-
Ending Balance as of June 30, 2020	-

Pursuant to Proviso 117.82 of the FY2019-20 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		-		o. xxxx8	Special Needs/J160 889 (Operating)
Exemption Requested:		Yes	X	No	
If exemption is requested,		viously granted	3/6/12		
Exemption Approved in Pr	ior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdrawa Name: Title	ı l: Angela Wright Facility Administrator				
Name: Title:	Paul Justus Procurement/Claims Officer				
Reconciliation:					
Name:	Debbie Detroia				
Title	Finance Director				
Name: Title:	Edward Tustin Fiscal Analyst III - Ce	entral Office			
Financial Information					
Beginning Balance at July 1, 2019: 222,964.04					<u> </u>
Detailed Transactions Dur	ing FY 2019-2020:				
Deposits: (Please list each d		l lines as neede	ed.)		
Date	Amount			Source	
07/01/2019 - 06/30/2020	2,579,286.51	Summary of D	eposits a	and Intere	est

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	2,150,474.49		Summary of Expenditures

Ending Balance at June 30, 2020:	651,776.06

Pursuant to Proviso 117.82 of the FY2019-20 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		C. Department of Disabilities and Special Needs/J160 idlands Center- Acct No. xxxx4539 (Direct Deposit) Client Funds
Exemption Requested: If exemption is requested,		Yes x No eviously granted 3/6/12
Exemption Approved in P	rior Year:	Yes x No
Authorized Personnel Check Writing/Withdrawa Name:	Angela Wright	
Title Name: Title:	Facility Administrato Paul Justus Procurement/Claims	
Reconciliation: Name: Title	Debbie Detroia Finance Director	
Name: Title:	Edward Tustin Fiscal Analyst III - Co	Central Office
Financial Information Beginning Balance at July	1, 2019:	475.29
Detailed Transactions Dur Deposits: (Please list each of		dd lines as needed.)
Date	Amount	Source
07/01/2019 - 06/30/2020	2,067,130.32	75 5 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	2,057,953.92		Summary of Expenditures

Ending Balance at June 30, 2020:	9,651.69

Pursuant to Proviso 117.82 of the FY2019-20 Appropriations Act

Account Name: Purpose of Account:		•		- Accı		d Special Needs/J160 x9401 (Dedicated)
Exemption Requested:		Yes		X	No	
If exemption is requested,	reason:	Previously	granted	3/6/1/	2	
		rieviously	granicu	. 3/0/12	<i>L</i>	
Exemption Approved in I	Prior Year:	Yes		X	No	
Authorized Personnel	•					
Check Writing/Withdraw						
Name: Title	Angela Wright Facility Adminis	strator				
	•					
Name:	Paul Justus	. 0.00				
Title:	Procurement/Cla	aims Officer				
Reconciliation:						
Name:	Debbie Detroia					
Title	Finance Director	r				
Name:	Edward Tustin					
Title:	Fiscal Analyst II	II - Central O	ffice			
Financial Information						
Beginning Balance at July	y 1, 2019:					-
Detailed Transactions Du	ring FY 2019-202	20:				
Deposits: (Please list each			s neede	ed.)		
Date	Amount				Sour	·ce
07/01/2019 - 06/30/2020		Summ	ary of D	Deposit	ts and Int	
Withdrawals: (Please list	each withdrawal s	enarately A	ld lines	as nee	eded)	

07/01/2019 - 06/30/2020		Sumr	nary of Expenditure	es
Ending Balance at June 30,	2020:	-		

Amount

Date

Payee

Description of Goods/Services Purchased

Midlands Center

Account Number:	xxxx8889
Account Name:	Midlands Center - Operating

Fiscal Month	Deposits	Checks	Adjustment
July 2019	261,343.97	176,283.92	492.00
August 2019	179,045.73	180,877.73	571.54
September 2019	158,803.63	146,495.35	567.62
October 2019	194,887.26	206,968.35	563.09
November 2019	165,560.46	192,282.60	505.14
December 2019	168,642.39	142,496.68	430.39
January 2020	232,291.36	229,001.18	463.54
February 2020	170,348.79	181,282.22	401.58
March 2020	195,696.46	182,857.73	402.25
April 2020	197,508.88	165,186.06	384.23
May 2020	287,769.20	172,454.23	56.98
June 2020	362,482.21	174,288.44	67.81
Total	2,574,380.34	2,150,474.49	4,906.17

Beginning Balance as of July 1, 2019	222,964.04
Deposits	2,574,380.34
Checks	2,150,474.49
Adjustments	4,906.17
Ending Balance as of June 30, 2020	651,776.06

Account Number:	xxxx4539
Account Name:	Midlands Center - Direct Deposit

Fiscal Month	Deposits	Checks	Adjustment
July 2019	239,738.01	237,738.01	82.54
August 2019	159,897.44	154,056.27	77.15
September 2019	138,034.60	143,875.27	48.79
October 2019	144,416.27	144,416.77	50.58
November 2019	150,429.94	144,619.27	31.77
December 2019	144,920.94	144,874.70	36.48
January 2020	175,735.84	172,785.43	43.91
February 2020	151,762.36	151,449.39	39.47
March 2020	163,751.39	169,563.61	30.88
April 2020	168,995.27	165,663.57	47.54
May 2020	264,750.97	264,715.58	4.75
June 2020	164,196.05	164,196.05	7.38
Total	2,066,629.08	2,057,953.92	501.24

Beginning Balance as of July 1, 2019	475.29
Deposits	2,066,629.08
Checks	2,057,953.92
Adjustments	501.24
Ending Balance as of June 30, 2020	9,651.69

Account Number:	xxxx9401
Account Name:	Midlands Center - Dedicated

Fiscal Month	Deposits	Checks	Adjustment
July 2019	-	-	-
August 2019	-	-	-
September 2019	-	-	-
October 2019	-	-	-
November 2019	-	-	-
December 2019	-	-	-
January 2020	-	-	-
February 2020	-	-	-
March 2020	-	-	-
April 2020	-	-	-
May 2020	-	-	-
June 2020	-	-	-
Total	-	-	-

Beginning Balance as of July 1, 2019	-
Deposits	-
Checks	-
Adjustments	-
Ending Balance as of June 30, 2020	-

Agency Name/Number: Account Name: Purpose of Account:		-	er- Acct No.		Special Needs/J160 ex5306 (Operating)	
Exemption Requested:		Yes	Х	No		
If exemption is requested,		viously gra	anted 3/6/12			
Exemption Approved in P	rior Year:	Yes	X	No		
Authorized Personnel Check Writing/Withdraws Name: Title	al: Deborah Reddick Director of Finance					
Name: Title:	Jack Kolesar Co-Administrator/Pro	ogram Serv	vices/Suppor	rts		
Reconciliation:						
Name:	Cassandra Jackson					
Title	Claims and Collection	ns - Pee D	ee			
Name:	Edward Tustin					
Title:	Fiscal Analyst III - Central Office					
Financial Information						
Beginning Balance at July	1, 2019:			517,721.1	0	
D (11 III) (1 D	• FX 2010 2020				_	
Detailed Transactions Dur Deposits: (Please list each of		d lines as i	needed)			
Deposits. (I lease list each c	reposit separatery. Aut	a iiics as i	iccucu.)			
Date	Amount			Source		
07/01/2019 - 06/30/2020	2,169,497.02	Summary	of Deposits	and Inter	est	

Withdrawals:	(Dlagge	list each	withdrawal	congrately	Add lines as	(beheen
williawais.	i r iease	HSt each	willidiawai	sebaratery.	Add filles as	, needed)

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	1,957,781.97		Summary of Expenditures

Ending Balance at June 30, 2020:	729,436.15

Agency Name/Number:	S.C.	Departmen	nt of Disa	bilities and	d Special Needs/J160	
Account Name:	Pee Dee Center - Acct No. xxxxxxxxx9480 (Direct Deposit)					
Purpose of Account:	Client Funds					
Exemption Requested:		Yes	X	No		
If exemption is requested,	reason:					
	Pre	viously gra	nted 3/6/1	12		
Exemption Approved in F	Prior Year:	Yes	Х	No		
Authorized Personnel						
Check Writing/Withdraw	al:					
Name:	Deborah Reddick					
Title	Director of Finance					
Name:	Jack Kolesar					
Title:	Co-Administrator/Pro	gram Serv	ices/Supp	orts		
Reconciliation:						
Name:	Cassandra Jackson					
Title	Claims and Collection	ns - Pee De	e			
Name:	Edward Tustin					
Title:	Fiscal Analyst III - Central Office					
Financial Information						
Beginning Balance at July	1, 2019:			-		
Detailed Transactions Du	ring FY 2019-2020:					
Deposits: (Please list each		d lines as n	eeded.)			
Date	Amount			Sour	ce	
07/01/2019 - 06/30/2020	2,123,643.63	Summarv	of Depos	its and Inte		
00,00,200	_,125,5 .5.05					
Withdrawals: (Please list of	each withdrawal separa	tely. Add l	ines as ne	eeded)		

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	2,123,643.63		Summary of Expenditures

Ending Balance at June 30, 2020:	-

Agency Name/Number:		-			d Special Need		
Account Name: Purpose of Account:	Pee Dee Center - Acct No. xxxxxxxxx1564 (Dedicated) Client Funds						
P	CHOIL I and						
Exemption Requested:		Yes	Х	No		٦	
If exemption is requested,	reason:						
	P	Previously gr	ranted 3/6/	12			
Exemption Approved in F	rior Year:	Yes	X	No			
Authorized Personnel							
Check Writing/Withdraw	'al: Deborah Reddick						
Name: Title	Director of Finance	<u>.</u>					
Title	Director of Timanee	-					
Name:	Jack Kolesar						
Title:	Co-Administrator/Program Services/Supports						
		C					
Reconciliation:							
Name:	Cassandra Jackson						
Title	Claims and Collect	ions - Pee D	Dee				
Name:	Edward Tustin						
Title:	Fiscal Analyst III - Central Office						
Financial Information							
Beginning Balance at July	1, 2019:			-			
Detailed Transactions Du	ring FV 2019-2020•						
Deposits: (Please list each			needed.)				
2 op obtable (1 louise hist cuch	seposit separatory.	100 111100 40					
Date	Amount			Sour	ce		
07/01/2019 - 06/30/2020	-	Summar	y of Depos	sits and Inte	erest		
Withdrawals: (Please list of	each withdrawal sepa	arately. Add	l lines as n	eeded)			

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	-		Summary of Expenditures

Ending Balance at June 30, 2020:	-

Pee Dee Center

Account Number:	xxxxxxxx5306
Account Name:	Pee Dee Center - Operating

Fiscal Month	Deposits	Checks	Adjustment
July 2019	271,374.75	159,556.77	844.30
August 2019	155,420.05	169,803.69	843.12
September 2019	157,974.59	142,001.55	941.13
October 2019	162,529.48	155,690.80	987.70
November 2019	178,169.28	158,473.09	775.04
December 2019	151,611.38	165,689.46	702.59
January 2020	159,730.44	171,905.26	692.62
February 2020	159,124.04	150,279.44	683.37
March 2020	158,736.98	153,354.65	702.23
April 2020	158,836.17	160,641.90	632.24
May 2020	275,851.70	152,533.09	93.30
June 2020	172,240.52	217,852.27	
Total	2,161,599.38	1,957,781.97	7,897.64

Beginning Balance as of July 1, 2019	517,721.10
Deposits	2,161,599.38
Checks	1,957,781.97
Adjustments	7,897.64
Ending Balance as of June 30, 2020	729,436.15

Account Number:	xxxxxxxx9480
Account Name:	Pee Dee Center - Direct Deposit

Fiscal Month	Deposits	Checks	Adjustment
July 2019	268,071.03	268,104.12	33.09
August 2019	157,315.94	153,619.70	76.76
September 2019	150,972.30	154,820.67	75.37
October 2019	160,801.30	160,825.15	23.85
November 2019	165,288.20	164,959.78	31.58
December 2019	156,783.74	151,094.30	32.79
January 2020	156,549.56	157,520.36	30.73
February 2020	159,761.54	158,801.26	32.39
March 2020	156,631.84	156,453.89	51.05
April 2020	159,994.62	158,025.50	42.96
May 2020	272,719.54	274,731.62	3.91
June 2020	158,319.54	164,687.28	-
Total	2,123,209.15	2,123,643.63	434.48

Beginning Balance as of July 1, 2019	_
Deposits	2,123,209.15
Checks	2,123,643.63
Adjustments	434.48
Ending Balance as of June 30, 2020	0.00

Account Number:	xxxxxxxx1564
Account Name:	Pee Dee Center - Dedicated

Fiscal Month	Deposits	Checks	Adjustment
July 2019	-	-	-
August 2019	-	-	-
September 2019	-	•	-
October 2019	-		-
November 2019	-	-	-
December 2019	-	-	-
January 2020	-	-	-
February 2020	-	-	-
March 2020	-	-	-
April 2020	-	-	-
May 2020	-	•	-
June 2020	-		-
Total	Ē	ı	=

Beginning Balance as of July 1, 2019		
Deposits	-	
Checks	-	
Adjustments	-	
Ending Balance as of June 30, 2020	-	

Pursuant to Proviso 117.82 of the FY2019-20 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		-	Acct No. 2		Special Needs/J160 x2172 (Operating)
Exemption Requested: If exemption is requested,		Yes		No	
Exemption Approved in Pr		Yes		No	
Authorized Personnel Check Writing/Withdrawa Name: Title	al: J. Alan Longshore Claims and Claims				
Name: Title:	Tracy A Long Fiscal Analyst				
Reconciliation:					
Name:	Deborah Detroia				
Title	Director of Finance -	Whitten			
Name: Title:	Edward Tustin Fiscal Analyst III - C	entral Office			
Financial Information					
Beginning Balance at July 1, 2019: 70,182.41					
Detailed Transactions Dur Deposits: (Please list each d	<u> </u>	d lines as nee	ded.)		
Date	Amount			Source	
07/01/2019 - 06/30/2020	3,699,755.21	Summary of	Deposits	and Intere	est

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	3,274,393.94		Summary of Expenditures

Ending Balance at June 30, 2020:	495,543.68

Pursuant to Proviso 117.82 of the FY2019-20 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		•	cct No. xx		Special Needs/J160 2169 (Direct Deposit)
Exemption Requested:		Yes	X	No	
If exemption is requested,		viously grant	ed 3/6/12	_	
Exemption Approved in Pr	ior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdrawa	ıl:				
Name:	J. Alan Longshore				
Title	Claims and Claims				
Name:	Tracy A Long				
Title:	Fiscal Analyst				
Reconciliation:					
Name:	Deborah Detroia				
Title	Director of Finance -	Whitten			
Name:	Edward Tustin				
Title:	Fiscal Analyst III - Ce	entral Office			
Financial Information					
Beginning Balance at July	1, 2019:			2,199.0	0
Detailed Transactions Dur	ing FY 2019-2020:				
Deposits: (Please list each d		d lines as nee	eded.)		
Date	Amount			Source)
07/01/2019 - 06/30/2020	3,271,505.72	Summary of	f Deposits	and Interes	est

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	3,271,052.06		Summary of Expenditures

Ending Balance at June 30, 2020:	2,652.66

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Whitten Center - Acct No. xxxxxxxxx2185 (Dedicated) Client Funds				
Exemption Requested:		Yes	X	No	
If exemption is requested	, reason:	Previously 9	granted 3/6/12		
		, , , , , , , , , , , , , , , , , , ,		_	
Exemption Approved in 1	Prior Year:	Yes	X	No	
Authorized Personnel					
Check Writing/Withdray					
Name: Title	J. Alan Longshor Claims and Clair				
Tiue	Ciainis and Cian	.115			
Name:	Tracy A Long				
Title:	Fiscal Analyst				
Reconciliation:					
Name:	Deborah Detroia				
Title	Director of Finar				
Name:	Edward Tustin				
Title:	Fiscal Analyst III	I - Central Of	fice		
Financial Information	·				
Financial Information					
Beginning Balance at Jul	y 1, 2019:			-	
Detailed Transactions Du	ıring FV 2010-202	٠0٠			
Deposits: (Please list each			s needed.)		
	1 1 3		,		
Date	Amount			Source	
07/01/2019 - 06/30/2020		- Summa	ry of Deposits	and Inte	erest
Withdrawals: (Please list	each withdrawal se	eparately. Ad	d lines as need	led)	

Date	Amount	Payee	Description of Goods/Services Purchased
07/01/2019 - 06/30/2020	-		Summary of Expenditures

Ending Balance at June 30, 2020:	-

Whitten Center

Account Number:	xxxxxxxxx2172
Account Name:	Whitten Center - Operating

Fiscal Month	Deposits	Checks	Adjustment
July 2019	268,989.33	267,033.99	183.87
August 2019	272,950.01	295,443.56	173.72
September 2019	268,661.44	256,937.66	138.97
October 2019	276,602.99	283,133.12	131.58
November 2019	271,727.56	285,405.13	115.44
December 2019	350,127.01	296,909.44	78.82
January 2020	272,683.35	275,529.21	112.06
February 2020	275,508.05	261,551.28	128.60
March 2020	282,443.85	276,731.40	140.37
April 2020	276,679.05	264,370.40	134.12
May 2020	269,947.74	254,853.72	21.71
June 2020	612,075.57	256,495.03	
Total	3,698,395.95	3,274,393.94	1,359.26

Beginning Balance as of July 1, 2019	70,182.41
Deposits	3,698,395.95
Checks	3,274,393.94
Adjustments	1,359.26
Ending Balance as of June 30, 2020	495,543.68

Account Number:	xxxxxxxx2169
Account Name:	Whitten Center - Direct Deposit

Fiscal Month	Deposits	Checks	Adjustment
July 2019	267,403.11	267,505.40	102.29
August 2019	273,341.07	266,635.04	84.86
September 2019	262,785.07	268,661.44	147.70
October 2019	269,858.50	270,638.61	99.35
November 2019	272,883.95	265,765.25	57.58
December 2019	268,919.86	271,302.03	58.40
January 2020	271,499.98	270,480.75	91.82
February 2020	271,980.17	272,108.80	47.77
March 2020	266,050.00	271,616.97	79.41
April 2020	268,900.82	269,297.09	61.29
May 2020	310,609.68	263,656.81	5.64
June 2020	266,437.40	313,383.87	
Total	3,270,669.61	3,271,052.06	836.11

Beginning Balance as of July 1, 2019	2,199.00
Deposits	3,270,669.61
Checks	3,271,052.06
Adjustments	836.11
Ending Balance as of June 30, 2020	2,652.66

Account Number:	xxxxxxxx2185
Account Name:	Whitten Center - Dedicated

Fiscal Month	Deposits	Checks	Adjustment
July 2019	-	-	-
August 2019	-		
September 2019	•	•	•
October 2019	-	-	-
November 2019	•	•	•
December 2019	•	•	•
January 2020	•	•	•
February 2020	•	•	•
March 2020	•	•	•
April 2020	•	•	•
May 2020	•	•	•
June 2020	-	-	-
Total	-	-	-

Beginning Balance as of July 1, 2019		
Deposits	-	
Checks	-	
Adjustments	-	
Ending Balance as of June 30, 2020	-	

Pursuant to Proviso 117.82 of the FY2019-20 Appropriations Act

Date	Amount	P	ayee	Descripti	ion of Goods/Services P	urchased
Withdrawals: (Please list each withdrawal separately. Add lines as needed)						
07/01/2019 - 00/30/2020	-	Summary	of Deposits			
07/01/2019 - 06/30/2020	Amount	Summary	of Deposits	Bource		
Deposits: (Please list each d		d lines as n	eeded.)	Source		
Detailed Transactions Dur	ing FY 2019-2020:					
Beginning Balance at July	1, 2019:			1,000.00	J	
	1 2010.			1 000 00	1	
Financial Information						
Title:	Title:		Accounts P	ayable		
Name:	Name:		Deloris Hill			
Title	Title		Fiscal Anal	yst III		
Name:	Name:		Ed Tustin	. ***		
Reconciliation:						
Title:						
Name:						
Title						
Name:	N/A - no checks					
Check Writing/Withdrawa	ıl:					
Authorized Personnel						
Exemption Approved in Pr	rior Tear:	Yes	X	No		
Evenution Annual to D	wion Voor	Voc		No		
If exemption is requested,	reason:					
Exemption Requested:		Yes	X	No		
Purpose of Account:			R	eturn Che	cks	
Account Name:		R	eturn Check -	Acct No.	xxxxxxxxx9231	
Agency Name/Number:	S.C	. Departme	nt of Disabili	ties and S ₁	pecial Needs/J160	

Ending Balance at June 30, 2020:	580.00

420.00

Cover Bad Checks

07/01/2019 - 06/30/2020