Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:	· · ·			
Account Name:		Coastal Center - Acct No. xxxxxxx8494 (Operating		
Purpose of Account:		Client Funds		
Exemption Requested:		Yes	x No	
If exemption is requested,	reason:			
Exemption Approved in F	Prior Vear	Yes	x No	
Exemption Approved in 1	nor rear.	Previously gra		
		<i>J</i> 8		
Authorized Personnel				
Check Writing/Withdraw				
Name:	John Dooney			
Title	District II HRM	Director		
Name:	Tommy McDani	iel		
Title:	Facility Adminis	strator		
Name:	Rochelle Ansah			
Title:	Administrator			
Reconciliation:				
Name:	Lori McCurley			
Title	Director of Final	nce		
Name:	Edward Tustin			
Title:	Fiscal Analyst II	I - Central Offic	ce	
Financial Information				
Beginning Balance at July	v <b>1, 2020:</b>	\$	314,773.33	

### **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,172,843.96	Summary of Deposits

\$

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	1,875,116.02		Summary of Expenditures

612,501.27

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:	S.C. Department of Disabilities and Special Needs/J160			
Account Name:	t Name: Coastal Center - Acct No. xxxxxxx9493 (Direct D			xx9493 (Direct Deposit)
Purpose of Account:	Account: Client Funds			5
Examption Degraded		Yes	x No	
Exemption Requested:		ies	X NO	
If exemption is requested,	, reason:			
Exemption Approved in I	Prior Year:	Yes	x No	
		Previously gra	anted 3/6/12	
		, , , , , , , , , , , , , , , , , , , ,		
<b>Authorized Personnel</b>				
Check Writing/Withdraw	al:			
Name:	John Dooney			
Title	District II HRM D	irector		
Name:	Tommy McDaniel			
Title:	Facility Administra	ator		
Name:	Rochelle Ansah			
Title:	Administrator			
The.	Administrator			
<b>Reconciliation:</b>				
Name:	Lori McCurley			
Title	Director of Finance	e		
Name:	Edward Tustin			
Title:	Fiscal Analyst III -	- Central Offic	ce	
Financial Information				
r manciai mitti mattun				

**Beginning Balance at July 1, 2020:** 

\$ 10,799.60

### **Detailed Transactions During FY 2020-2021:**

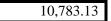
Deposits: (Please list each deposit separately. Add lines as needed.)

Amount Source	;
2020 - 06/30/2021 2,026,311.63 Summary of Deposits	
/2020 - 06/30/2021     2,026,311.63     Summary of Deposits	

\$

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,026,328.10		Summary of Expenditures



Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:	r: S.C. Department of Disabilities and Special Needs/J160				
Account Name:		Coastal Center - Acct No. xxxxxxx2428 (Dedicated)			
<b>Purpose of Account:</b>		Client Funds			
Exemption Requested:		Yes	x No		
If exemption is requested,	reason:				
Exemption Approved in F		Yes	x No		
	]	Previously gr	anted 3/6/12		
Authorized Personnel					
Check Writing/Withdraw	al:				
Name:	John Dooney				
Title	District II HRM D	irector			
Name:	Tommy McDaniel				
Title:	Facility Administra	ator			
Name:	Rochelle Ansah				
Title:	Administrator				
Reconciliation:					
Name:	Lori McCurley				
Title	Director of Financ	e			
Name:	Edward Tustin				
Title:	Fiscal Analyst III -	Central Offi	ce		
Financial Information					
Beginning Balance at July	1, 2020:	\$	-		

### **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	-	Summary of Deposits

\$

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	-		Summary of Expenditures

Ending Balance at June 30, 2021:

-

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: Account Name:	S.C. Department of Disabilities and Special Needs/J160 Midland Center - Acct No. xxxx8889 (Operating)		
Purpose of Account:	Client Funds		
Exemption Requested:	Yes x No		
If exemption is requested	l, reason:		
Exemption Approved in I	ior Year: Yes x No		
	Previously granted 3/6/12		
<u>Authorized Personnel</u> Check Writing/Withdraw	ıl:		
Name:	Angela Wright		
Title	Facility Administrator		
Name:	Paul Justus		
Title:	Procurement/Claims Officer		
Reconciliation:			
Name:	Britney Childs		
Title	Director of Finance		
Name:	Edward Tustin		
Title:	Fiscal Analyst III - Central Office		
Financial Information			

**Beginning Balance at July 1, 2020:** 

**Detailed Transactions During FY 2020-2021:** 

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,646,338.85	Summary of Deposits

\$

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,520,740.32		Summary of Expenditures

Ending Balance at June 30, 2021:



651,776.06

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Midlands Center- Acct No. xxxx4539 (Direct Deposit) Client Funds		
Exemption Requested: If exemption is requested	Yes x No reason:		
Exemption Approved in I	Yes x No   Previously granted 3/6/12 3/6/12		
Authorized Personnel			
Check Writing/Withdraw			
Name:	Angela Wright		
Title	Facility Administrator		
Name:	Paul Justus		
Title:	Procurement/Claims Officer		
Reconciliation:			
Name:	Britney Childs		
Title	Director of Finance		
Name:	Edward Tustin		
Title:	Fiscal Analyst III - Central Office		
Financial Information			
Beginning Balance at Jul	<b>1,2020:</b> \$ 9,651.69		

#### **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,292,005.20	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,293,574.50		Summary of Expenditures



Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J16 Midland Center - Acct No. xxxx9401 (Dedicated) Client Funds		
Exemption Requested: If exemption is requested	Yes x No reason:		
Exemption Approved in I	Yes x No   Previously granted 3/6/12 Previously granted 3/6/12		
Authorized Personnel			
Check Writing/Withdraw			
Name:	Angela Wright		
Title	Facility Administrator		
Name:	Paul Justus		
Title:	Procurement/Claims Officer		
Reconciliation:			
Name:	Britney Childs		
Title	Director of Finance		
Name:	Edward Tustin		
Title:	Fiscal Analyst III - Central Office		
<u>Financial Information</u> Beginning Balance at July	y <b>1, 2020:</b> \$ -		
beginning balance at July	φ -		

### **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	-		Summary of Expenditures



Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:	S.C. Department of Disabilities and Special Needs/J160			
Account Name:	Pee Dee Center- Acct No. xxxxxxxx5306 (Operating			
Purpose of Account:			Client Fu	nds
Exemption Requested:		Yes	x No	
If exemption is requested,	, reason:			
Exemption Approved in F	Prior Year:	Yes	x No	
			ranted 3/6/12	
<b>Authorized Personnel</b>				
Check Writing/Withdraw				
Name:	Deborah Reddie	ck		
Title	Director of Fina	ance		
Name:	Jack Kolesar			
Title:	Co-Administrat	or/Program Se	rvices/Supports	
		-		
<b>Reconciliation:</b>				
Name:	Cassandra Jack	son/ Michelle S	Sellers	
Title	Claims and Col	lections - Pee I	Dee	
Name:	Edward Tustin			
Title:	Fiscal Analyst l	III - Central Of	fice	
11	i iscui i muryst i			
<b>Financial Information</b>				

**Beginning Balance at July 1, 2020:** 

\$ 729,436.15

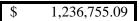
#### **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,667,619.75	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,160,300.81		Summary of Expenditures



Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:	S.C. Department of Disabilities and Special Needs/J160			
Account Name:	Pee Dee Center - Acct No. xxxxxxxx9480 (Direct Deposit)			
Purpose of Account:	Client Funds			
Exemption Requested:	Yes x No			
If exemption is requested,	reason:			
Exemption Approved in F	Prior Year: Yes x No			
	Previously granted 3/6/12			
Authorized Descensel				
<u>Authorized Personnel</u> Check Writing/Withdraw				
Name:	Deborah Reddick			
Title	Director of Finance			
Name:	Jack Kolesar			
Title:	Co-Administrator/Program Services/Supports			
Reconciliation:				
Name:	Cassandra Jackson/ Michelle Sellers			
Title	Claims and Collections - Pee Dee			
Name:	Edward Tustin			
Title:	Fiscal Analyst III - Central Office			
Financial Information				

**Beginning Balance at July 1, 2020:** 

# **Detailed Transactions During FY 2020-2021:**

**Deposits:** (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	2,338,927.70	Summary of Deposits

\$

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	2,337,155.39		Summary of Expenditures



Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:	S.C. Department of Disabilities and Special Needs/J160		
Account Name:	Pee Dee Center - Acct No. xxxxxxxx1564 (Dedicated		
Purpose of Account:	Client Funds		
Exemption Requested:	Yes x No		
If exemption is requested,	reason:		
Exemption Approved in F	rior Year: Yes x No		
	Previously granted 3/6/12		
Authorized Personnel			
Check Writing/Withdraw	al:		
Name:	Deborah Reddick		
Title	Director of Finance		
Name:	Jack Kolesar		
Title:	Co-Administrator/Program Services/Supports		
<b>Reconciliation:</b>			
Name:	Cassandra Jackson/ Michelle Sellers		
Title	Claims and Collections - Pee Dee		
Name:	Edward Tustin		
Title:	Fiscal Analyst III - Central Office		
Financial Information			

**Beginning Balance at July 1, 2020:** 

# **Detailed Transactions During FY 2020-2021:**

**Deposits:** (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	-	Summary of Deposits

\$

-

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	-		Summary of Expenditures



Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:	S.C. Department of Disabilities and Special Needs/J160		
Account Name:	Whitten Center - Acct No. xxxxxxx2172 (Operatin		
Purpose of Account:	Client Funds		
Exemption Requested:	Yes x No		
If exemption is requested,	reason:		
Exemption Approved in H	ior Year: Yes x No		
	Previously granted 3/6/12		
Authorized Personnel			
<u>Authorized Personner</u> Check Writing/Withdraw	1:		
Name:	J. Alan Longshore		
Title	Claims and Claims		
Name:	Tracy A Long		
Title	Fiscal Analyst		
	-		
<b>Reconciliation:</b>			
Name:	Deborah Detroia/Keisha Williams		
Title	Director of Finance - Whitten		
Name:	Edward Tustin		
Title:	Fiscal Analyst III - Central Office		
Financial Information			
Beginning Balance at July	<b>1, 2020:</b> \$ 495,543.68		

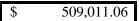
# **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	3,606,673.05	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	3,593,205.67		Summary of Expenditures



Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Whitten Center - Acct No. xxxxxxx2169 (Direct Deposit) Client Funds			
Exemption Requested: If exemption is requested	Yes x No reason:			
Exemption Approved in 1	rior Year: Yes x No Previously granted 3/6/12			
Authorized Personnel				
Check Writing/Withdraw	ત્રી:			
Name:	J. Alan Longshore			
Title	Claims and Claims			
Name:	Tracy A Long			
Title	Fiscal Analyst			
Reconciliation:				
Name:	Deborah Detroia/Keisha Williams			
Title	Director of Finance - Whitten			
Name:	Edward Tustin			
Title:	Fiscal Analyst III - Central Office			
Financial Information				
Beginning Balance at Jul	<b>1, 2020:</b> \$ 2,652.66			

#### **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	3,413,531.45	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	3,413,525.86		Summary of Expenditures



Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:	: S.C. Department of Disabilities and Special Needs/J160			
Account Name:	Whitten Center - Acct No. xxxxxxx2185 (Dedicat			xxx2185 (Dedicated)
Purpose of Account:			Client Funds	
Exemption Requested:		Yes	x No	
If exemption is requested,	, reason:			
Exemption Approved in F	Prior Year:	Yes	x No	
		Previously gra	anted 3/6/12	
Authorized Personnel				
Check Writing/Withdraw	val:			
Name:	J. Alan Longshore	2		
Title	Claims and Claim	S		
Name:	Tracy A Long			
Title	Fiscal Analyst			
Reconciliation:				
Name:	Deborah Detroia/I	Kaisha Willia	me	
Title	Director of Finance		1115	
The	Director of Finance			
Name:	Edward Tustin			
Title:	Fiscal Analyst III	- Central Offi	ce	
Financial Information				
Beginning Balance at July	y 1, 2020:	\$	-	

# **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	-		Summary of Expenditures

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Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160 Account Name: Return Check - Acct No. xxxxxxx9231 **Purpose of Account:** Return Checks **Exemption Requested:** Yes х No If exemption is requested, reason: **Exemption Approved in Prior Year:** Yes No Х Previously granted 3/6/12 **Authorized Personnel Check Writing/Withdrawal:** Name: Title Name: Title **Reconciliation:** Name: Edward Tustin Title Fiscal Analyst III Name: **Deloris Hill** Title: Accounts Payable **Financial Information Beginning Balance at July 1, 2020:** \$ 580.00

#### **Detailed Transactions During FY 2020-2021:**

Deposits: (Please list each deposit separately. Add lines as needed.)

Date	Amount	Source
07/01/2020 - 06/30/2021	400.00	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2020 - 06/30/2021	10.00		Summary of Expenditures

Ending Balance at June 30, 2021:

\$ 970.00