FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:	SCDPS / K050 RETURN CHECK ACCOUNT CAPTURES RETURNED CHECKS SO AS TO ENSURE THE GENERAL DEPOSIT ACCOUNT IS NET POSITIVE						
Exemption Requested: If exemption is requested, reason:		Yes		No	X		
Exemption Approved in Prior Year	:	Yes		No	X		
Authorized Personnel Check Writing/Withdrawal: Name:	Andrea Morris						
T:41- A	. (- D1-1 - C						

Accounts Payable Supervisor Title

Name: Susan Terry Administrative Assistant Title:

Reconciliation:

Jasmine Douglas Name: Title Revenue Accountant

Nate Lloyd Name: Director of Accounting Title:

Financial Information

0.00 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
10/13/2020	15.00	DEPOSIT
1/8/2021	13,421.26	DEPOSIT
3/24/2021	200.00	DEPOSIT
4/20/2021	200.00	DEPOSIT
4/27/2021	1,651.80	DEPOSIT

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

D ate	Amount	Payee	Purchase Description
9/24/2020	15.00	PROGRESSIVE	STOP PAYMENT
12/28/2020	13,421.26	GEICO	STOP PAYMENT
3/2/2021	200.00	UNDERWATER MECHANIX	CHARGE BACK
4/9/2021	200.00	OAK ISLAND TRANSPORT	INSUFFICIENT FUNDS
4/15/2021	1,651.80	GEICO	STOP PAYMENT

Ending Balance at June 30, 2021:	0.00
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FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number:			SCDPS / K050		
Account Name:			GENERAL COUNSEL		
Purpose of Account:			GENERAL COUNSEL FILING F	EES	
Exemption Requested:		Yes		No X	
If exemption is requested,	reason:				
Exemption Approved in Pr	ior Year:	Yes		No X	
Authorized Personnel Charles Writing (Withdraws)	1.				
Check Writing/Withdrawa Name:	Susan Terry				
Title	Administrative Assistant				
Name:					
Title:					
Reconciliation:					
Name:	Jasmine Douglas				
Title	Revenue Accountant				
Name:	Nate Lloyd				
Title:	Director of Accounting				
Financial Information					
Beginning Balance at July 1, 2020:		\$	300.00		
beginning butunce at sury	1, 2020.	Ψ	300.00		
Detailed Transactions Dur	ing FY 2020-2021:				
Deposits: (Please list each deposit separately. Add lines as needed.)					
Date	Amount		Source		
			Source		

Date	Amount	Source

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

Date	Amount		Payee	Purchase Description		
8/18	/20 30	0.00	GENERAL DEPOSIT ACCOUNT	CLOSED ACCOUNT		

Ending Balance at June 30, 2021:	\$0.00

FY 2020-21 Bank Account and Transparency Accountability Report

Pursuant to Proviso 117.80 of the FY2021-22 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:				PUB	SCDP LIC SAF N/A	S / K050 ETY		
Exemption Requested: If exemption is requested, reason:			Yes		X	No		
	THIS COMPOSITE ACCOUNT IS A CONFIDENTIAL ACCOUNT							
Exemption Approved in Prior Year:			Yes		X	No		
Authorized Personnel Check Writing/Withdrawal:								
Name:	A	Andrea Morris						
Title		ts Payable Supervisor						
Name:	Susan Terry							
Title:	Admi	nistrative Assistant						
Reconciliation:								
Name:	Ja							
Title	Revenue Accountant							
Name:		Nate Lloyd						
Title:	Director of Accounting							
Financial Information								
Beginning Balance at July 1, 2020:	\$	2,915.00						
Total Deposits FY 2021	\$	-						
Total Expenditures FY 2021	\$	1,250.00						

1,665.00

Ending Balance at June 30, 2021: