Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:

Exemption Requested:

S.C. Department of Disabilities and Special Needs/J160 Coastal Center - Acct No. xxxxxxx8494 (Operating) Client Funds



Exemption Approved in Prior Year:

If exemption is requested, reason:

Yes x Previously granted 3/6/12

Yes



Authorized Personnel

Check Writing/Withdrawal:

- Name:John DooneyTitleDistrict II HRM Director
- Name:Michelle ZilaTitle:Facility Administrator
- Name:Rochelle AnsahTitle:Administrator

Reconciliation:

Name:	Lori McCurley
Title	Director of Finance
Name:	Edward Tustin
Title:	Fiscal Analyst III - Central Office

Financial Information

Beginning Balance at July 1, 2021:

612,501.27

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	1,822,249.32	Summary of Deposits

\$

\$

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	1,907,522.64		Summary of Expenditures

Ending Balance at June 30, 2022:

527,227.95

Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160 Account Name: Coastal Center - Acct No. xxxxxxx9493 (Direct Deposit) **Purpose of Account:** Client Funds **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: John Dooney Title District II HRM Director Michelle Zila Name: Title: Facility Administrator Name: Rochelle Ansah Title: Administrator **Reconciliation:** Name: Lori McCurley Title Director of Finance Name: Edward Tustin Title: Fiscal Analyst III - Central Office **Financial Information** \$

Beginning Balance at July 1, 2021:

10,783.13

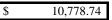
Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	1,740,664.58	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	1,740,668.97		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:

Exemption Requested:

S.C. Department of Disabilities and Special Needs/J160 Coastal Center - Acct No. xxxxxxx2428 (Dedicated) Client Funds

Yes	Х	No	
		-	

Exemption Approved in Prior Year:

If exemption is requested, reason:

Yes x Previously granted 3/6/12



Authorized Personnel

Check	Writing/Withdrawal:
Noma	John Doon

- Name:John DooneyTitleDistrict II HRM Director
- Name:Michelle ZilaTitle:Facility Administrator
- Name:Rochelle AnsahTitle:Administrator

Reconciliation:

Name:	Lori McCurley
Title	Director of Finance
Name:	Edward Tustin
Title:	Fiscal Analyst III - Central Office

		T 0	
Final	ncial	Inform	nation

Beginning Balance at July 1, 2021:

\$ -

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	-		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number:	S.C. Department of Disabilities and Special Needs/J160			
Account Name:	Midland Center - Acct No. xxxx8889 (Operating)			
Purpose of Account:		Client	Funds	
Evention Decreated.		Yes x	No	
Exemption Requested:	d maagan.	Yes x	INO	
If exemption is requeste	u, reason:			
Exemption Approved in	Prior Year:	Yes x	No	
		Previously granted 3/6/12		
Authorized Personnel				
<u>Authorized Personner</u> Check Writing/Withdra	wal•			
Name:	Angela Wright			
Title	Facility Administrator			
Name:	Paul Justus			
Title:	Procurement/Cla	ims Officer		
Reconciliation:				
Name:	Britney Childs			
Title	Director of Finan	ice		
Name:	Edward Tustin			
Title:	Fiscal Analyst III - Central Office			
	5			
Financial Information				

Detailed Transactions During FY 2021-2022:

Beginning Balance at July 1, 2021:

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

Date	Amount	Source
07/01/21-06/30/22	2,237,850.04	Summary of Deposits

\$

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	2,487,660.61		Summary of Expenditures

Ending Balance at June 30, 2022:

\$	527,564.02
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777,374.59

Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number Account Name: Purpose of Account:	Midlands Center- Acct No. xxxx4539 (Dire			
Exemption Requested: If exemption is request	ed, reason:	Yes x	No	
Exemption Approved		Yes x eviously granted 3/6/12	No	
Authorized Personnel				
Check Writing/Withdu				
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 J	uly 1, 2021:	\$ 8,082.39		

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	1,938,433.21	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	1,934,705.11		Summary of Expenditures

Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number:	umber: S.C. Department of Disabilities and Special Needs/J16			
Account Name:	ount Name: Midland Center - Acct No. xxxx9401 (Dedica			
Purpose of Account:	: Client Funds			
Exemption Requested:	Yes x No			
If exemption is requested,	reason:			
Exemption Approved in P	rior Year: Yes x No			
	Previously granted 3/6/12			
Authorized Personnel				
Check Writing/Withdraw	al:			
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				
Financial Information				
Beginning Balance at July	\$ -			

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source	
07/01/21-06/30/22	-	Summary of Deposits	

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	-		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number:	r: S.C. Department of Disabilities and Special Needs/J160			
Account Name: Midland Center - Acct No. xxxxx6869 (
Purpose of Account: Client Funds				
Exemption Requested:	Yes x No			
If exemption is requested,				
Examption Approval in I	rior Year: Yes x No			
Exemption Approved in F	rior Year: Yes x No Previously granted 3/6/12			
	r reviously granteu 5/0/12			
Authorized Personnel				
Check Writing/Withdraw	al:			
Name:	Angela Wright			
Title	Facility Administrator			
N				
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, 2021: \$-			
Detailed Transactions Du	ring FY 2021-2022:			

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

Date	Amount	Source
07/01/21-06/30/22	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	-		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:	er: S.C. Department of Disabilities and Special Needs/J16 Midlands Center- Acct No. xxxxx6877 (Direct Depos Client Funds		
Exemption Requested: If exemption is requested	Yes x No		
Exemption Approved in 1	Prior Year: Yes x No 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		
Financial Information			
Beginning Balance at Jul	y 1, 2021: \$-		

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	-		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number				
Account Name:	Midland Center - Acct No. xxxxx6885 (Dedicate			
Purpose of Account:		Client Fu	nds	
Exemption Requested	:	Yes x	No	
If exemption is reques	ted, reason:			
Exemption Approved		Yes x	No	
	Pro	eviously granted 3/6/12		
Authorized Personnel				
Check Writing/Withd				
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 - C	Central Office		
Financial Information				
Beginning Balance at	July 1, 2021:	\$ -		

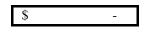
Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	-		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Nu	imber:	S.C. Department of Disabilities and Special Needs/J160			
Account Name:		Pee Dee Center- Acct No. xxxxxxxx5306 (Operating)			
Purpose of Accou	int:	Clien	Client Funds		
Exemption Requ	ested:	Yes x	No		
If exemption is re	equested, reason:				
Exemption Appr	oved in Prior Year:	Yes x	No		
		Previously granted 3/6/12	2		
Authorized Perso	onnel				
Check Writing/W	Vithdrawal:				
Name:	Deborah Rede	dick			
Title	Director of Fi	Director of Finance			
Name:	Jack Kolesar				
Title:	Co-Administr	Co-Administrator/Program Services/Supports			
Reconciliation:					
Name:	Michelle Selle	ers			
Title	Claims and C	ollections - Pee Dee			
Name:	Edward Tusti	n			
Title:	Fiscal Analys	t III - Central Office			
Financial Inform	ation				

Beginning Balance at July 1, 2021:

\$ 1,236,755.09

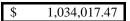
Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	2,040,320.19	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	2,243,057.81		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Nu	mber:	S.C. Department of Disabilities and Special Needs/J160		
Account Name:	I	Pee Dee Center - Acct No. xxxxxxxx9480 (Direct Deposit)		
Purpose of Accou	int:	Client Funds		
Exemption Reque	ested:	Yes x	No	
If exemption is re	equested, reason:		·	
Exemption Appr	oved in Prior Year:	Yes x	No	
Exemption repriv		Previously granted 3/6/12		
Authorized Perso	onnel			
Check Writing/W	ithdrawal:			
Name:	Deborah Reddic	ck .		
Title	Director of Fina	ince		
Name:	Jack Kolesar			
Title:	Co-Administrate	Co-Administrator/Program Services/Supports		
Reconciliation:				
Name:	Michelle Sellers	5		
Title	Claims and Coll	lections - Pee Dee		
Name:	Edward Tustin			
Title:	Fiscal Analyst I	II - Central Office		
Financial Inform	ation			
Beginning Balance	ce at July 1, 2021:	\$ 1,772.31		

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	1,895,554.66	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	1,895,440.92		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/N	umber:	S.C. Department of Disabilities and Special Needs/J160		
Account Name:		Pee Dee Center - Acct No. xxxxxxx1564 (Dedicated)		
Purpose of Acco	unt:	Client	Funds	
Exemption Requ	iested:	Yes x	No	
If exemption is r	equested, reason:			
Exemption Appr	coved in Prior Year:	Yes x	No	
		Previously granted 3/6/12	-	
Authorized Pers	onnel			
Check Writing/V	Withdrawal:			
Name:	Deborah Redo			
Title	Director of Fi	nance		
Name:	Jack Kolesar	Jack Kolesar		
Title:	Co-Administr	Co-Administrator/Program Services/Supports		
Reconciliation:				
Name:	Michelle Selle	ers		
Title	Claims and Co	ollections - Pee Dee		
Name:	Edward Tustin	n		
Title:	Fiscal Analyst	t III - Central Office		
Financial Inform	nation			
Beginning Balan	nce at July 1, 2021:	\$ -		

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	-		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number:	S.C. Department of Disabilities and Special Needs/J160
Account Name:	Whitten Center - Acct No. xxxxxxxx2172 (Operating)
Purpose of Account:	Client Funds
Exemption Requested:	Yes x No
If exemption is requested	l, reason:
Exemption Approved in	
	Previously granted 3/6/12
Authorized Personnel	
Check Writing/Withdray	wal:
Name:	J. Alan Longshore
Title	Claims and Claims
Name:	Tracy A Long
Title:	Fiscal Analyst
Reconciliation:	
Name:	Deborah Detroia/Audrey Haulbrook
Title	Director of Finance - Whitten
Name:	Edward Tustin
Title:	Fiscal Analyst III - Central Office
Financial Information	
Beginning Balance at Ju	y 1, 2021: \$ 509,011.06

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	3,078,794.43	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	3,464,567.79		Summary of Expenditures

Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Nu Account Name: Purpose of Accou	Whitten Center - Acct No. xxxxxxxx2169 (Direct Dep	S.C. Department of Disabilities and Special Needs/J160 Whitten Center - Acct No. xxxxxxx2169 (Direct Deposit) Client Funds		
Exemption Reque If exemption is re				
Exemption Appr	oved in Prior Year: Yes x No Previously granted 3/6/12			
Authorized Perso	nnel			
Check Writing/W	/ithdrawal:			
Name:	J. Alan Longshore			
Title	Claims and Claims			
Name:	Tracy A Long			
Title:	Fiscal Analyst			
Reconciliation:				
Name:	Deborah Detroia/Audrey Haulbrook			
Title	Director of Finance - Whitten			
Name:	Edward Tustin			
Title:	Fiscal Analyst III - Central Office			
Financial Inform	ation			
Beginning Balan	e at July 1, 2021: \$ 2,658.25			

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	3,058,787.41	Summary of Deposits

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

Amount	Payee	Purchase Description
3,017,612.47		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number:		-	ities and Special Needs/J160	
Account Name:		Whitten Center - Acct No. xxxxxxx2185 (Dedicated)		
Purpose of Account:		Client	t Funds	
Exemption Requ	iested:	Yes x	No	
	requested, reason:			
Exemption App	roved in Prior Year:	Yes x Previously granted 3/6/12	No	
<u>Authorized Pers</u> Check Writing/V				
Name:	J. Alan Longsh	nore		
Title	Claims and Cla	aims		
Name:	Tracy A Long	5		
Title:	Fiscal Analyst			
Reconciliation:				
Name:	Deborah Detro	oia/Audrey Haulbrook		
Title	Director of Fir	nance - Whitten		
Name:	Edward Tustin	l		
Title:	Fiscal Analyst	III - Central Office		
<u>Financial Inform</u>	nation			
Beginning Balar	nce at July 1, 2021:	\$ -]	
D.4.9.1 T	ations During EV 2021 2	022.		

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source
07/01/21-06/30/22	-	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	-		Summary of Expenditures



Pursuant to Proviso 117.79 of the FY2022-23 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		S.C. Department of Disabilities and Special Needs/J16 Return Check - Acct No. xxxxxxxx9231 Return Checks		
Exemption Requested: If exemption is requested	l, reason:	3	Y es X	No
Exemption Approved in Prior Year:			Yes x granted 3/6/12	No
<u>Authorized Personnel</u> Check Writing/Withdray	wal·			
Name:	wai.			
Title				
Name: Title:				
Reconciliation:				
Name:	Edward Tustin			
Title	Fiscal Analyst I	II		
Name:	Deloris Hill			
Title:	Accounts Payab	ole		
Financial Information				
Beginning Balance at Jul	ly 1, 2021:	\$	970.00	

Detailed Transactions During FY 2021-2022:

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

Date	Amount	Source	
07/01/21-06/30/22	104,245.90	Summary of Deposits	

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

Date	Amount	Payee	Purchase Description
07/01/21-06/30/22	104,266.90		Summary of Expenditures

