Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		Coastal Center - Acc		nd Special Needs/J106 xxxx8494 (Operating) ds
Exemption Requested: If exemption is requested,	reason:	Yes x		No
Exemption Approved in P	rior Year:	Yes x		No
Authorized Personnel Check Writing/Withdraw	al:			
Name:	John Dooney			
Title	Facility Administr	rator		
Name:	Doris Piper			
Title:	Administrator			
Reconciliation:				
Name:	Lori McCurley			
Title	Director of Finance	e - Coastal Center		
Name:	Angela Ditolla			
Title:	Fiscal Manager I -	Central Office		
Financial Information				
Beginning Balance at July	1, 2024:	\$ 433,514	.12	
Detailed Transactions Dur Deposits: (Please list each of	_			

Date	Amount	Source
07/01/2024 - 6/30/2025	37,124.30	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(299,146.07)		Summary of Expenditures

<b>Ending Balance at June 30, 2025:</b> \$ 171,492.35
---

Agency Name/Number: Account Name: Purpose of Account:	SC Department of Disabilities and Special Needs/J106 Coastal Center - Acct No. xxxxxxxxx9493 (Direct Deposit) Client Funds
Exemption Requested: If exemption is requested	Yes x No No d, reason:
Exemption Approved in	Prior Year: Yes x No No
Authorized Personnel Check Writing/Withdra	wal:
Name:	John Dooney
Title	Facility Administrator
Name:	Doris Piper
Title:	Administrator
Reconciliation:	
Name:	Lori McCurley
Title	Director of Finance - Coastal Center
Name:	Angela Ditolla
Title:	Fiscal Manager I - Central Office
Financial Information	
Beginning Balance at Ju	ly 1, 2024: \$ 11,469.96
	·
Detailed Transactions D	
peposits: (Please list each	n deposit separately. Add lines as needed.)
Date	Amount Source
Dutt	

Withdrawals:	(Please l	list each	n withdrawal	separately.	Add lines as nee	eded)
--------------	-----------	-----------	--------------	-------------	------------------	-------

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(1,717,422.39)		Summary of Expenditures

Ending Balance at June 30, 2025:	¢	11 754 11
Ending Balance at June 30, 2025:	. ``	11 / 54 11

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:	SC Department of Disabilities and Special Needs/J106 Coastal Center - Acct No. xxxxxxxxx2428 (Dedicated) Client Funds			
Exemption Requested: If exemption is requested, reas	on:	Yes x	No	
Exemption Approved in Prior	Year:	Yes x	No	
Authorized Personnel Check Writing/Withdrawal:				
Name:	John Dooney			
Title	Facility Administrator			
THE	Tacinty Administrator			
N	D ' D'			
Name:	Doris Piper			
Title:	Administrator			
D				
Reconciliation:				
Name:	Lori McCurley			
Title	Director of Finance - C	Coastal Center		
Name:	Angela Ditolla			
Title:	Fiscal Manager I - Cen	ntral Office		
Financial Information				
Beginning Balance at July 1, 2024:				
Ç ,				
<b>Detailed Transactions During</b>	FY 2024-2025:			
Deposits: (Please list each depos		s as needed.)		
		T		
Date	Amount		Source	
07/01/2024 - 6/30/2025	-	Summary of Deposits		
Withdrawals: (Please list each v	withdrawal separately.	Add lines as needed)		
Date	Amount	Payee	Purchase Description	
07/01/2024 - 6/30/2025	Amount	1 ayee	Summary of Expenditures	
0 //01/2024 - 0/30/2023	-		Summary of Expenditures	

**Ending Balance at June 30, 2025:** 

Agency Name/Number: Account Name: Purpose of Account:	SC Department of Disabilities and Special Needs/J106 Midlands Center - Acct No. xxxx8889 (Operating) Client Funds					
Exemption Requested: If exemption is requested, reaso	Yes X No					
Exemption Approved in Prior Y	Exemption Approved in Prior Year:  Yes x  No					
Authorized Personnel Check Writing/Withdrawal: Name: Title	John Dooney Facility Administrator					
Name: Title:	Paul Justus Procurement/Claims Officer					
Reconciliation: Name: Title	Tom Benton Senior Accountant - GL					
Name: Title:	Angela Ditolla Fiscal Manager I - Central Office					
Financial Information  Beginning Balance at July 1, 2024:  \$ 254,825.78						
Detailed Transactions During FY 2024-2025:  Deposits: (Please list each deposit separately. Add lines as needed.)						
Date	Amount Source					
07/01/2024 - 6/30/2025	241,246.43 Summary of Deposits					
Withdrawals: (Please list each w	ithdrawal separately. Add lines as needed)					

07/01/2024 - 6/30/2025 (490,039.47) Summary of Expenditures	Date:	Amount	Payee	Purchase Description
	07/01/2024 - 6/30/2025	(490,039.47)		Summary of Expenditures

Ending Balance at June 30, 2025:	\$	6,032.74
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Account Name: Midlands Center - Acct No. xxxx4539 (Direct Deposit) Purpose of Account: Client Funds  Exemption Requested: Yes x No	Agency Name/Number:	SC D	epartment of Disabilitie	es and Special Needs/J106			
Exemption Requested:  If exemption is requested, reason:  Exemption Approved in Prior Year:  Authorized Personnel Check Writing/Withdrawal: Name:     John Dooney Title     Facility Administrator  Name:     Paul Justus Title:     Procurement/Claims Officer  Reconciliation: Name:     Tom Benton Title     Senior Accountant - GL  Name:     Angela Ditolla Title:     Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024:      Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)	Account Name:	Midla		` <u>*</u> /			
If exemption is requested, reason:  Exemption Approved in Prior Year:  Authorized Personnel Check Writing/Withdrawal: Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)	<b>Purpose of Account:</b>	Client Funds					
If exemption is requested, reason:  Exemption Approved in Prior Year:  Authorized Personnel Check Writing/Withdrawal: Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)							
Exemption Approved in Prior Year:  Authorized Personnel Check Writing/Withdrawal: Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)	Exemption Requested:		Yes x	No			
Authorized Personnel Check Writing/Withdrawal: Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	If exemption is requested, re	eason:	<u> </u>				
Authorized Personnel Check Writing/Withdrawal: Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source							
Authorized Personnel Check Writing/Withdrawal: Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	Exemption Approved in Pri	or Year:	Yes x	No			
Check Writing/Withdrawal:  Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)							
Check Writing/Withdrawal:  Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)	Authorized Personnel						
Name: John Dooney Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source		:					
Title Facility Administrator  Name: Paul Justus Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	=						
Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	Title	-					
Title: Procurement/Claims Officer  Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	N.T.	D 17					
Reconciliation: Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source			cc				
Name: Tom Benton Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	litle:	Procurement/Claims O	Hicer				
Title Senior Accountant - GL  Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	Reconciliation:						
Name: Angela Ditolla Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	Name:	Tom Benton					
Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	Title	Senior Accountant - Gl	L				
Title: Fiscal Manager I - Central Office  Financial Information  Beginning Balance at July 1, 2024: \$ 23,242.72  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	Name:	Angela Ditolla					
Beginning Balance at July 1, 2024:  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date  Amount  Source	Title:	_	tral Office				
Beginning Balance at July 1, 2024:  Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date  Amount  Source	TI 117.4						
Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	<u>Financial Information</u>						
Detailed Transactions During FY 2024-2025: Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	Beginning Balance at July 1	. 2024:	\$ 23.242.72				
Deposits: (Please list each deposit separately. Add lines as needed.)  Date Amount Source	- ·gg - · · · · · · · · · · · · · ·	,	,				
Date Amount Source	Detailed Transactions Duri	ng FY 2024-2025:					
	<b>Deposits:</b> (Please list each de	posit separately. Add lines	as needed.)				
	Date	Amount		Source			
l l	551.202. 0/00/2020	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	*****						
	Withdrawals: (Please list eac	ch withdrawal separately. A	Add lines as needed)				

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(2,049,649.15)		Summary of Expenditures

Enumg Balance at Julie 30, 2023.	Ending Balance at June 30, 2025:	\$	215,378.06
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Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

<b>Date</b> 07/01/2024 - 6/30/2025	Amount -	Payee	Purchase Description Summary of Expenditure	es	
Date	Amount	Pavoo	Purchasa Description		
Withdrawals: (Please list each	withdrawal separately.	Add lines as needed)			
07/01/2027 - 0/30/2023	-	Summary of Deposits			
<b>Date</b> 07/01/2024 - 6/30/2025	Amount	Summary of Deposits	Source		
D.A.	A 4		C		
Deposits: (Please list each deposit	sit separately. Add line	es as needed.)			
<b>Detailed Transactions During</b>	FY 2024-2025:				
Deginning Dalance at July 1, 2	[	ψ -			
Beginning Balance at July 1, 2	024.	\$ -			
Financial Information					
Title:	Fiscal Manager I - Ce	entral Office			
Name:	Angela Ditolla	entral Office			
Title	Senior Accountant - (	GL			
Reconciliation: Name:	Tom Benton				
D					
Title:	Procurement/Claims	Officer			
Name:	Paul Justus				
Title	Facility Administrator	r			
Name:	John Dooney				
Authorized Personnel Check Writing/Withdrawal:					
			· · · · · · · · · · · · · · · · · · ·		
<b>Exemption Approved in Prior</b>	Year:	Yes x	No		
• • •					
If exemption is requested, reas	son:	I CS A	110		
Exemption Requested:		Yes x	No		
			, 1 0,140		
Account Name: Purpose of Account:	Midlands Center - Acct No. xxxx9401 (Dedicated)  Client Funds				
			ities and Special Needs/J106		

**Ending Balance at June 30, 2025:** 

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number:	SC Department of Disabilities and Special Needs/J106					
Account Name:	Pee Dee Center - Acct No. xxxxxxxxx5306 (Operating)					
<b>Purpose of Account:</b>	Client Funds					
Exemption Requested:		Yes x	No			
If exemption is requested, reas	on•	1 CS A	110			
ir exemption is requested, reas	<b></b>					
<b>Exemption Approved in Prior</b>	Year:	Yes x	No			
Authorized Personnel						
Check Writing/Withdrawal:						
Name:	John Dooney					
Title	Director of Finance -	Pee Dee Center				
Name:	Kedisha Ceo Director of Support Services					
Title:	Director of Support Services					
Reconciliation:						
Name:	Renee (Darlene) Curt	tis				
Title	Fiscal Analyst I					
Name:	Angela Ditolla	1.000				
Title:	Fiscal Manager I - Ce	entral Office				
Financial Information						
Beginning Balance at July 1, 2	024:	\$ 808,175.20				
Detailed Transactions During	-	1 1)				
Deposits: (Please list each deposit	sit separately. Add line	es as needed.)				
Date	Amount		Source			
07/01/2024 - 6/30/2025	530,172.18	Summary of Deposits				

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

Date	Amount	Payee	Purchase Description
07/01/2024 - 6/30/2025	(184,734.21)		Summary of Expenditures

Ending Balance at June 30, 2025:	\$ 1,153,613.17

Agency Name/Number:	SC	Department of Disabil	lities and Special Needs/J106		
Account Name:	Pee Dee Center - Acct No. xxxxxxxxx9480 (Direct Deposit)				
Purpose of Account:		Clien	t Funds		
Exemption Requested:		Yes x	No		
If exemption is requested, reason	1•	T C3	110		
ii exemption is requested, reason					
<b>Exemption Approved in Prior Y</b>	ear:	Yes x	No		
Authorized Descennel					
Authorized Personnel Check Writing/Withdrawal:					
Name:	John Dooney				
Title	Director of Finance	- Pee Dee Center			
Name:	Kedisha Ceo				
Title:	Director of Support	Services			
Reconciliation:	P (D 1 ) G	.•			
Name:	Renee (Darlene) Cu	ırtıs			
Title	Fiscal Analyst I				
Name:	Angela Ditolla				
Title:	Fiscal Manager I - 0	Central Office			
	S				
Financial Information					
Beginning Balance at July 1, 202	4:	\$ 24,778.63			
D. 11.17 D. 1. D.	7.0004.0005				
<b>Detailed Transactions During F Deposits:</b> (Please list each deposit		a as mooded )			
Deposits: (Flease list each deposit	separately. Add fine	s as needed.)			
Date	Amount		Source		
07/01/2024 - 6/30/2025		Summary of Deposits			
Withdrawals: (Please list each wi	thdrawal separately.	Add lines as needed)			
Date	Amount	Davisa	Dunahasa Dasawintian		
07/01/2024 - 6/30/2025	<b>Amount</b> (2,653,339.97)	Payee	Purchase Description Summary of Expenditures		
07/01/2024 - 0/30/2023	(4,055,559.97)		Summary of Expenditures		

Ending Balance at June 30, 2025:	\$ 30,314.80

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		SC Department of Disabilities and Special Needs/J106 Pee Dee Center - Acct No. xxxxxxxxx1564 (Dedicated) Client Funds				
Exemption Requested: If exemption is requested, reason		Yes x	No			
if exemption is requested, reason	1.					
Exemption Approved in Prior Yo	ear:	Yes x	No			
Authorized Personnel						
Check Writing/Withdrawal: Name:	John Dooney					
Title	Director of Finance -	Pee Dee Center				
Name:	Kedisha Ceo					
Title:	Director of Support S	Services				
Reconciliation:						
Name:	Renee (Darlene) Curt	tis				
Title	Fiscal Analyst I					
	-					
Name:	Angela Ditolla					
Title:	Fiscal Manager I - Ce	entral Office				
<b>Financial Information</b>						
Beginning Balance at July 1, 202	4:	\$ -				
Detailed Transactions During FY Deposits: (Please list each deposit		as needed.)				
Date	Amount		Source			
07/01/2024 - 6/30/2025	-	Summary of Deposits				
Withdrawals: (Please list each wi	thdrawal separately. Ac	dd lines as needed)				
Date	Amount	Payee	Purchase Description			
07/01/2024 - 6/30/2025	-	·	Summary of Expenditures			

\$

**Ending Balance at June 30, 2025:** 

# FY 2024-25 Bank Account and Transparency Accountability Report Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number:	SC	Department	of Disabili	ties and Special Needs/J106	
Account Name:	Whitten Center - Acct No. xxxxxxxxx2172 (Operating)				
Purpose of Account:			Client	Funds	
Exemption Requested:		Yes	X	No	
If exemption is requested, reason	:				
Exemption Approved in Prior Ye	aar.	Yes	v	No	
Exemption Approved in Frior 16	car.	i es	X	100	
<b>Authorized Personnel</b>					
Check Writing/Withdrawal:					
Name:	John Dooney				
Title	Claims and Collecti	ions Officer			
Name:	Tracy A Long				
Title:	Fiscal Analyst				
D 111 41					
Reconciliation:	. 1 77 11 1				
Name:	Audrey Haulbrook	3371 ***			
Title	Director of Finance	- Whitten			
Name:	Angela Ditolla				
Title:	Fiscal Manager I - 0	Central Office			
	S				
<b>Financial Information</b>					
	-				
Beginning Balance at July 1, 2024	4:	\$ 102	2,992.77		
Detailed Transactions During FY		1 1)			
<b>Deposits:</b> (Please list each deposit	separately. Add lines	s as needed.)			
Date	Amount			Source	
07/01/2024 - 6/30/2025		Summary of	Deposits		
0.00,2020	, , , , , , , , , , , , , , , , , , , ,		P		
Withdrawals: (Please list each wit	hdrawal separately.	Add lines as r	needed)		
Date 0.5 (2.2.4 ) (2.2.5 )	Amount	Paye	e	Purchase Description	
07/01/2024 - 6/30/2025	(115,141,31)			Summary of Expenditures	

Ending Balance at June 30, 2025:	\$ 86,132.79

Agency Name/Number:		•	s and Special Needs/J106	
Account Name:	Whitten		xxxxxx2169 (Operating)	
Purpose of Account:		Client Fu	nds	
<b>Exemption Requested:</b>		Yes x	No	
If exemption is requested, reason:		-	<u> </u>	
Examption Annuaved in Brian Ves	\	Vac	No	
Exemption Approved in Prior Yea	ır.	Yes x	No	
Authorized Danconnol				
Authorized Personnel Check Writing/Withdrawal:				
Name:	John Dooney			
Title	Claims and Collections Of	ficer		
Title	Claims and Concetions Of	neer		
Name:	Tracy A Long			
Title:	Fiscal Analyst			
	J			
Reconciliation:				
Name:	Audrey Haulbrook			
Title	Director of Finance - Whit	ten		
Name:	Angela Ditolla			
Title:	Fiscal Manager I - Central	Office		
Financial Information				
		_		
Beginning Balance at July 1, 2024	:	\$ 50,481.69		
<b>Detailed Transactions During FY</b>				
<b>Deposits:</b> (Please list each deposit s	eparately. Add lines as need	led.)		
Date	Amount		Source	
07/01/2024 - 6/30/2025		Summary of Deposits	Source	
07/01/2024 - 0/30/2023	3,311,072.32	Summary of Deposits		
Withdrawals: (Please list each with	ndrawal separately. Add line	es as needed)		
Date	Amount	Payee	Purchase Description	
07/01/2024 - 6/30/2025	(3,507,958.77)		Summary of Expenditures	

Ending Balance at June 30, 2025:	\$ 54,195.24

Agency Name/Number: Account Name: Purpose of Account:		SC Department of Disabilities and Special Needs/J106 Whitten Center - Acct No. xxxxxxxxx2185 (Dedicated) Client Funds		
Turpose of Account.		Chefit I dilds		
<b>Exemption Requested:</b>		Yes x	No	
If exemption is requested, rea	ison:			
Exemption Approved in Prior	r Year:	Yes x	No	
Authorized Personnel				
Check Writing/Withdrawal:	V 1 - D			
Name:	John Dooney			
Title	Claims and Collections Office	er		
Name:	Tracy A Long			
Title:	Fiscal Analyst			
Reconciliation:				
Name:	Audrey Haulbrook			
Title	Director of Finance - Whitten			
Name:	Angela Ditolla			
Title:	Fiscal Manager I - Central Of	fice		
Financial Information				
Beginning Balance at July 1,	2024:	\$ -		
Detailed Transactions During Deposits: (Please list each depo	<u>x FY 2024-2025:</u> Dosit separately. Add lines as needed	d.)		
Date	Amount	1	Source	
07/01/2024 - 6/30/2025	Amount	Summary of Deposits	Source	
Withdrawals: (Please list each	withdrawal separately. Add lines	as needed)		
Date	Amount	Payee	Purchase Description	
07/01/2024 - 6/30/2025	-		Summary of Expenditures	
	I	1		
	225	Φ.		
<b>Ending Balance at June 30, 2</b>	025:	\$ -		

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number:	SC De	epartment of Disabilities	s and Special Needs/J106		
Account Name:		Return Check - Acct No. xxxxxxxxx9231			
Purpose of Account:		Return Checks			
<b>Exemption Requested:</b>		Yes x	No		
If exemption is requested, reason	:				
,					
Exemption Approved in Prior Ye	ear:	Yes x	No		
<b>Authorized Personnel</b>					
Check Writing/Withdrawal:					
Name:					
Title					
Name:					
Title:					
Title.					
Reconciliation:					
Name:					
Title					
Name:					
Title:					
Title.					
Financial Information					
Beginning Balance at July 1, 2024	ı. I	\$ (4,066.46)			
Deginning Dalance at July 1, 202-	T•	\$ (4,000.40)			
<b>Detailed Transactions During FY</b>	2024-2025:				
<b>Deposits:</b> (Please list each deposit		eeded.)			
Гр. /					
Date	Amount	a an .	Source		
07/01/2024 - 6/30/2025	-	Summary of Deposits			
Withdrawals: (Please list each wit	thdrawal separately. Add l	ines as needed)			
Date	Amount	Payee	Purchase Description		
07/01/2024 - 6/30/2025	289.86	·	Summary of Expenditures		
• I			<del>-</del>		

Ending Balance at June 30, 2025:	\$ (3,776.60)