Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Date	Amount	-	Payee	Descri	ption of Goods/Services Purchase	<u>d</u>			
Withdrawals: (Please list each	_					7			
Date	Amount			Sourc	e				
Detailed Transactions Dur Deposits: (Please list each d	eposit separately. Add	l lines as 1	needed.)	C					
Beginning Balance at July	1, 2024:			-					
Financial Information									
Title:		_	na Martin ing Manager	•					
Name:									
Name: Title		Tina Jef Account							
Reconciliation:									
Title:		Director of Budget and Finance							
Name:		Scott Lu	dlam						
Title		Interim							
Authorized Personnel Check Writing/Withdrawa Name:	al:	Joel E. A	Indonesan						
Exemption Approved in Pa	rior Year:	Yes	X	No					
		ption Gr	anted 12/12.	/17					
Exemption Requested: If exemption is requested,	reason:	Yes	X	No					
				_					
Account Name: Purpose of Account:	Tı	Trust cash account for individual inmate transactions							
Agency Name/Number:		South	Carolina De _l	partment of	f Corrections				

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number:	***		epartment of Corrections					
Account Name:		•	cial Funds Composite Reservoir Account					
Purpose of Account:	Tru	ast cash account for individual inmate transactions						
Exemption Requested:		Yes X	No					
If exemption is requested, rea	ason:		_					
	Exemp	otion Granted 12/12	2/17					
Exemption Approved in Prio	r Year:	Yes X	No					
Authorized Personnel Check Writing/Withdrawal:								
Name:		Joel E. Anderson						
Title		Interim Director						
Name:		Scott Ludlam						
Title:		Director of Budget and Finance						
Reconciliation:								
Name:		Tina Jeffcoat						
Title		Accountant						
Name:		Georganna Martin						
Title:		Accounting Manage	er					
Financial Information								
Beginning Balance as of July	1, 2024:		46,822.59					
Detailed Transactions During	g FY 2024-2025							
Deposits: (Please list each dep		lines as needed.)						
Date	Amount		Source					
7/1/24 - 6/30/25	11,994.02	Summary of Deposi	its					
1								
Withdrawals: (Please list each	n withdrawal separate	ly. Add lines as need	eded)					
Date	Amount	Payee	Description of Goods/Servic					
7/1/24 - 6/30/25	230.00	•	<u> </u>					

58,586.61

Ending Balance at June 30, 2025:

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number:	S	outh (Carol	ina De	partment	of Correc	tions	
Account Name:	N040 SCDC South	N040 SCDC Southstate Bank EH Cooper Trust Composite Reservoir Account						
Purpose of Account:	Trust o	Trust cash account for individual inmate transactions						
Exemption Requested:		Yes		X	No			
If exemption is requested,	reason:							
•	Exempti	on Gi	rante	ed 12/1	2/17			
Exemption Approved in I	Prior Year:	Yes		X	No			
Authorized Personnel Check Writing/Withdraw	val•							
Name:	aı.	Ioel l	FΔı	ndersoi	n			
Title				irector				
Name:		Scott Ludlam						
Title:		Direc	ctor c	of Budg	get and Fin	nance		
Reconciliation:								
Name:		Tina	Jeffc	oat				
Title		Acco	unta	nt				
Name:		Geor	gann	a Mart	in			
Title:			-	ng Mar				
Financial Information								
Beginning Balance at July	v 1, 2024:				1,594,10	8.59		
Detailed Transactions Du	ring FY 2024-2025:							
Deposits: (Please list each		nes as	need	ded.)				
Date	Amount				So	urce		
7/1/24- 6/30/25	69,735.34	Sumi	narv	of De		4100		
: _ : _ : _ : _ : _ : _ : _ : _ :	07,700.01	3	J		r - 2 			
		•						
Withdrawals: (Please list	each withdrawal separately	. Ad	d line	es as no	eeded)			

Payee

Description of Goods/Services Purchased

Summary of Expenditures

Ending Balance at June 30, 2025:	1,663,843.93

Amount

Date

7/1/24- 6/30/25

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number:		South (Carolina De _l	partment o	of Corrections
Account Name:	N040 SCDC	Wells Fai	rgo PI Privat	te Sector C	Composite Reservoir Account
Purpose of Account:	Tri	ust cash a	ccount for ir	ndividual i	nmate transactions
Examption Doguested.		Vas	v		
Exemption Requested:		Yes	X	No	
If exemption is requested, i		ntion Cu	antad 12/12	/17	
	Exem	puon Gra	anted 12/12	/1/	
Exemption Approved in Pr	rior Year:	Yes	X	No	
Authorized Personnel					
Check Writing/Withdrawa	ıl:				
Name:		Joel E. A	Inderson		
Title		Interim I	Director		
N		C 44 I	11		
Name: Title:		Scott Ludlam Director of Budget and Finance			
Tiue.		Director	of Budget a	nu rmance	.
Reconciliation:					
Name:		Tina Jeff	coat		
Title		Accounta	ant		
Name:		_	na Martin		
Title:		Account	ing Managei	r	
Financial Information					
					_
Beginning Balance at July	1, 2024:		3	,280,924.5	54
Detailed Tuesdanting Devel	: ~ EV 2024 2025.				
Detailed Transactions Duri Deposits: (Please list each d		l linas as i	naadad)		
Deposits. (Trease list each d	eposit separatery. Add	i iiiies as i	needed.)		
Date	Amount			Sourc	ee
7/1/24- 6/30/25	15,538,855.72	Summar	y of Deposit	S	
With duamala. (D1 1' 4	a ala seritta dua1 4	الد ماء	lings	(ادواد	
Withdrawals: (Please list ea	ach williarawai separat	ery. Add	imes as nee	aea)	
Date	Amount	1	Payee	Descri	ption of Goods/Services Purchased
7/1/24- 6/30/25	15,735,558.96		<i>y</i>		Summary of Expenditures

Summary of Expenditures

Ending Balance at June 30, 2025: 3,084,221,30		
Ending Dalance at Gune 20, 2023.	Ending Balance at June 30, 2025:	3,084,221.30

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Yes

South Carolina Department of Corrections

N040 SCDC Wells Fargo Community Services Composite Reservoir Account

Trust cash account for individual inmate transactions

Agency Name/Number:

Purpose of Account:

Exemption Requested:

Account Name:

If exemption is requested		ption Granted 12/1	2/17	
Exemption Approved in	Prior Year:	Yes X	No	
Authorized Personnel				
Check Writing/Withdra	wal:	I1 E. A. Janean		
Name: Title		Joel E. Anderson Interim Director		
Name:		Scott Ludlam		
Title:		Director of Budget	and Financ	ce
Reconciliation:				
Name:		Tina Jeffcoat		
Title		Accountant		
Name:		Georganna Martin		
Title:		Accounting Manag	er	
Financial Information				
Beginning Balance at Ju	ly 1, 2024:		920,415.	54
Detailed Transactions D	uring FY 2024-2025:			
Deposits: (Please list each		d lines as needed.)		
Date	Amount		Sourc	ce
7/1/24 - 6/30/25	4,028,185.51	Summary of Depos	its	
Withdrawals: (Please list	t each withdrawal separa	ntely. Add lines as n	eeded)	
Date	Amount	Payee	Descri	ption of Goods/Services Purchased
7/1/24 - 6/30/25	3,969,370.77	Various		Summary of Expenditures
		1		
Ending Balance at June	30, 2025:		979,230.	28

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

South Carolina Department of Corrections

7,443,177.71

Agency Name/Number:

Ending Balance at June 30, 2025:

Account Name:	N040 SCDC	wells rargo EH Coope	er Trust Composite Reservoir Account					
Purpose of Account:	Tr	ust cash account for individual inmate transactions						
Exemption Requested:		Yes X	No					
If exemption is requested,	reason.	105						
ir exemption is requested,		ption Granted 12/12/1	7					
Exemption Approved in Pi	rior Year:	Yes X	No No					
Authorized Personnel								
Check Writing/Withdrawa	ıl:							
Name:		Joel E. Anderson						
Title		Interim Director						
Name:		Scott Ludlam						
Title:		Director of Budget and Finance						
Reconciliation:								
Name:		Tina Jeffcoat						
Title		Accountant						
Name:		Georganna Martin						
Title:		Accounting Manager						
Financial Information								
Beginning Balance at July	1, 2024:	3,3	366,747.49					
Detailed Transcations Day	: ~ EV 2024 2025.							
Detailed Transactions Dur Deposits: (Please list each d		l lines as needed.)						
Data	I 4	Т	Samue					
Date 7/1/24 6/20/25	Amount	C CD '	Source					
7/1/24 - 6/30/25	42,6/5,/13.04	Summary of Deposits						
Withdrawals: (Please list ea	ach withdrawal separat	ely. Add lines as need	ed)					
Date	Amount	Payee	Description of Goods/Services Purchased					
7/1/24- 6/30/25	38,599,282.82	Various	Summary of Expenditures					

FY 2024-25 Bank Account and Transparency Accountability Report Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number:			Department of Corrections				
Account Name:	N040 S	-	per Trust Composite Reservoir Account				
Purpose of Account:		Trust cash account for individual inmate transactions					
Emanuation Dominated		Var	v No				
Exemption Requested:		Yes X	X No				
If exemption is requested,			N/10/15				
	Ex	emption Granted 12	½/12/17				
Exemption Approved in P	rior Year:	Yes X	X No				
Andharinad Dansannal							
Authorized Personnel Check Writing/Withdrawa	al•						
Name:	41.	Joel E. Anderson					
Title		Interim Director					
Title		memi Director					
Name:		Scott Ludlam					
Title:		Director of Budge	et and Finance				
		8					
Reconciliation:							
Name:		Tina Jeffcoat					
Title		Accountant					
Name:		Georganna Martin	n				
Title:		Accounting Mana	ager				
Financial Information							
Beginning Balance at July	1, 2024:		32,869.44				
Detailed Transactions Dur							
Deposits: (Please list each d	leposit separately. A	Add lines as needed.)					
Data	Amount	1	Source				
Date 7/1/24 - 6/30/25	Amount	Cummons of Don					
//1/24 - 0/30/23		Summary of Depo	OSITS				
Withdrawals: (Please list e	ach withdrawal sepa	arately. Add lines as a	needed)				
`	•	·	,				
Date	Amount	Payee	Description of Goods/Services Purchased				
7/1/24 - 6/30/25			Summary of Expenditures				
Ending Balance at June 30), 2025:		32,869.44				

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

South Carolina Department of Corrections

N040 SCDC Palmetto State EH Cooper Trust Composite Reservoir Account

Agency Name/Number:

Account Name:

7/1/24 - 6/30/25	8,744.96		Summary of Expenditures
7/1/24 - 6/30/25	8,744.90		Builliary of Expenditures
2		1 ayec	Summary of Expenditures
Date	Amount	Payee	Description of Goods/Services Purchased
Withdrawals: (Please list each	ch withdrawal separa	tely. Add lines as need	led)
7/1/24 - 6/30/25	198,207.32	Summary of Deposits	
Date 7/1/24 6/20/25	Amount	g - cp :	Source
Deposits: (Please list each de		d lines as needed.)	
Detailed Transactions During		11.	
Beginning Balance at July 1	, 2024:		943,211.64
Financial Information	2024		042.211.64
		recounting Manager	
Name: Title:		Georganna Martin Accounting Manager	
THE		Accountant	
Name: Title		Tina Jeffcoat	
Reconciliation:		Ti' 1 00	
Title:		Director of Budget an	d Finance
Name:		Scott Ludlam	
Title		Interim Director	
Name:		Joel E. Anderson	
<u>Authorized Personnel</u> Check Writing/Withdrawal	:		
Exemption Approved in Pri	or Year:	Yes X	No
	Exem	ption Granted 12/12/	17
If exemption is requested, re			
Exemption Requested:		Yes X	No
Purpose of Account:			dividual inmate transactions

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number:		South Carolina D	epartment of Corrections					
Account Name:	N040 SCD0	N040 SCDC Wells Fargo Special Funds Composite Reservoir Account						
Purpose of Account:	Tr	ust cash account for individual inmate transactions						
Exemption Requested:		Yes X	No					
If exemption is requested, r	reason•	105	110					
ir exemption is requested, i		ption Granted 12/1	2/17					
Exemption Approved in Pr	ior Year:	Yes X	No					
Authorized Personnel								
Check Writing/Withdrawa	l:	I1 E A I						
Name: Title		Joel E. Anderson Interim Director						
Title		Internii Director						
Name:		Scott Ludlam						
Title:		Director of Budget and Finance						
		S						
Reconciliation:								
Name:		Tina Jeffcoat						
Title		Accountant						
Name:		Gaarganna Martin						
Title:		Georganna Martin Accounting Manag	rer					
Title.		recounting wanag	Çî.					
Financial Information								
Beginning Balance at July	1, 2024:		735,187.45					
Detailed Transactions Duri Deposits: (Please list each de	_	l lines as needed.)						
Date	Amount		Source					
7/1/24 - 6/30/25	619,202.24	Summary of Depos	sits					
Withdrawals: (Please list ea	ach withdrawal separat	ely. Add lines as ne	eeded)					
Date	Amount	Payee	Description of Goods/Services Purc	hased				
7/1/24 - 6/30/25	610,039.11	Various	Summary of Expenditures					
	·	·						

744,350.58

Ending Balance at June 30, 2025:

FY 2024-25 Bank Account and Transparency Accountability Report Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number:		South Carolina Department of Corrections				
Account Name:	N040	N040 SCDC Truist Special Funds Composite Reservoir Account				
Purpose of Account:		Trust cash account for individual inmate transactions				
Exemption Requested:		Yes X	No			
If exemption is requested, r	eason:					
	Ex	emption Granted 12/2	/12/17			
Exemption Approved in Prior Year:		Yes X No				
Authorized Personnel						
Check Writing/Withdrawal	:					
Name:		Joel E. Anderson				
Title		Interim Director				
Name:		Scott Ludlam				
Title:			Director of Budget and Finance			
		Director of Budget and I manee				
Reconciliation:						
Name:		Tina Jeffcoat				
Title		Accountant				
		1 1000 difficult				
Name:		Georganna Martin				
Title:		_	Accounting Manager			
			.6			
Financial Information						
Beginning Balance at July 1, 2024:		10,615.70				
	,					
Detailed Transactions Duris	ng FY 2024-2025:					
Deposits: (Please list each de	_					
Deposits. (1 lease list each de	posit separately. 1	raa iiiies as iieeaca.)				
Date	Amount		Source	1		
7/1/24 - 6/30/25		Summary of Deposits		1		
L			_	_		
Withdrawals: (Please list ea	ch withdrawal sepa	nrately. Add lines as n	needed)			
	•	•				
Date	Amount	Payee	Description of Goods/Services	Purchased		
7/1/24 - 6/30/25			No Expenditures			
•						
Ending Balance at June 30,	2025:		10,615.70			
- '		B				

Pursuant to Proviso 117.78 of the FY2025-26 Appropriations Act

Agency Name/Number:			Department of Corrections			
Account Name:		N040 SCDC Palmetto State Special Funds Composite Reservoir Account				
Purpose of Account:	Tr	ust cash account for	individual inmate transactions			
Exemption Requested:		Yes X	No			
If exemption is requeste	ed, reason:					
	Exem	ption Granted 12/1	12/17			
Exemption Approved in	ı Prior Year:	Yes X No				
Authorized Personnel						
Check Writing/Withdra	awal:					
Name:		Joel E. Anderson				
Title		Interim Director				
Name:		Scott Ludlam				
Title:		Director of Budget and Finance				
Reconciliation:						
Name:		Tina Jeffcoat				
Title		Accountant				
Name:		Georganna Martin				
Title:		ger				
Financial Information						
Beginning Balance at July 1, 2024:		26,190.87				
Detailed Transactions I Deposits: (Please list each	Ouring FY 2024-2025: The deposit separately. Add	d lines as needed.)				
Date	Amount	Source				
7/1/24 - 6/30/25	5,350.80					
Withdrawals: (Please lis	st each withdrawal separa	tely. Add lines as no	eeded)			
Date	Amount	Payee	Description of Goods/Services Purchased			
7/1/24- 6/30/25			Summary of Expenditures			
		•				
Ending Balance at June	2 30, 2025:		31,541.67			