Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

| Agency Name/Number: | | South Carolina Department of Corrections | | | | | | |
|--|------------------|--|------------|----------|------|--|--|--|
| Account Name: | N040 Cas | N040 Cash SCDC PI Private Sector Composite Reservoir Account | | | | | | |
| Purpose of Account: | Trı | Trust cash account for individual inmate transactions | | | | | | |
| | | | | | | | | |
| Exemption Requested: | | Yes | X | No | | | | |
| If exemption is requested, r | eason: | | | | | | | |
| | Exem | ption Gr | anted 12/1 | 12/17 | | | | |
| Exemption Approved in Pr | ior Year: | Yes | X | No | | | | |
| Authorized Personnel Check Writing/Withdrawa | l: | | | | | | | |
| Name: | | Bryan P. | Stirling | | | | | |
| Title | | Agency | _ | | | | | |
| | | | | | | | | |
| Name: | | Scott Lu | dlam | | | | | |
| Title: | | Director | of Budget | and Fina | nce | | | |
| | | | | | | | | |
| Reconciliation: | | | | | | | | |
| Name: | | Tina Jeff | fcoat | | | | | |
| Title | | Account | ant | | | | | |
| | | | | | | | | |
| Name: | | _ | na Martin | | | | | |
| Title: | | Account | ing Manag | ger | | | | |
| | | | | | | | | |
| Financial Information | | | | | | | | |
| Beginning Balance at July | 1 2022. | | | 2 112 60 | 1.50 | | | |
| Deginning Dalance at July | 1, 2023. | 3,443,681.52 | | | | | | |
| Detailed Transactions Duri | ng FY 2023-2024: | | | | | | | |
| Deposits: (Please list each de | | d lines as | needed.) | | | | | |
| | 1 | | | | | | | |
| Date | Amount | | | Sou | irce | | | |
| 7/1/23 - 6/30/24 | 4,262,349.73 | Summar | y of Depos | sits | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| Date | Amount | Payee | Description of Goods/Services Purchased |
|-----------------|--------------|-------|--|
| 7/1/23- 6/30/24 | 4,425,106.71 | | Summary of Expenditures |
| | | | |

| Ending Balance at June 30, 2024: | 3,280,924.54 |
|----------------------------------|--------------|

| Agency Name/Number: | | South Carolina Department of Corrections | | | | | |
|------------------------------------|-------------------|---|-------------|------|-----|--|--|
| Account Name: | N040 Cash | N040 Cash SCDC Community Services Composite Reservoir Account | | | | | |
| Purpose of Account: | Tru | Trust cash account for individual inmate transactions | | | | | |
| Exemption Requested: | | Yes | X | No | | | |
| If exemption is requested, | reason: | | | | | | |
| | Exem | ption G | ranted 12/1 | 2/17 | | | |
| Exemption Approved in Pr | rior Year: | Yes | X | No | | | |
| Authorized Personnel | | | | | | | |
| Check Writing/Withdrawa | վ: | | | | | | |
| Name: | | - | P. Stirling | | | | |
| Title | | Agency | Director | | | | |
| Name: | | Scott Ludlam | | | | | |
| Title: | | Director of Budget and Finance | | | | | |
| Reconciliation: | | | | | | | |
| Name: | | Tina Je | ffcoat | | | | |
| Title | | Accountant | | | | | |
| Name: | | Georga | nna Martin | | | | |
| Title: | | Accounting Manager | | | | | |
| Financial Information | | | | | | | |
| Beginning Balance at July 1, 2023: | | 653,894.96 | | | | | |
| Detailed Transactions Dur | ing FY 2023-2024: | | | | | | |
| Deposits: (Please list each d | - | d lines a | s needed.) | | | | |
| Date | Amount | | | Sour | rce | | |
| 7/1/23 - 6/30/24 | 3,926,837.05 | Summa | ry of Depos | | | | |
| | | 1 | - 1 | | | | |

| Withdrawals: | (Please list | each withdrawal | separately. | Add lines as | needed) |
|-----------------|---------------|-------------------|-------------|---------------|---------|
| vviului a wais. | ti icase iist | cacii willialawai | scharatery. | Aud IIIIcs as | niccucu |

| Date | Amount | Payee | Description of Goods/Services Purchased |
|------------------|--------------|---------|---|
| 7/1/23 - 6/30/24 | 3,660,316.47 | Various | Summary of Expenditures |
| | | | |

| Ending Balance at June 30, 2024: | 920,415.54 |
|----------------------------------|------------|
| | |

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

| Agency Name/Number: | | South Carolina Department of Corrections | | | | | | |
|--|--------------------|---|---------|----------------|----------|----------|--|--|
| Account Name: | N040 Casl | N040 Cash SCDC WF Special Funds Composite Reservoir Account | | | | | | |
| Purpose of Account: | Tro | Trust cash account for individual inmate transactions | | | | | | |
| Exemption Requested: | | Yes | | X | No | | | |
| If exemption is requested, reason | n: | | | | | <u> </u> | | |
| | Exem | ption G | rante | 1 12/12 | /17 | | | |
| Exemption Approved in Prior | Year: | Yes X No | | | | | | |
| Authorized Personnel Check Writing/Withdrawal: | | | | | | | | |
| Name: | | Bryan l | P Stirl | ina | | | | |
| Title | | Agency | | _ | | | | |
| Name: | | Scott L | udlam | | | | | |
| Title: | | Directo | or of B | udget a | nd Finan | ce | | |
| Reconciliation: | | | | | | | | |
| Name: | | Tina Je | ffcoat | | | | | |
| Title | | Accountant | | | | | | |
| Name: | | Georga | nna M | artin | | | | |
| Title: | | Accour | nting N | I anage | r | | | |
| Financial Information | | | | | | | | |
| Beginning Balance at July 1, 20 | 23: | | | | 640,226 | 5.86 | | |
| Detailed Transactions During I | TY 2023-2024: | | | | | | | |
| Deposits: (Please list each depos | it separately. Add | d lines a | s need | ed.) | | | | |
| Date | Amount | I | | | Sour | rce | | |
| 7/1/23 - 6/30/24 | 635,605.54 | Summa | ry of l | Deposi | | | | |
| Withdrawals: (Please list each v | vithdrawal separa | tely. Ac | ld line | s as nee | eded) | | | |
| | | | | | | | | |

| Ending Balance at June 30, 2024: | 735,187.45 |
|----------------------------------|------------|

Payee

Various

Amount

540,644.95

Date

7/1/23 - 6/30/24

Description of Goods/Services Purchased

Summary of Expenditures

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

| 7/1/23 - 6/30/24 | | | No Expenditures | | | | | |
|------------------------------------|-----------------------|--|---|--|--|--|--|--|
| Date | Amount | Payee | Description of Goods/Services Purchas | | | | | |
| Withdrawals: (Please lis | t each withdrawal sep | arately. Add lines as i | needed) | | | | | |
| 7/1/23 - 6/30/24 | | Summary of Depo | DSILS | | | | | |
| Date 7/1/22 6/20/24 | Amount | Source | | | | | | |
| | | | | | | | | |
| Deposits: (Please list each | | =" | | | | | | |
| Detailed Transactions D | ouring FY 2023-2024 | : | | | | | | |
| Beginning Balance at Ju | dy 1, 2023: | | 10,615.70 | | | | | |
| Financial Information | | | | | | | | |
| Title: | | Accounting Manager | | | | | | |
| Name: | | Georganna Martin | | | | | | |
| Title | | Accountant | | | | | | |
| Name: | | Tina Jeffcoat | | | | | | |
| Reconciliation: | | | | | | | | |
| Title: | | Director of Budge | et and Finance | | | | | |
| Name: | | Scott Ludlam | | | | | | |
| Title | | Agency Director | | | | | | |
| Name: | | Bryan P. Stirling | | | | | | |
| Check Writing/Withdra | wal: | | | | | | | |
| Authorized Personnel | | | | | | | | |
| Exemption Approved in | Prior Year: | Yes X No | | | | | | |
| | Ex | emption Granted 12/ | /12/17 | | | | | |
| If exemption is requeste | | | | | | | | |
| Exemption Requested: | | Yes X | No | | | | | |
| • | | | | | | | | |
| Account Name: Purpose of Account: | | - | ash SCDC Tru Special Funds Composite Reservoir Account Frust cash account for individual inmate transactions | | | | | |
| Agency Name/Number: | 370.40.6 | South Carolina Department of Corrections | | | | | | |

10,615.70

Ending Balance at June 30, 2024:

| Agency Name/Number: | | South Carolina Dep | | | | | | |
|------------------------------------|----------------------------|---|------------|----------------------------|--|--|--|--|
| Account Name: | | | | posite Reservoir Account | | | | |
| Purpose of Account: | Tru | ust cash account for individual inmate transactions | | | | | | |
| Exemption Requested: | | Yes X | No | | | | | |
| If exemption is requested | d, r <mark>eason:</mark> | | - | | | | | |
| | Exem | ption Granted 12/12/ | 17 | | | | | |
| Exemption Approved in | Prior Year: | Yes X | No | | | | | |
| Authorized Personnel | | | | | | | | |
| Check Writing/Withdra | wal: | | | | | | | |
| Name: | | Bryan P. Stirling | | | | | | |
| Title | | Agency Director | | | | | | |
| Name: | | Scott Ludlam | | | | | | |
| Title: | | Director of Budget ar | nd Finance | | | | | |
| | | | | | | | | |
| Reconciliation: | | | | | | | | |
| Name: | | Tina Jeffcoat Southstate Special | | | | | | |
| Title | Title | | | | | | | |
| Name: | | Georganna Martin | | | | | | |
| Title: | Accounting Manager | | | | | | | |
| Financial Information | | | | | | | | |
| Beginning Balance as of | July 1, 2023: | | 36,551.99 | 9 | | | | |
| | | | | | | | | |
| Detailed Transactions D | | | | | | | | |
| Deposits: (Please list each | n deposit separately. Add | lines as needed.) | | | | | | |
| Date | Amount | | Source | | | | | |
| 7/1/23 - 6/30/24 | 11,438.10 | Summary of Deposits | | | | | | |
| 7,1,20 0,00,2 | 11,100110 | Summary of Beposits | | | | | | |
| | | | | | | | | |
| Withdrawals: (Please list | t each withdrawal separate | ly. Add lines as neede | ed) | | | | | |
| Date | Amount | Payee | D | escription of Goods/Servic | | | | |
| 7/1/23 - 6/30/24 | 1,167.50 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| E.P. D.L | 20, 2024 | | 46,000.5 | 0 | | | | |
| Ending Balance at June | 30, 2024: | 1 | 46.822.59 | 9 | | | | |

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

South Carolina Department of Corrections

26,190.87

Agency Name/Number:

Ending Balance at June 30, 2024:

| Account Name: | N040 Cas | h SCDC | PS Special Fu | nds Com | posite Reservoir Account | | | |
|---|---------------------------|---|-----------------|-----------|-----------------------------------|--|--|--|
| Purpose of Account: | Tr | ust cash account for individual inmate transactions | | | | | | |
| Exemption Requested: If exemption is requeste | ed. reason: | Yes | X | No | | | | |
| 1 | · * | ption G | anted 12/12/1 | 7 | | | | |
| Exemption Approved in | n Prior Year: | Yes | X | No | | | | |
| Authorized Personnel | owal. | | | | | | | |
| Check Writing/Withdra Name: | awai. | Bryan P | . Stirling | | | | | |
| Title | | - | Director | | | | | |
| Name: | | Scott Lu | ıdlam | | | | | |
| Title: | | Director | of Budget and | d Finance | | | | |
| Reconciliation: | | | | | | | | |
| Name: | | Tina Jeffcoat | | | | | | |
| Title | | Accoun | tant | | | | | |
| Name: | | Georgan | nna Martin | | | | | |
| Title: | | Accoun | ting Manager | | | | | |
| Financial Information | | | | | | | | |
| Beginning Balance at J | uly 1, 2023: | | | 77,050.8 | 25 | | | |
| Detailed Transactions I | Ouring FY 2023-2024: | | | | | | | |
| Deposits: (Please list each | ch deposit separately. Ad | d lines as | needed.) | | | | | |
| Date | Amount | | | Source | e | | | |
| 7/1/23 - 6/30/24 | 9,847.84 | Summa | ry of Deposits | | | | | |
| Withdrawals: (Please lis | st each withdrawal separa | tely. Ad | d lines as need | ed) | | | | |
| Date | Amount | | Payee | Descrip | otion of Goods/Services Purchased | | | |
| 7/1/23- 6/30/24 | 60,707.82 | | • | • | Summary of Expenditures | | | |

| Agency Name/Number: | | South | Carolina De | epartment | of Corrections | |
|---------------------------------------|--------------------------------|--|----------------|-----------|----------------|--|
| Account Name: | N040 Cash | N040 Cash SCDC WF EH Cooper Trust Composite Reservoir Accoun | | | | |
| Purpose of Account: | Tro | Trust cash account for individual inmate transactions | | | | |
| Exemption Requested: | | Yes | X | No | | |
| If exemption is requested, re | eason: | | | | <u> </u> | |
| | Exem | ption G | ranted 12/12 | 2/17 | | |
| Exemption Approved in Pri | or Year: | Yes | X | No | | |
| Authorized Personnel | | | | | | |
| Check Writing/Withdrawal | : | | | | | |
| Name: | | • | P. Stirling | | | |
| Title | | Agency | Director | | | |
| Name: | | Scott L | udlam | | | |
| Title: | Director of Budget and Finance | | ce | | | |
| Reconciliation: | | | | | | |
| Name: | | Tina Je | ffcoat | | | |
| Title | | Accoun | ntant | | | |
| Name: | | Georga | nna Martin | | | |
| Title: | | Accoun | nting Manage | er | | |
| Financial Information | | | | | | |
| Beginning Balance at July 1, 2023: | | 1,395,564.59 | | | | |
| Detailed Transactions Durin | ng FY 2023-2024: | | | | | |
| Deposits: (Please list each de | posit separately. Add | d lines a | s needed.) | | | |
| Date | Amount | | | Sour | rce | |
| 7/1/23 - 6/30/24 | 34,145,303.64 | Summa | ary of Deposi | | | |
| Withdrawals: (Please list ea | ch withdrawal senara | telv. Ad | ld lines as ne | eded) | | |

| Date | Amount | Payee | Description of Goods/Services Purchased |
|-----------------|---------------|---------|--|
| 7/1/23- 6/30/24 | 32,174,120.74 | Various | Summary of Expenditures |

| Agency Name/Number: | | South | Carolina De | partment | of Corrections |
|--------------------------------------|-----------------------|--|---------------|------------|-----------------------------------|
| Account Name: | N040 Cash | N040 Cash SCDC Tru EH Cooper Trust Composite Reservoir Account | | | |
| Purpose of Account: | Tro | ust cash | account for i | ndividual | inmate transactions |
| | | | | | |
| Exemption Requested: | | Yes | X | No | |
| If exemption is requested, | reason: | | | | <u> </u> |
| | Exem | ption G | ranted 12/12 | 2/17 | |
| Exemption Approved in Pr | ior Year: | Yes | X | No | |
| Authorized Personnel | | | | | |
| Check Writing/Withdrawa | ıl: | D 1 | o (4: 1: | | |
| Name: | | - | P. Stirling | | |
| Title | | Agency | Director | | |
| Name: | | Scott L | udlam | | |
| Title: | | | r of Budget a | and Financ | ce |
| | | | C | | |
| Reconciliation: | | | | | |
| Name: | | Tina Je | ffcoat | | |
| Title | | Accoun | tant | | |
| Name: | | Georga | nna Martin | | |
| Title: | | _ | ting Manage | er | |
| T: '11 0 4' | | | | | |
| Financial Information | | | | | |
| Beginning Balance at July | 1, 2023: | | | 32,869 | .44 |
| | | | | | |
| Detailed Transactions Dur | | | | | |
| Deposits: (Please list each d | eposit separately. Ad | d lines a | s needed.) | | |
| Date | Amount | | | Sour | ce |
| 7/1/23 - 6/30/24 | 45.45 | Summa | ry of Deposi | | |
| | | | | | |
| Withdrawals: (Please list ea | ach withdrawal separa | tely. Ad | d lines as ne | eded) | |
| Date | Amount | | Payee | Descr | iption of Goods/Services Purchase |
| 7/1/23 - 6/30/24 | 45.45 | | - | | Summary of Expenditures |

| Ending Balance at June 30, 2024: | 32,869.44 |
|----------------------------------|-----------|

| Agency Name/Number: | | | - | | Corrections | | |
|--|---------------------|---------------|-------------|----------|---------------------------|----------|----------------|
| Account Name: | | | - | | omposite Reservoir Accour | ıt | |
| Purpose of Account: | 1 rust c | casn accoun | t for indiv | iduai in | amate transactions | | |
| | | | | | | | |
| Exemption Requested: | | Yes | X | lo | | | |
| If exemption is requested, reason | n: | | | | | | |
| | Exemption | on Granteo | 1 12/12/17 | , | | | |
| Exemption Approved in Prior Y | ear: | Yes | X | lo | | | |
| Authorized Personnel | | | | | | | |
| Check Writing/Withdrawal: | | | | | | | Southstate EHC |
| Name: | | Bryan P. S | tirling | | | | |
| Title | | Agency Di | rector | | | | |
| Name: | | Scott Ludla | am | | | | |
| Title: | | Director of | Budget a | nd Fina | nce | | |
| Reconciliation: | | | | | | | |
| Name: | | Tina Jeffco | at | | | | |
| Title | | Accountan | t | | | | |
| Name: | | Georganna | Martin | | | | |
| Title: | | Accounting | g Manager | • | | | |
| Financial Information | | | | | | | |
| Beginning Balance at July 1, 202 | 23: | | 1,5 | 38,940. | .62 | | |
| Datailed Transactions Devices E | V 2022 2024. | | | | | | |
| Detailed Transactions During F Deposits: (Please list each deposit | | nes as needs | ·d) | | | | |
| Deposits. (Frease list each deposit | separatery. Add in | ies as fiecue | d.) | | | | |
| Date | Amount | | | Sour | rce | ı | |
| 7/1/23- 6/30/24 | 58,800.90 | Summary of | of Deposit | S | | İ | |
| <u> </u> | | <u> </u> | | | | | |
| Withdrawals: (Please list each wi | thdrawal separately | . Add lines | as needed | 1) | | | |
| Date | Amount | Pay | ee | Descrip | otion of Goods/Services P | urchased | |
| 7/1/23 - 6/30/24 | 3,632,93 | | | | Summary of Expenditure | | |

| Ending Balance at June 30, 2024: | 1,594,108.59 |
|----------------------------------|--------------|
| | |

FY 2023-24 Bank Account and Transparency Accountability Report Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Citizens

| Agency Name/Number: | | South Caro | lina Department o | of Corrections |
|--------------------------------------|------------------------|-----------------|---------------------|-----------------------------------|
| Account Name: | N040 Cash S | SCDC TCB E | H Cooper Trust C | omposite Reservoir Account |
| Purpose of Account: | Tr | ust cash accou | nt for individual i | nmate transactions |
| | | | | |
| F | | X 7 | V N | |
| Exemption Requested: | | Yes | X No | |
| If exemption is requested, | | | | |
| | Exem | ption Grante | d 12/12/17 | |
| Exemption Approved in Pr | rior Year: | Yes | X No | |
| | | | | |
| Authorized Personnel | _ | | | |
| Check Writing/Withdrawa | al: | | | |
| Name: | | Bryan P. Stir | ling | |
| Title | | Agency Direc | ctor | |
| Name: | | Scott Ludlam | , | |
| Title: | | | udget and Financ | α. |
| Tiue. | | Director of B | duget and Pinane | |
| Reconciliation: | | | | |
| Name: | | Tina Jeffcoat | | |
| Title | | Accountant | | |
| | | | | |
| Name: | | Georganna M | I artin | |
| Title: | | Accounting N | | |
| | | | | |
| Financial Information | | | | |
| Beginning Balance at July | 1, 2023: | | 823,135. | 10 |
| | | | | |
| Detailed Transactions Dur | | | | |
| Deposits: (Please list each d | eposit separately. Add | l lines as need | ed.) | |
| Date | Amount | 1 | Sourc | · · |
| 7/1/23 - 6/30/24 | | Summary of | | |
| 7/1/23 - 0/30/24 | 16,014.60 | Summary of | Deposits | |
| | • | | | |
| Withdrawals: (Please list ea | ach withdrawal separa | tely. Add line | s as needed) | |
| (1 10000 1100 00 | aon wanarawan separa | | s as needed, | |
| Date | Amount | Paye | e Descri | ption of Goods/Services Purchased |
| 7/1/23 - 6/30/24 | 841,749.90 | | | Summary of Expenditures |
| | | | | |
| | | | | |
| | | _ | | |
| Ending Balance at June 30 |), 2024: | | | |

Account Closed

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

| Agency Name/Number: | South Carolina Department of Corrections | |
|------------------------------------|---|----------------|
| Account Name: | N040 Cash SCDC PS EH Cooper Trust Composite Reservoir Account | palmetto state |
| Purpose of Account: | Trust cash account for individual inmate transactions | |
| | | |
| Exemption Requested: | Yes X No | |
| If exemption is requested, reason: | | |
| • • • | Exemption Granted 12/12/17 | |
| Exemption Approved in Prior Years | Yes X No | |
| Authorized Personnel | | |
| Check Writing/Withdrawal: | | |
| Name: | Bryan P. Stirling | |
| Title | Agency 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, 2023: | 1,674,582.53 | |

Detailed Transactions During FY 2023-2024:

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

| Date | Amount | Source |
|------------------|------------|---------------------|
| 7/1/23 - 6/30/24 | 232,617.62 | Summary of Deposits |

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

| Date | Amount | Payee | Description of Goods/Services Purchased |
|------------------|------------|-------|---|
| 7/1/23 - 6/30/24 | 963,988.51 | | Summary of Expenditures |

| Ending Balance at June 30, 2024: | 943,211.64 |
|----------------------------------|------------|
| , | |

| Agency Name/Number: Account Name: | N040 Cash | South Carolina D n SCDC TCB Specia | | of Corrections omposite Reservoir Account | t |
|---|-------------------|---------------------------------------|------------|--|-----------|
| Purpose of Account: | Tr | rust cash account for | individual | inmate transactions | |
| Exemption Requested: | | Yes X | No | | |
| f exemption is requested, | | ption Granted 12/1 | 2/17 | | |
| Exemption Approved in Prior Year: | | Yes X No | | | |
| Authorized Personnel | | | | | |
| Check Writing/Withdraw | al: | | | | |
| Name: | Bryan P. Stirling | | | | |
| Γitle | | Agency Director | | | |
| Name: | | Scott Ludlam | | | |
| Title: | | Director of Budget and Finance | | | |
| Reconciliation: | | | | | |
| ame: | | Tina Jeffcoat | | | |
| le | | Accountant | | | |
| Name: | | Georganna Martin | | | |
| itle: | | Accounting Manage | er | | |
| inancial Information | | | | | |
| Beginning Balance at July 1, 2023: | | 19,217.86 | | | |
| Detailed Transactions Dur Deposits: (Please list each of | | l lines as needed.) | | | |
| | T | 1 | | | Ī |
| Date /1/23 - 6/30/24 | Amount 1,004.20 | Summary of Depos | Sour | ce | |
| Vithdrawals: (Please list e | | | | | |
| | | - | | | |
| ate //1/22 6/20/24 | Amount | Payee | Descri | iption of Goods/Services I | 'urchased |
| 1/23 - 6/30/24 | 20,222.06 | | | No Expenditures | |
| | | | | | |
| Ending Balance at June 3 | 0, 2024: | | - | - | |
| | | Acct. C | losed | | |