Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		Coastal Center - Acct N	pilities and Special Needs/J o. xxxxxxxxx8494 (Operation of Funds)	
Exemption Requested:		Yes x	No]
If exemption is requested,	reason:		_	
Exemption Approved in P	rior Year:	Yes x	No]
Authorized Personnel Check Writing/Withdrawa	al:			
Name:	Michelle Zila			
Title	Facility Administr	ator		
Name:	Rochelle Ansah			
Title:	Administrator			
Reconciliation:				
Name:	Lori McCurley			
Title	Director of Financ	e - Coastal Center		
Name:	Angela Ditolla			
Title:	Fiscal Manager I -	Central Office		

Financial Information

Beginning Balance at July 1, 2023: \$ 358,062.89

Detailed Transactions During FY 2023-2024:

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

Date	Amount	Source
07/01/2023 - 6/30/2024	108,437.49	Summary of Deposits

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(32,986.26)		Summary of Expenditures
	(212,927.98)		

Ending Balance at June 30, 2024:	\$	433,514.12	499,486.64
----------------------------------	----	------------	------------

Agency Name/Number:	S	C Department of Disabili	ties and Special Needs/J106
Account Name:	Coas	stal Center - Acct No. xx	xxxxxxx9493 (Direct Deposit)
Purpose of Account:		Client	Funds
Exemption Requested:		Yes x	No
If exemption is requested, rea	<mark>i</mark> son:		
Exemption Approved in Prior	r Voor	Yes x	No
Exemption Approved in 1110.	i icai.	I es A	110
Authorized Personnel			
Check Writing/Withdrawal:	Michelle 7ile		
Name: Title	Michelle Zila Facility Administra	oton	
Tiue	racinty Administra	1101	
Name:	Rochelle Ansah		
Title:	Administrator		
Reconciliation:			
Name:	Lori McCurley		
Title	Director of Finance	e - Coastal Center	
N.	4 1 5% 11		
Name: Title:	Angela Ditolla Fiscal Manager I -	Control Office	
Tiue:	Fiscai Manager I -	Central Office	
Financial Information			
Beginning Balance at July 1,	2023:	\$ 12,814.45	
Detailed Transactions During	FY 2023-2024:		
Deposits: (Please list each dep		lines as needed.)	
	-		
Date	Amount		Source
07/01/2023 - 6/30/2024	1,816,353.42	Summary of Deposits	

Withdrawals:	(Please list each	withdrawal separately.	Add lines as needed)
* * ***********************************	(1 10000 1100 00011	"Turara" ar separatery.	rada mines as meedea)

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:	\$ 13.469.96

Agency Name/Number:	SC De	epartment of Disabilitie	es and Special Needs/J106
Account Name:	Coasta	l Center - Acct No. xx	xxxxxx2428 (Dedicated)
Purpose of Account:		Client F	Funds
Exemption Requested:		Yes x	No
		Yes x	Nu
If exemption is requested, reas	on:		
Exemption Approved in Prior	Year:	Yes x	No
		·	-
Authorized Personnel			
Check Writing/Withdrawal:			
Name:	Michelle Zila		
Title	Facility Administrator		
Name:	Rochelle Ansah		
Title:	Administrator		
Reconciliation:			
Name:	Lori McCurley		
Title	Director of Finance - C	Coastal Center	
Name:	Angela Ditolla		
Title:	Fiscal Manager I - Cent	tral Office	
	-		
Financial Information			
	-		_
Beginning Balance at July 1, 2	023:	\$ -	
Detailed Transactions During	FY 2023-2024:		
Deposits: (Please list each deposits)	sit separately. Add lines	as needed.)	
	-		
Date	Amount		Source
07/01/2023 - 6/30/2024	-	Summary of Deposits	
Withdrawals: (Please list each	withdrawal separately. A	Add lines as needed)	
	·	•	T
Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:	\$ -

Agency Name/Number:		-	and Special Needs/J106
Account Name: Purpose of Account:	M	idlands Center - Acct No. > Client Fur	
i ui pose oi Account.		Cheffi Ful	ius
Exemption Requested:		Yes x	No
If exemption is requested, re	ason:		
Exemption Approved in Price	or Year:	Yes x	No
<u>Authorized Personnel</u> Check Writing/Withdrawal:			
Name:	Gene Baughman		
Title	Facility Administrato	or	
Name:	Paul Justus		
Title:	Procurement/Claims	Officer	
Reconciliation:			
Name:	Britney Childs		
Title	Director of Finance -	Midlands Center	
Name:	Angela Ditolla		
Title:	Fiscal Manager I - Co	entral Office	
Financial Information			
Beginning Balance at July 1	. 2023:	\$ 197,158.59	
	-		
Detailed Transactions Durin Deposits: (Please list each dep		as pandad)	
Deposits: (Please list each de	osh separately. Add fines	as needed.)	
Date	Amount		ource
07/01/2023 - 6/30/2024	200 264 14 0	Summary of Deposits	

William Walst (1 10ast 11st tatil William Wal separately). 11aa 111es as 11etata,
Withdrawals: (Please list each withdrawal separately. Add lines as needed

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:	\$ 254,825.78

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:		•	es and Special Needs/J106 xxx4539 (Direct Deposit) unds
Exemption Requested: If exemption is requested, rea	son:	Yes x	No
Exemption Approved in Prior	· Year:	Yes x	No
Authorized Personnel Check Writing/Withdrawal:			
Name:	Gene Baughman		
Title	Facility Administrator		
Name:	Paul Justus		
Title:	Procurement/Claims Of	ficer	
D 111.41			
Reconciliation: Name:	Duitmary Childs		
Title	Britney Childs Director of Finance - M	idlands Contor	
Title	Director of Finance - M	idialids Celliel	
Name:	Angela Ditolla		
Title:	Fiscal Manager I - Cent	ral Office	
Financial Information			
Beginning Balance at July 1, 2	2023:	19,218.25	
Detailed Transactions During Deposits: (Please list each depo		as needed.)	
Date	Amount		Source
07/01/2023 - 6/30/2024	2,170,916.37		

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:	\$ 23,242.72

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number:	SC	Department of Disabil	ities and Special Needs/J106		
Account Name:	Midlands Center - Acct No. xxxx9401 (Dedicated)				
Purpose of Account:		Client	t Funds		
Exemption Requested:		Yes x	No		
If exemption is requested, reas	con•	Tesx	110		
ir exemption is requested, reas	5011.				
Exemption Approved in Prior	Year:	Yes x	No		
Authorized Personnel					
Check Writing/Withdrawal:					
Name:	Gene Baughman				
Title	Facility Administrate	or.			
	Tuesticy Transmission	51			
Name:	Paul Justus				
Title:	Procurement/Claims	Officer			
Reconciliation:					
Name:	Britney Childs				
Title	Director of Finance	- Midlands Center			
Name:	Angela Ditolla				
Title:	Fiscal Manager I - C	entral Office			
Financial Information					
rmancial information					
Beginning Balance at July 1, 2	2023:	\$ -	1		
		*			
Detailed Transactions During	FY 2023-2024:				
Deposits: (Please list each depo	sit separately. Add lin	es as needed.)			
Date	Amount		Source		
07/01/2023 - 6/30/2024	-	Summary of Deposits			
Withdrawola (Dlaca list)	with drawal assessed 1-	Add lines as and 4.1			
Withdrawals: (Please list each	withdrawai separately.	Add lines as needed)			
Date	Amount	Payee	Purchase Description		
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures		
0.7.01/2020 0/30/2021	(212,727.70)		Sommary of Experiences		

Ending Balance at June 30, 2024:

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Agency Name/Number:	SC	Department of Disabilit	ies and Special Needs/J106
Account Name:	Pee I	Dee Center - Acct No. x	xxxxxxxx5306 (Operating)
Purpose of Account:		Client l	Funds
E		Vac	No
Exemption Requested:		Yes x	No
If exemption is requested, reas	on;		
Exemption Approved in Prior	Year:	Yes x	No
		<u> </u>	<u> </u>
<u>Authorized Personnel</u>			
Check Writing/Withdrawal:			
Name:	Lashawnda Scoggins		
Title	Director of Finance -	Pee Dee Center	
Name:	Cassandra Muldrow		
Title:	Director of Support S	Services	
Reconciliation:			
Name:	Renee (Darlene) Cur	tis	
Title	Fiscal Analyst I		
Name:	Annala Ditalla		
Title:	Angela Ditolla Fiscal Manager I - Co	antral Offica	
Title.	riscai Wanagei I - Co	chiral Office	
Financial Information			
Beginning Balance at July 1, 2	023:	\$ 743,541.04	
Detailed Transactions During			
Deposits: (Please list each deposite to the position of the	sit separately. Add line	es as needed.)	
Date	Amount	Ī	Source
07/01/2023 - 6/30/2024	290,494.11	Summary of Deposits	Doubte
07/01/2023 - 0/30/2024	47U, 4 74.11	Summary of Deposits	
		l	

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

Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:	\$	808,175.20
g ,	т	000,0.

Agency Name/Number:	SO	C Department of Disabi	lities and Special Needs/J106		
Account Name:	Pee Dee Center - Acct No. xxxxxxxxx9480 (Direct Deposit)				
Purpose of Account:		Clien	t Funds		
E-counties Descripted.		Vac	No		
Exemption Requested:		Yes x	No		
If exemption is requested, reason	1:				
Exemption Approved in Prior Y	ear:	Yes x	No		
• • •					
Authorized Personnel					
Check Writing/Withdrawal:					
Name:	Lashawnda Scoggi				
Title	Director of Finance	e - Pee Dee Center			
Name:	Cassandra Muldro				
Title:	Director of Suppor	t Services			
Reconciliation:					
Name:	Renee (Darlene) C	urtis			
Title	Fiscal Analyst I				
	,				
Name:	Angela Ditolla				
Title:	Fiscal Manager I -	Central Office			
Financial Information					
Beginning Balance at July 1, 202	3:	\$ 21,608.95			
	7.0000.0004				
Detailed Transactions During FY		1.10			
Deposits: (Please list each deposit	separately. Add line	es as needed.)			
Date	Amount		Source		
07/01/2023 - 6/30/2024	2,192,644.84	Summary of Deposits	Bource		
07/01/2023 0/30/2024	2,172,044.04	Building of Deposits			
		1			
Withdrawals: (Please list each wi	thdrawal separately.	Add lines as needed)			
Date	Amount	Payee	Purchase Description		
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures		
		1			

Ending Balance at June 30, 2024:	\$ 24,778.63

Pursuant to Proviso 117.78 of the FY2024-25 Appropriations Act

Exemption Requested: If exemption is requested, reason: Exemption Approved in Prior Year: Authorized Personnel Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Rence (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date O7/01/2023 - 6/30/2024 Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed)	Agency Name/Number:	SC De	epartment of Disabili	ities and Special Needs/J106	
Exemption Requested; Yes X No If exemption is requested, reason: Exemption Approved in Prior Year: Yes X No Authorized Personnel Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Rence (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$ - Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	Account Name:	Pee De	e Center - Acct No. 2	xxxxxxxxx1564 (Dedicated)	
If exemption is requested, reason: Exemption Approved in Prior Year: Yes X No Authorized Personnel Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: S Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	Purpose of Account:		Client	Funds	
If exemption is requested, reason: Exemption Approved in Prior Year: Yes X No Authorized Personnel Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: S Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description					
If exemption is requested, reason: Exemption Approved in Prior Year: Yes x No Authorized Personuel Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: S Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source Withdrawals: (Please list each withdrawal separately. Add lines as needed) Withdrawals: (Please list each withdrawal separately. Add lines as needed)	Evenution Requested:		Ves	No	
Exemption Approved in Prior Year: Yes x No Authorized Personnel Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: S - Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	_	n•	TC5 A	110	
Authorized Personnel Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$	ir exemption is requested, reason				
Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$	Exemption Approved in Prior Y	ear:	Yes x	No	
Check Writing/Withdrawal: Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$					
Name: Lashawnda Scoggins Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: S - Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source O7/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	· · · · · · · · · · · · · · · · · · ·				
Title Director of Finance - Pee Dee Center Name: Cassandra Muldrow Title: Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$ Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	_				
Name: Cassandra Muldrow Director of Support Services Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$					
Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$ - Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Withdrawals: (Please list each withdrawal separately. Add lines as needed)	Title	Director of Finance - Pe	e Dee Center		
Reconciliation: Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$ - Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Withdrawals: (Please list each withdrawal separately. Add lines as needed)	Name:	Cassandra Muldrow			
Name: Renee (Darlene) Curtis Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$ Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	Title:	Director of Support Serv	vices		
Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$	Reconciliation:				
Title Fiscal Analyst I Name: Angela Ditolla Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$ - Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Withdrawals: (Please list each withdrawal separately. Add lines as needed)	Name:	Renee (Darlene) Curtis			
Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$	Title				
Title: Fiscal Manager I - Central Office Financial Information Beginning Balance at July 1, 2023: \$	Name:	Angela Ditolla			
Beginning Balance at July 1, 2023: Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description			ral Office		
Beginning Balance at July 1, 2023: Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	Financial Information				
Detailed Transactions During FY 2023-2024: Deposits: (Please list each deposit separately. Add lines as needed.) Date	rmanciai intormation				
Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	Beginning Balance at July 1, 202	23:	\$ -		
Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	Dotailed Transactions During F	V 2023 2024.			
Date Amount Source 07/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description			needed)		
O7/01/2023 - 6/30/2024 - Summary of Deposits Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	Deposits. (Trease list each deposit	separatery. Add fines as i	iccucu.)		
Withdrawals: (Please list each withdrawal separately. Add lines as needed) Date Amount Payee Purchase Description	Date	Amount		Source	
Date Amount Payee Purchase Description	07/01/2023 - 6/30/2024	-	Summary of Deposit	S	
Date Amount Payee Purchase Description		1			
Date Amount Payee Purchase Description					
·	Withdrawals: (Please list each wi	ithdrawal separately. Add	lines as needed)		
·	Date	Amount	Payee	Purchase Description	
	07/01/2023 - 6/30/2024	(212,927.98)	-	-	8

\$

Ending Balance at June 30, 2024:

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

Agency Name/Number:	SC Department of Disabilities 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:	• •	<u> </u>				
• -						
Exemption Approved in Prior Ye	ar:	Yes x	No			
•						
Authorized Personnel						
Check Writing/Withdrawal:						
Name:	J. Alan Longshore					
Title	Claims and Collection	ons Officer				
Name:	Tracy A Long					
Title:	Fiscal Analyst					
Titic.	Fiscai Amaryse					
Reconciliation:						
Name:	Deborah Detroia/Au	drey Haulbrook				
Title	Director of Finance - Whitten					
Name:	Angela Ditolla	-				
Title:	Fiscal Manager I - Central Office					
Financial Information						
Beginning Balance at July 1, 2023	3:	\$ 44,313.81				
Detailed Transactions During FY	′ 2023_202 4 •					
Deposits: (Please list each deposit s		as needed.)				
Date	Amount		Source			
07/01/2023 - 6/30/2024		Summary of Deposits				
Withdrawals: (Please list each with	hdrawal separately. A	dd lines as needed)				
Date	Amount	Payee	Purchase Description			
07/01/2023 - 6/30/2024	(212,927.98)	·	Summary of Expenditures			

Ending Balance at June 30, 2024:	\$ 102,992.77

Agency Name/Number:	SC Department of Disabilities and Special Needs/1106					
Account Name:	Whitten Center - Acct No. xxxxxxxx2169 (Operating)					
Purpose of Account:	Client Funds					
Exemption Requested:		Yes x	No			
If exemption is requested, reason:						
Exemption Approved in Prior Yea	nr:	Yes x	No			
Authorized Personnel Check Writing/Withdrawal:						
Name:	J. Alan Longshore					
Title	Claims and Collections Of	ficer				
Name:	Tracy A Long					
Title:	Fiscal Analyst					
Reconciliation:						
Name: Deborah Detroia/Audrey Haulbrook						
Title	Director of Finance - Whit	ten				
Name:	Angela Ditolla					
Title:	Fiscal Manager I - Central	Office				
Financial Information						
Beginning Balance at July 1, 2023	:	\$ 49,586.35				
Detailed Transactions During FY	2023-2024:					
Deposits: (Please list each deposit s	eparately. Add lines as need	ded.)				
Date	Amount		Source			
07/01/2023 - 6/30/2024	3,399,488.17	Summary of Deposits				
Withdrawals: (Please list each with	ndrawal separately. Add line	es as needed)				
Date	Amount	Payee	Purchase Description			
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures			

Ending Balance at June 30, 2024:	\$ 50,481.69

Agency Name/Number: Account Name: Purpose of Account:	SC Department of Disabilities and Special Needs/J106 Whitten Center - Acct No. xxxxxxxxx2185 (Dedicated) Client Funds				
Exemption Requested: If exemption is requested, reason	:	Yes x	No		
Exemption Approved in Prior Ye	ar:	Yes x	No		
Authorized Personnel Check Writing/Withdrawal:					
Name: Title	J. Alan Longshore Claims and Collections Officer				
Title	Claims and Conections Officer				
Name:	Tracy A Long				
Title:	Fiscal Analyst				
Reconciliation:					
Name:	Deborah Detroia/Audrey Haulbr	rook			
Title	Director of Finance - Whitten	001			
Name:	Angela Ditolla				
Title:	Fiscal Manager I - Central Offic	e			
Financial Information					
Beginning Balance at July 1, 2023	3:	\$ -			
Detailed Transactions During FY Deposits: (Please list each deposit s					
Date	Amount		Source		
07/01/2023 - 6/30/2024	-	Summary of Deposits			
Withdrawals: (Please list each wit	hdrawal separately. Add lines as				
Date	Amount	Payee	Purchase Description		
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures		
Ending Balance at June 30, 2024:		\$ -			

Agency Name/Number:	SC Department of Disabilities and Special Needs/J106				
Account Name:	Return Check - Acct No. xxxxxxxxx9231				
Purpose of Account:	Return Checks				
Exemption Requested:		Yes x	No		
If exemption is requested, reason:	:				
Exemption Approved in Prior Ye	ar:	Yes x	No		
Authorized Personnel Check Writing/Withdrawal: Name: Title					
Name: Title:					
Reconciliation:					
Name:					
Title					
Name:					
Title:					
Financial Information					
Beginning Balance at July 1, 2023	:	\$ (2,917.04)			
Detailed Transactions During FY	2023-2024:				
Deposits: (Please list each deposit s		eeded.)			
Date	Amount	S	ource		
07/01/2023 - 6/30/2024	211,778.56	Summary of Deposits			

Withdrawals: (Pl	ease list eacl	ı withdrawal	separately	. Add lines as	needed)
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Date	Amount	Payee	Purchase Description
07/01/2023 - 6/30/2024	(212,927.98)		Summary of Expenditures

Ending Balance at June 30, 2024:	\$	(4,066.46)
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