FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84

Agency Name/Nums: Social Services, Department of (L040)
Account N: ACH Deposits-Child Support
Purpose of: Electronic deposits from employer withholdings

Exemption Requested: Yes No X
If exemption is requested, reason:

Exemption Approved Yes X No _______

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable
Name: Mike Reeves
Title: Financial Manager
Name: Anthony Brown
Title: Fiscal Analyst III

Reconciliation:
Name: Kenyarda Jordan
Title: Fiscal Analyst II

Financial Information
Beginning Balance at July 1, 2014: $0.00

Detailed Transactions During FY 2014-2015:

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
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</tbody>
</table>

Ending Balance at June 30, 2015: $0.00
Account Name: Social Services, Department of (L040)
Account #: Disbursements-Child Support
Purpose of Account: SDU Disbursements ACH and checks to program payees

Exemption Requested: Yes  No  X
If exemption requested, reason: ____________

Exemption Approved in Prior Year: Yes  X  No  _____

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable

Name: Mike Reeves
Title: Financial Manager

Name: Anthony Brown
Title: Fiscal Analyst III

Reconciliation:
Name: Kenyarda Jordan
Title: Fiscal Analyst II

Financial Information
Beginning Balance at July 1, 2014: $0.00

Detailed Transactions During FY 2014-2015:
Deposits (Please list each deposit separately. Add lines as needed.)

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</table>

Ending Balance at June 30, 2015: $0.00
Account Name: Social Services, Department of (L040)
Account Name: Return Disbursements-Child Support
Purpose of Account: Returns for Child Support ACH debits/cancelled checks

Exemption Requested: Yes  No  X
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes  X  No  _____

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable
Name: Mike Reeves
Title: Financial Manager
Name: Anthony Brown
Title: Fiscal Analyst III

Reconciliation:
Name: Kenyarda Jordan
Title: Fiscal Analyst II

Financial Information
Beginning Balance at July 1, 2014: $0.00

Detailed Transactions During FY 2014-2015:
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</tbody>
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Ending Balance at June 30, 2015: $0.00
Agency Name/Number: Social Services, Department of (L040)
Account Name: Return Deposits-Child Support
Purpose of Account: Returned deposits, NSF and etc.

Exemption Requested: Yes No X
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes X No

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable

Name: Mike Reeves
Title: Financial Manager

Name: Anthony Brown
Title: Fiscal Analyst III

Reconciliation:
Name: Kenyarda Jordan
Title: Fiscal Analyst II

Financial Information
Beginning Balance at July 1, 2014: $0.00

Detailed Transactions During FY 2014-2015:
Deposits (Please list each deposit separately. Add lines as needed.)

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Ending Balance at June 30, 2015: $0.00
**FY 2014-15 Bank Account and Transparency Accountability Report**

**Agency Name/Number:** Social Services, Department of (L040)  
**Account Name:** Deposits-SC Child Support  
**Purpose of Account:** General Child Support Deposits

**Exemption Requested:** Yes  
**Exemption Approved in Prior Year:** Yes  
**Authorized Personnel**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check Writing/Withdrawal:</td>
<td>Rose Martinez</td>
<td>Assistant Director Accounts Receivable</td>
</tr>
<tr>
<td></td>
<td>Anthony Brown</td>
<td>Fiscal Analyst III</td>
</tr>
<tr>
<td></td>
<td>Mike Reeves</td>
<td>Financial Manager</td>
</tr>
<tr>
<td>Reconciliation:</td>
<td>Kenyarda Jordan</td>
<td>Fiscal Analyst II</td>
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**Financial Information**

**Beginning Balance at July 1, 2014:** $0.00

**Detailed Transactions During FY 2014 -2015:**

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**Ending Balance at June 30, 2015:** $0.00
FY 2014-15 Bank Account and Transparency Accountability Report
FY 2015-16 Appropriation Act, Proviso 117.84

Agency Name/Number: Social Services, Department of (L040)
Account #: Disbursements-Child Support
Purpose of Account: SDU Disbursements ACH and checks to program payees

Exemption Requested: Yes No X
If exemption is requested, reason:

Exemption Approved in Prior Year: Yes X No ________

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable
Name: Mike Reeves
Title: Financial Manager
Name: Anthony Brown
Title: Fiscal Analyst III

Reconciliation:
Name: Kenyarda Jordan
Title: Fiscal Analyst II

Financial Information
Beginning Balance at July 1, 2014: $0.00

Detailed Transactions During FY 2014-2015:
Deposits (Please list each deposit separately. Add lines as needed.)

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Ending Balance at June 30, 2015: $0.00
Аccount Name: Social Services, Department of (L040)
Account N: SCDSS SSA Trust Account
Purpose of: SSA and SSI funds for Foster Children

Exemption Requested: Yes  No  X

If exemption is requested, reason: ___

Exemption Approved: Yes  X  No  ___

Authorized Personnel
Check Writing/Withdrawal:
Name: Rose Martinez
Title: Assistant Director Accounts Receivable
Name: Towander Prior
Title: Fiscal Analyst III
Name: Karen Jones
Title: Fiscal Analyst II
Name: Mike Reeves
Title: Financial Manager
Name: Anthony Brown
Title: Fiscal Analyst III

Reconciliation:
Name: Kenyarda Jordan
Title: Fiscal Analyst II

Financial Information

Beginning Balance at July 1, 2014: $1,315,546.37

Detailed Transactions During FY 2014-2015:

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
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<tbody>
<tr>
<td>2015 SFY</td>
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<td>ACH Deposits</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>Amount</th>
<th>Payee</th>
<th>Description of Goods/Services Purchased</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 SFY</td>
<td>3,084,192.57</td>
<td>Checks</td>
<td>Client Funds</td>
</tr>
</tbody>
</table>

Ending Balance at June 30, 2014: $756,000.27