Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Coastal Center - Acct No. 2000021012428 (Dedicated) Client Funds					
Exemption Requested: If exemption is requested,		Yes	x ed 3/6/12	No		
Exemption Approved in P	rior Year:	Yes	Х	No		
Authorized Personnel Check Writing/Withdrawa Name: Title	nl: John Dooney District II HRM Director					
Name: Title:	Richard Nickless Service and Supply Director					
Reconciliation: Name: Title	Al Stanley Director of Finance - Coastal					
Name: Title:	Michelle Blanchfield Fiscal Analyst III - Central Office					
Beginning Balance at July 1, 2014: Detailed Transactions During FY 2014 - 2015: Deposits (Please list each deposit separately. Add lines as needed.)						
DATE	Amount			Source		
7/1/2014-6/30/2015	-	Summary	of Deposits			

DATE	Amount	Source
7/1/2014-6/30/2015	-	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014-6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:	-

Agency Name/Number: S.C. Department of Dis				ıbilities an	d Special Needs/	J160	
Account Name:		Coastal Center - Acct No. 2000021012428 (Dedicated)					
Purpose of Account:		Client Funds					
Exemption Requested:		Yes	x N	о [
If exemption is requested	l, reason:						
		Previously gr	ranted 3/6/12				
Exemption Approved in	Prior Year:	Yes	x N	[о			
Authorized Personnel	l						
Check Writing/Withdray							
Name:	John Dooney District II HRN	1 Director					
Title	District II HKN	d Director					
Name:	Richard Nickle	ess					
Title:	Service and Supply Director						
Reconciliation:							
Name:	Al Stanley						
Title	Director of Fin	ance - Coastal					
Name:	Michelle Bland	chfield					
Title:	Fiscal Analyst	III - Central Office	e				
Financial Information							
Beginning Balance at Jul	y 1, 2014:			-			
Detailed Transactions D							
Deposits (Please list each	deposit separately	y. Add lines as ne	eded.)				

DATE	Amount	Source
7/1/2014-6/30/2015	-	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014-6/30/2015	-		Summary of Expenditures

Ending Balance at June 30	, 2015:	-	

				S.C. Department of Disabilities and Special Needs/J160 Coastal Client - Acct No. 2079900429493 (Direct Deposit) Client Funds				
Exemption Requested:		Yes	х	No				
If exemption is requested, re								
	Previ	ously gran	ted 3/6/12					
Exemption Approved in Pri	or Year:	Yes	Х	No				
Authorized Personnel								
Check Writing/Withdrawal:								
	ohn Dooney							
Title D	District II HRM Director							
Name: R	ichard Nickless							
Title: S	Service and Supply Director							
Reconciliation:								
Name: A	l Stanley							
Title D	pirector of Finance - Coa	ıstal						
Name: N	lichelle Blanchfield							
Title: F	iscal Analyst III - Centra	al Office						
Financial Information								
Beginning Balance at July 1	, 2014:			-]			
Detailed Transactions Durin	g FY 2014 -2015:							

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,513,092.75	Summary of Deposits

 $\textbf{Withdrawals:} \ (Plese \ list \ each \ withdrawal \ separately. \ \ Add \ lines \ as \ needed)$

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,512,232.58		Summary of Expenditures

Inding Balance at June 30, 2015:	860.17

Agency Name/Num Account Name: Purpose of Accoun		S.C. Department of Disabilities and Special Needs/J16 Midland Center - Acct No. 51318889 (Operating) Client Funds				
Exemption Reques If exemption is req		Yes Previously gr		No		
Exemption Approv	ved in Prior Year:	Yes	Х	No		
Authorized Person Check Writing/Wi						
Name:	Nancy Hall					
Title	Facility Administ	trator				
Name:	Kim Layton					
Title:	Director of Finan	ice - Midlands				
Reconciliation:						
Name:	Kim Layton					
Title	Director of Finan	ice - Midlands				
Name:	Michelle Blanchi	field				
Title:	Fiscal Analyst III	I - Central Office	2			
Financial Informat	<u>tion</u>					
Beginning Balance	at July 1, 2014:			48,131.	12	
Detailed Transacti	ons During FY 2014 -201	<u>15:</u>				

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	2,033,450.51	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	2,012,156.37		Summary of Expenditures

Agency Name/Numbe Account Name: Purpose of Account:	er:	S.C. Department of Disabilities and Special Needs/J16 Coastal MRC - Acct No. 2079900428494 (Operating) Client Funds				
Exemption Requested		Yes	X	No		
If exemption is reque	sted, reason:	Previously gr	anted 3/6/	/12		
Exemption Approved	in Prior Year:	Yes	X	No		
Authorized Personne Check Writing/Witho						
Name:	John Dooney					
Title	District II HRM I	Director				
Name:	Richard Nickless					
Title:	Service and Supp	ly Director				
Reconciliation:						
Name:	Al Stanley					
Title	Director of Finan	ce - Coastal				
Name:	Michelle Blanchf	ield				
Title:	Fiscal Analyst III	- Central Office	e			
Financial Information	<u>n</u>					
Beginning Balance at	July 1, 2014:			55,808	.14	
Detailed Transaction	s During FY 2014 -201	5:				

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,570,430.02	Summary of Deposits

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

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

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,582,682.47		Summary of Expenditures

Ending Balance at June 30, 2015: 43,555.69

Agency Name/Number: Account Name: Purpose of Account:	Cl		- Acct No. 5			ial Needs/J16 posit)	0
Exemption Requested:		Yes	Х	No			
If exemption is requested,		viously gran	nted 3/6/12				
Exemption Approved in F	rior Year:	Yes	Х	No			
Authorized Personnel Check Writing/Withdraw	al:						
Name:	Nancy Hall						
Γitle	Facility Administrator						
Name:	Kim Layton						
Γitle:	Director of Finance - M	idlands					
Reconciliation:							
Name:	Kim Layton						
Γitle	Director of Finance - M	idlands					
Name:	Michelle Blanchfield						
Γitle:	Fiscal Analyst III - Cent	tral Office					
Financial Information							
Beginning Balance at July	y 1, 2014:			0.4	14		
Detailed Transactions Du Deposits (Please list each d		nes as need	led.)				

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,848,387.79	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,848,387.48		Summary of Expenditures

Ending Balance at June 30, 2015:	0.75

Agency Name/Numb Account Name: Purpose of Account:	er:		RD - Acc		tes and Special Need 19401 (Dedicated)	ds/J160
Exemption Requeste		Yes	Х	No		
If exemption is reque	ested, reason:	Previously gr	anted 3/6/1	2		
Exemption Approved	l in Prior Year:	Yes	х	No		
Authorized Personne Check Writing/With						
Name:	Nancy Hall					
Title	Facility Adminis	trator				
Name:	Kim Layton					
Title:	Director of Finar	nce - Midlands				
Reconciliation:						
Name:	Kim Layton					
Title	Director of Finar	nce - Midlands				
Name:	Michelle Blanch	field				
Title:	Fiscal Analyst II	I - Central Office	•			
Financial Informatio	<u>n</u>					
Beginning Balance at	t July 1, 2014:				<u> </u>	
	s During FY 2014 -20 ach deposit separately.		eded.)			
DATE	Amount	t		Sour	ce	

DATE	Amount	Source
7/1/2014 - 6/30/2015	-	Summary of Deposits

 $\begin{tabular}{ll} \textbf{Withdrawals:} (Plese\ list\ each\ withdrawal\ separately.\ Add\ lines\ as\ needed) \end{tabular}$

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:	-
	,

Agency Name/Number: Account Name: Purpose of Account:			ınds - Acct	Disabilities No. 200002 Funds	and Special Needs/J160 21012172
Exemption Requested: If exemption is requested,		Yes ously gran	x ted 3/6/12	No	
Exemption Approved in F	Prior Year:	Yes	х	No	
Authorized Personnel Check Writing/Withdraw	al:				
Name:	Alan Longshore				
Title	Claims and Claims				
Name:	Tracy Long				
Title:	Fiscal Analyst				
Reconciliation:					
Name:	Debbie Detroia				
Title	Director of Finance - Wh	itten			
Name:	Michelle Blanchfield				
Title:	Fiscal Analyst III - Centr	al Office			
Financial Information					
Beginning Balance at July	1, 2014:			150,302.59	9
Detailed Transactions Du	ring FY 2014 -2015:				
Deposits (Please list each d	leposit separately. Add lin	es as need	ed.)		

DATE	Amount	Source
7/1/2014 - 6/30/2015	3,426,262.37	Summary of Deposits

7/1/2014 - 6/30/2015	3,426,262.37	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	3,496,170.95		Summary of Expenditures

	<u></u>
Ending Balance at June 30, 2015:	80,394.01

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Pee Dee Client - Acct No. 2079900429480 (Direct Deposit) Client Funds				
Exemption Requested:		Yes	X	No	
If exemption is requested	l, reason:	Previously gra	anted 3/6/12	,	
		Treviously giv			
Exemption Approved in	Prior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdray	wal:				
Name:	Deborah Reddic	ck			
Title	Director of Fina	ince			
Name:	Jack Kolesar				
Title:	Co-Administrate	or/Program Service	es/Supports	s	
Reconciliation:					
Name:	Joe Freeman				
Title	Claims and Coll	lections - Pee Dee			
Name:	Michelle Blanch	nfield			
Title:	Fiscal Analyst I	II - Central Office	:		
Financial Information					
Beginning Balance at Jul	ly 1, 2014:			-	<u> </u>
Detailed Transactions De Deposits (Please list each			eded.)		

DATE	Amount	Source	
7/1/2014 - 6/30/2015	1,712,957.79	Summary of Deposits	
	1		

 $\begin{tabular}{ll} \textbf{Withdrawals:} (Plese\ list\ each\ withdrawal\ separately.\ Add\ lines\ as\ needed) \end{tabular}$

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,712,957.79		Summary of Expenditures

Ending Balance at June 30, 2015:	-
	·

Agency Name/Number: Account Name: Purpose of Account:					200003469	and Special Needs/J160 1564 (Dedicated)
Exemption Requested: If exemption is requested,	rancan		Yes	Х	No	
ir exemption is requested,	reason.	Previo	usly gran	ted 3/6/12		
Exemption Approved in P	rior Year:		Yes	Х	No	
Authorized Personnel Check Writing/Withdraw	al:					
Name:	Deborah Reddick	:				
Γitle	Director of Finan	ce				
Name: Title:	Jack Kolesar Co-Administrator	r/Progran	n Services	Supports		
Reconciliation:						
Name:	Joe Freeman					
Γitle	Claims and Colle	ctions - F	Pee Dee			
Name:	Michelle Blanchf	ïeld				
Γitle:	Fiscal Analyst III	- Centra	l Office			
Financial Information						
Beginning Balance at July	1, 2014:	[-]
Detailed Transactions Dur Deposits (Please list each d	_		s as neede	ed.)		

DATE	Amount	Source
7/1/2014 - 6/30/2015	-	Summary of Deposits

 $\begin{tabular}{ll} \textbf{Withdrawals:} (Plese\ list\ each\ withdrawal\ separately.\ Add\ lines\ as\ needed) \end{tabular}$

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:	-

Agency Name/Number: S.C. Department of Disabilities and Special Needs/J160 $\,$ Pee Dee Ctr - Acct No. 2079900435306 (Operating) Account Name: Client Funds Purpose of Account: **Exemption Requested:** Yes If exemption is requested, reason: Previously granted 3/6/12 **Exemption Approved in Prior Year:** Yes <u>Authorized Personnel</u> Check Writing/Withdrawal: Deborah Reddick Name: Title Director of Finance Jack Kolesar Name: Co-Administrator/Program Services/Supports Title: Reconciliation: Name: Joe Freeman Title Claims and Collections - Pee Dee Michelle Blanchfield Name: Title: Fiscal Analyst III - Central Office Financial Information Beginning Balance at July 1, 2014: 118,553.11 **Detailed Transactions During FY 2014 -2015:**

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	1,745,958.02	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	1,765,789.92		Summary of Expenditures

Ending Balance at June 30, 2015:	98,724.21
_	

Agency Name/Number: Account Name: Purpose of Account:			ınds - Acct	Disabilities No. 200002 Funds	and Special Needs/J160 21012172
Exemption Requested: If exemption is requested,		Yes ously gran	x ted 3/6/12	No	
Exemption Approved in F	Prior Year:	Yes	х	No	
Authorized Personnel Check Writing/Withdraw	al:				
Name:	Alan Longshore				
Title	Claims and Claims				
Name:	Tracy Long				
Title:	Fiscal Analyst				
Reconciliation:					
Name:	Debbie Detroia				
Title	Director of Finance - Wh	itten			
Name:	Michelle Blanchfield				
Title:	Fiscal Analyst III - Centr	al Office			
Financial Information					
Beginning Balance at July	1, 2014:			150,302.59	9
Detailed Transactions Du	ring FY 2014 -2015:				
Deposits (Please list each d	leposit separately. Add lin	es as need	ed.)		

DATE	Amount	Source
7/1/2014 - 6/30/2015	3,426,262.37	Summary of Deposits

7/1/2014 - 6/30/2015	3,426,262.37	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	3,496,170.95		Summary of Expenditures

	<u></u>
Ending Balance at June 30, 2015:	80,394.01

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Dedicated - Acct No. 2000021012185 Client Funds				
Exemption Requested: If exemption is requested,		Yes ously gran	x ted 3/6/12	No	
Exemption Approved in P	rior Year:	Yes	Х	No	
Authorized Personnel Check Writing/Withdraws Name:	al: Alan Longshore				
Title	Claims and Claims				
Name: Title:	Tracy Long Fiscal Analyst				
Reconciliation: Name: Title	Debbie Detroia Director of Finance - Wh	itten			
Name: Title:	Michelle Blanchfield Fiscal Analyst III - Centra	al Office			
Financial Information					
Beginning Balance at July	1, 2014:			-	
Detailed Transactions Dur Deposits (Please list each de		es as need	ed.)		
DATE	Amount			Source	
7/1/2014 - 6/30/2015	-	Summary	of Deposi	ts	

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	-		Summary of Expenditures

Ending Balance at June 30, 2015:	-

Agency Name/Number Account Name: Purpose of Account:	r:	S.C. Department of Disabilities and Special Needs/J16 Direct Deposit - Acct No. 2000021012169 Client Funds				leeds/J160
Exemption Requested		Yes	X	No		
If exemption is reques	ted, reason:	Previously gr	anted 3/6/	12		
Exemption Approved	in Prior Year:	Yes	Х	No		
Authorized Personnel Check Writing/Withdo	rawal:					
Name:	Alan Longshore					
Title	Claims and Claim	s				
Name:	Tracy Long					
Title:	Fiscal Analyst					
Reconciliation:						
Name:	Debbie Detroia					
Title	Director of Finance	ce - Whitten				
Name:	Michelle Blanchfi	eld				
Title:	Fiscal Analyst III	- Central Office	•			
Financial Information	!					
Beginning Balance at .	July 1, 2014:			1	.30	
Detailed Transactions	During FY 2014 -201	<u>5:</u>				
D 14 (D1 11)	1 1 2 1	4 1 1 1 2	1 15			

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

DATE	Amount	Source
7/1/2014 - 6/30/2015	3,228,386.60	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	3,228,387.23		Summary of Expenditures

Ending Balance at June 30, 2015:	0.67

Agency Name/Nu Account Name: Purpose of Accou		S.C. Department of Disabilities and Special Needs/J16 Return Check - Acct No. 2079900429231				
Exemption Requ	ested:	Yes	X	No		
If exemption is re	equested, reason:	Previously gr	anted 3/6/1	2		
Exemption Appro	oved in Prior Year:	Yes	х	No		
Authorized Perso						
Name:	N/A					
Title	14.1					
Name:						
Title:						
Reconciliation:						
Name:	Michelle Blanchfi	eld				
Title	Fiscal Analyst III					
Name:	Leann S. Miller					
Title:	Fiscal Manager					
Financial Inform	ation					
Beginning Balanc	ce at July 1, 2014:			975	.00	
	tions During FY 2014 -201 ist each deposit separately.		eded.)			

DATE	Amount	Source
7/1/2014 - 6/30/2015	77,567.17	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
7/1/2014 - 6/30/2015	77,542.17		

Ending Balance at June 30, 2015:	1,000.00