| Agency Name/Number:<br>Account Name:<br>Purpose of Account:              |  | _              |               | t No. xxxx | and Special Needs/J160<br>xxxxx8494 (Operating)<br>nt Funds |
|--|--|----------------|---------------|------------|---|
| Exemption Requested: If exemption is requested, Exemption Approved in Pa | Previo   | Yes ously gran | X tted 3/6/12 | ]No        |   |
| Authorized Personnel Check Writing/Withdrawa Name: Title                 | al: John Dooney District II HRM Director                             |                |               |            |   |
| Name: Title:   | Richard Nickless<br>Service and Supply Direc<br>Barbara Taylor       | tor            |               |            |   |
| Title: Name: Title:  | Administrative Assistant t<br>Rebecca Hill<br>Facility Administrator | to the Faci    | lities        |            |   |
| Name:<br>Title:  | James Harris<br>Director of Maintenance                              |                |               |            |   |
| Reconciliation: Name: Title  | Al Stanley<br>Director of Finance - Coa                              | stal           |               |            |   |
| Name:<br>Title:  | Michelle Blanchfield<br>Fiscal Analyst III - Centra                  | al Office      |               |            |   |
| Name:<br>Title:  | Edward Tustin<br>Fiscal Analyst III - Centra                         | ıl Office      |               |            |   |

| Financial | Information |
|-----------|-------------|
|           |             |

| Coastal MRC - Acct No. 2079900428494 (Operating) |           |  |
|--|-----------|--|
| Beginning Balance at July 1, 2015:               | 43,555.69 |  |

#### **Detailed Transactions During FY 2015 -2016:**

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

| DATE                | Amount | Source                     |  |
|---------------------|--------|----------------------------|--|
| 07/01/15 - 06/30/16 |        | Source Summary of Deposits |  |
|                     |        |                            |  |

| DATE                | Amount       | Payee | Description of Goods/Services Purchased |
|---------------------|--------------|-------|---|
| 07/01/15 - 06/30/16 | 1,581,814.47 |       | Summary of Expenditures                 |
|                     |              |       |   |
|                     |              |       |   |
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| Ending Balance at June 30, 2016: | 46,266.33 |  |
|----------------------------------|-----------|--|
| Ending Datance at bane 50, 2010. | 40,200.55 |  |

| Agency Name/Number:<br>Account Name:<br>Purpose of Account: | S.C. Department of Disabilities and Special Needs/J160<br>Coastal Client - Acct No. xxxxxxxxx9493 (Direct Deposit)<br>Client Funds |
|---|--|
| Exemption Requested: If exemption is requested,             | Yes X No  reason:  Previously granted 3/6/12   |
| Exemption Approved in Pi                                    | rior Year: Yes X No  |
| Authorized Personnel Check Writing/Withdrawa Name: Title    | al: John Dooney District II HRM Director   |
| Name:<br>Title:   | Richard Nickless<br>Service and Supply Director  |
| Name:<br>Title:   | Barbara Taylor Administrative Assistant to the Facilities  |
| Name:<br>Title:   | Rebecca Hill Facility Administrator  |
| Name:<br>Title:   | James Harris Director of Maintenance   |
| Reconciliation: Name: Title                                 | Al Stanley Director of Finance - Coastal   |
| Name:<br>Title:   | Michelle Blanchfield Fiscal Analyst III - Central Office   |
| Name:<br>Title:   | Edward Tustin Fiscal Analyst III - Central Office  |

| Fina | ncial | Inform | ation |
|------|-------|--------|-------|
|      |       |        |       |

Beginning Balance at July 1, 2015:

Coastal Client - Acct No. 2079900429493 (Direct Deposit)

| DATE  | Amount   |                             | Source  |
|---|--|-----------------------------|---|
| 07/01/15 - 06/30/16   |  | Summary of Deposits         |   |
| <b>Withdrawals:</b> (Plese list eac<br><b>DATE</b><br>07/01/15 - 06/30/16 | h withdrawal separately.  Amount  1,550,438.66 | Add lines as needed)  Payee | Description of Goods/Services Purchas Summary of Expenditures |

860.17

| Ending Balance at June 30, 2016: | (1.98) |
|----------------------------------|--------|
|                                  | 1.63   |

| Agency Name/Number:<br>Account Name:<br>Purpose of Account:              |   | _                |                 |     | and Special Needs/J160<br>xxxxx2428 (Dedicated)<br>ds |
|--|---|------------------|-----------------|-----|---|
| Exemption Requested: If exemption is requested, Exemption Approved in Pr | Previ   | Yes lously grant | X<br>red 3/6/12 | ]No |   |
| Authorized Personnel Check Writing/Withdrawa                             |   | 103              | <u> </u>        |     |   |
| Name:<br>Title   | John Dooney<br>District II HRM Director             |                  |                 |     |   |
| Name:<br>Title:  | Richard Nickless<br>Service and Supply Direc        | etor             |                 |     |   |
| Name:<br>Title:  | Barbara Taylor<br>Administrative Assistant          | to the Facil     | ities           |     |   |
| Name:<br>Title:  | Rebecca Hill<br>Facility Administrator              |                  |                 |     |   |
| Name:<br>Title:  | James Harris<br>Director of Maintenance             |                  |                 |     |   |
| Reconciliation: Name: Title  | Al Stanley<br>Director of Finance - Coa             | ıstal            |                 |     |   |
| Name:<br>Title:  | Michelle Blanchfield<br>Fiscal Analyst III - Centra | al Office        |                 |     |   |
| Name:<br>Title:  | Edward Tustin<br>Fiscal Analyst III - Centra        | al Office        |                 |     |   |

| Financial Information                             |                          |                      |   |  |
|---|--------------------------|----------------------|---|--|
| Coastal Center - Acct No. 2                       | 2000021012428 (Dedicate  | ed)                  |   |  |
| Beginning Balance at July 1, 2015:                |                          |                      |   |  |
| <b>Detailed Transactions Duri</b>                 | ing FY 2015 -2016:       |                      |   |  |
| Deposits (Please list each de                     |                          | es as needed.)       |   |  |
| DATE  | Amount                   |                      | Source                                  |  |
| 07/01/15 - 06/30/16  Withdrawals: (Plese list eac | h withdrawal separately. | Add lines as needed) |   |  |
| DATE  | Amount                   | Payee                | Description of Goods/Services Purchased |  |
| 07/01/15 - 06/30/16                               |                          |                      | Summary of Expenditures                 |  |
| Ending Balance at June 30,                        | 2016:                    |                      | -                                       |  |

|  |                      | _                          |   |    |  |  |  |
|--|----------------------|----------------------------|---|----|--|--|--|
| Agency Name/Number: Account Name: Purpose of Account:  Exemption Requested: If exemption is requested, reason: |                      | -                          | S.C. Department of Disabilities and Special Needs/J160<br>Midland Center - Acct No. xxxxx8889 (Operating)<br>Client Funds |    |  |  |  |
|  |                      | Yes                        | X   | No |  |  |  |
| i onomption is req   | action, reason.      | Previously gran            | nted 3/6/12   |    |  |  |  |
| Exemption Approv   | ved in Prior Year:   | Yes                        | X   | No |  |  |  |
| Authorized Person Check Writing/Wit  |                      |                            |   |    |  |  |  |
| Name:  | Nancy Hall           |                            |   |    |  |  |  |
| Title  | Facility Administra  | ntor                       |   |    |  |  |  |
| Name:  | Kim Layton           |                            |   |    |  |  |  |
| Title:   | Director of Finance  | e - Midlands               |   |    |  |  |  |
| Name:  | Paul Justus          |                            |   |    |  |  |  |
| Title:   | Procurement/Claim    | Procurement/Claims Officer |   |    |  |  |  |
| Reconciliation:  |                      |                            |   |    |  |  |  |
| Name:  | Kim Layton           |                            |   |    |  |  |  |
| Title  | Director of Finance  | e - Midlands               |   |    |  |  |  |
| Name:  | Michelle Blanchfie   | eld                        |   |    |  |  |  |
| Title:   | Fiscal Analyst III - | Central Office             |   |    |  |  |  |
| Name:  | Edward Tustin        |                            |   |    |  |  |  |
| Title:   | Fiscal Analyst III - | Central Office             |   |    |  |  |  |

| Financ | vial | Inform | nation |
|--------|------|--------|--------|

| Midiand Center - Acct No. 51318889 (Operating) |           |
|--|-----------|
| Beginning Balance at July 1, 2015:             | 69,425.26 |
|  |           |

#### **Detailed Transactions During FY 2015 -2016:**

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

| DATE                | Amount       | Source              |  |
|---------------------|--------------|---------------------|--|
| 07/01/15 - 06/30/16 | 2,116,439.46 | Summary of Deposits |  |
|                     |              |                     |  |
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| DATE                | Amount       | Payee | Description of Goods/Services Purchased |
|---------------------|--------------|-------|---|
| 07/01/15 - 06/30/16 | 2,132,450.14 |       | Summary of Expenditures                 |
|                     |              |       |   |
|                     |              |       |   |
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| Ending Balance at June 30, 2016: | 53,414.58 |
|----------------------------------|-----------|
|----------------------------------|-----------|

| Agency Name/Number:<br>Account Name:<br>Purpose of Account: |                     | S.C. Department of Disabilities and Special Needs/J160<br>Client Funds - Acct No. xxxxx4539 (Direct Deposit)<br>Client Funds |      |  |    |  |  |
|---|---------------------|--|------|--|----|--|--|
| Exemption Requested:  |                     | Yes  | X No |  |    |  |  |
| If exemption is requeste                                    | d, reason:          | Previously granted 3/6/12  |      |  |    |  |  |
| Exemption Approved in                                       | Prior Year:         | Yes  | X No |  | ]  |  |  |
| Authorized Personnel Check Writing/Withdra                  | wal·                |  |      |  |    |  |  |
| Name:   | Nancy Hall          |  |      |  |    |  |  |
| Title   | Facility Administr  | rator  |      |  | 14 |  |  |
| Name:   | Kim Layton          |  |      |  |    |  |  |
| Title:  | Director of Finance | ce - Midlands  |      |  |    |  |  |
| Name:   | Paul Justus         |  |      |  |    |  |  |
| Title:  | Procurement/Clair   | ms Officer   |      |  |    |  |  |
| Reconciliation:   |                     |  |      |  |    |  |  |
| Name:   | Kim Layton          |  |      |  |    |  |  |
| Title   | Director of Finance | ce - Midlands  |      |  |    |  |  |
| Name:   | Michelle Blanchfi   | ield   |      |  |    |  |  |
| Title:  | Fiscal Analyst III  | - Central Office   |      |  |    |  |  |
| Name:   | Edward Tustin       |  |      |  |    |  |  |
| Title:  | Fiscal Analyst III  | - Central Office   |      |  |    |  |  |

| <u>Financial Information</u>   |                |
|--|----------------|
| Client Funds - Acct No. 50014539 (Direct Deposit)  |                |
| Beginning Balance at July 1, 2015:   | 0.75           |
| Detailed Transactions During FY 2015 -2016:  Denosits (Please list each denosit separately. Add line | es as needed ) |

| DATE                | Amount       | Source              |
|---------------------|--------------|---------------------|
| 07/01/15 - 06/30/16 | 1,874,839.68 | Summary of Deposits |
|                     |              |                     |
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| 1                   |              |                     |
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| DATE                | Amount       | Payee | Description of Goods/Services Purchased |
|---------------------|--------------|-------|---|
| 07/01/15 - 06/30/16 | 1,874,595.11 | Payee | Summary of Expenditures                 |
|                     |              |       |   |

| Ending Balance at June 30, 2016: | 245.32 |
|----------------------------------|--------|
|                                  |        |

| Agency Name/Number:<br>Account Name:<br>Purpose of Account: | S.C. Department of Disabilities and Special Needs/J160 Midland Ctr RD - Acct No. xxxxx9401 (Dedicated) Client Funds |           |             |    |  |
|---|---|-----------|-------------|----|--|
| Exemption Requested: If exemption is requested,             |   | Yes       | x ed 3/6/12 | No |  |
| Exemption Approved in Pi                                    | rior Year:  | Yes       | X           | No |  |
| Authorized Personnel Check Writing/Withdrawa                | d:  |           |             |    |  |
| Name:   | Nancy Hall  |           |             |    |  |
| Title   | Facility Administrator  |           |             |    |  |
| Name:   | Kim Layton  |           |             |    |  |
| Title:  | Director of Finance - Mic   | dlands    |             |    |  |
| Name:   | Paul Justus   |           |             |    |  |
| Title:  | Procurement/Claims Offi   | cer       |             |    |  |
| Reconciliation:   |   |           |             |    |  |
| Name:   | Kim Layton  |           |             |    |  |
| Title   | Director of Finance - Mid   | llands    |             |    |  |
| Name:   | Michelle Blanchfield  |           |             |    |  |
| Title:  |   |           |             |    |  |
| 1100  | 1 100at / Haryst III - Cellis   | ui 011100 |             |    |  |
| Name:   | Edward Tustin   |           |             |    |  |
| Title:  | Fiscal Analyst III - Centra   | al Office |             |    |  |
|   |   |           |             |    |  |

| Financial Information                                       |                         |   |   |
|---|-------------------------|---|---|
| Midland Ctr RD - Acct No                                    | . 775879401 (Dedicated) |   |   |
| Beginning Balance at July                                   | 1, 2015:                |   | -   |
| Detailed Transactions Duri<br>Deposits (Please list each de |                         | es as needed.)                            |   |
| DATE  | Amount                  |   | Source  |
| 07/01/15 - 06/30/16  Withdrawals: (Plese list eac           |                         | Summary of Deposits  Add lines as needed) |   |
| DATE  | Amount                  | Darras                                    | Description of Condo/Sources Drughesed                          |
| 07/01/15 - 06/30/16   | Amount                  | Payee                                     | Description of Goods/Services Purchased Summary of Expenditures |
| 07701713 - 00,30,10   |                         |   | Summary of Expendicules   |
| Ending Balance at June 30,                                  | 2016:                   |   | -   |

| Agency Name/Number:<br>Account Name:<br>Purpose of Account: | S.C. Department of Disabilities and Special Needs/J160 Pee Dee Ctr - Acct No. xxxxxxxxx5306 (Operating) Client Funds |                           |              |    |  |
|---|--|---------------------------|--------------|----|--|
| Exemption Requested: If exemption is requested,             |  | <b>Yes</b><br>iously gran | X_ted 3/6/12 | No |  |
| Exemption Approved in P                                     |  | Yes                       | X            | No |  |
| Authorized Personnel Check Writing/Withdraw                 | alı.   |                           |              |    |  |
| Name:   | Deborah Reddick  |                           |              |    |  |
| Title   | Director of Finance  |                           |              |    |  |
| Name:   | Jack Kolesar   |                           |              |    |  |
| Title:  | Co-Administrator/Program Services/Supports   |                           |              |    |  |
| Reconciliation:   |  |                           |              |    |  |
| Name:   | Joe Freeman  |                           |              |    |  |
| Title   | Claims and Collections -   | Pee Dee                   |              |    |  |
| Name:   | Michelle Blanchfield   |                           |              |    |  |
| Title:  | Fiscal Analyst III - Centra  | al Office                 |              |    |  |
| Name:   | Edward Tustin  |                           |              |    |  |
| Title:  | Fiscal Analyst III - Centra  | al Office                 |              |    |  |

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| ⊦inan | cial | Intor | mation |

| Pee Dee Ctr - Acct No. 2079900435306 (Operati   | ing)          |           |
|---|---------------|-----------|
| Beginning Balance at July 1, 2015:  |               | 98,724.21 |
| Detailed Transactions During FY 2015 -2016:  Deposits (Please list each deposit separately. Add | lines as need | led )     |

| DATE                | Amount       | Source              |
|---------------------|--------------|---------------------|
| 07/01/15 - 06/30/16 | 1,791,997.62 | Summary of Deposits |
|                     |              |                     |
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| DATE                | Amount       | Payee | Description of Goods/Services Purchased |
|---------------------|--------------|-------|---|
| 07/01/15 - 06/30/16 | 1,743,072.68 |       | Summary of Expenditures                 |
|                     |              |       |   |
|                     |              |       |   |
|                     |              |       |   |

| Ending Balance at June 30, 2016: | 147,649.15 |
|----------------------------------|------------|
|----------------------------------|------------|

| Agency Name/Number:<br>Account Name:<br>Purpose of Account: | S.C. Department of Disabilities and Special Needs/J Pee Dee Client - Acct No. xxxxxxxx9480 (Direct Deposition of Funds) |                            |               |    | xxx9480 (Direct Deposit) |
|---|---|----------------------------|---------------|----|--------------------------|
| Exemption Requested: If exemption is requested,             |   | <b>Yes</b><br>viously gran | X ated 3/6/12 | No |                          |
| Exemption Approved in Pr                                    | ior Year:   | Yes                        | X             | No |                          |
| Authorized Personnel Check Writing/Withdrawa                | 1.  |                            |               |    |                          |
| Name:   | Deborah Reddick   |                            |               |    |                          |
| Title   | Director of Finance   |                            |               |    |                          |
| Title   | Director of Piliance  |                            |               |    |                          |
| Name:   | Jack Kolesar  |                            |               |    |                          |
| Title:  | Co-Administrator/Progr  | am Services                | /Supports     |    |                          |
| Reconciliation: Name: Title                                 | Joe Freeman<br>Claims and Collections   | - Pee Dee                  | •             |    |                          |
| Name:<br>Title:   | Michelle Blanchfield Fiscal Analyst III - Central Office  |                            |               |    |                          |
| Name:<br>Title:   | Edward Tustin<br>Fiscal Analyst III - Cent  | tral Office                |               |    |                          |

| Financial Information                                    |                   |                     |   |  |  |  |
|--|-------------------|---------------------|---|--|--|--|
| Beginning Balance at July 1, 2015:                       |                   |                     | -                                       |  |  |  |
| Pee Dee Client - Acct No. 2079900429480 (Direct Deposit) |                   |                     |   |  |  |  |
| <b>Detailed Transactions Duri</b>                        | ng FY 2015 -2016: |                     |   |  |  |  |
| Deposits (Please list each dep                           |                   | s as needed.)       |   |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                    |                   | ,                   |   |  |  |  |
| DATE   | Amount            |                     | Source                                  |  |  |  |
| 07/01/15 - 06/30/16                                      | 1,746,404.00      | Summary of Deposits |   |  |  |  |
| Withdrawals: (Plese list each                            |                   |                     |   |  |  |  |
| DATE   | Amount            | Payee               | Description of Goods/Services Purchased |  |  |  |
| 07/01/15 - 06/30/16                                      | 1,752,679.72      |                     | Summary of Expenditures                 |  |  |  |
| Ending Balance at June 30,                               | 2016:             |                     | (6,275.72)                              |  |  |  |

| Agency Name/Number:<br>Account Name:<br>Purpose of Account: |  |                | S.C. Department of Disabilities and Special Needs/J16 Pee Dee Ct RDA - Acct No. xxxxxxxxx1564 (Dedicated Client Funds |                 |  |  |
|---|--|----------------|---|-----------------|--|--|
| Exemption Requested:  |  | Yes            | X   | ¬ <sub>No</sub> |  |  |
| If exemption is requested                                   | l, reason:                                 |                |   | 700             |  |  |
|   | •  | Previously gr  | ranted 3/6/12   |                 |  |  |
| Exemption Approved in                                       | Prior Year:                                | Yes            | X   | No              |  |  |
| Authorized Personnel  |  |                |   |                 |  |  |
| Check Writing/Withdray                                      | val:                                       |                |   |                 |  |  |
| Name:   | Deborah Reddick                            |                |   |                 |  |  |
| Title   | Director of Finance                        |                |   |                 |  |  |
| Name:   | Jack Kolesar                               |                |   |                 |  |  |
| Title:  | Co-Administrator/Program Services/Supports |                |   |                 |  |  |
| Reconciliation:   |  |                |   |                 |  |  |
| Name:   | Joe Freeman                                |                |   |                 |  |  |
| Title   | Claims and Collection                      | ons - Pee Dee  | ;   |                 |  |  |
| Name:   | Michelle Blanchfiel                        | d              |   |                 |  |  |
| Title:  | Fiscal Analyst III - C                     | Central Office | ;   |                 |  |  |
| Name:   | Edward Tustin                              |                |   |                 |  |  |
| Title:  | Fiscal Analyst III - C                     | Central Office | ;   |                 |  |  |

| Financial Information  |                          |                      |                                      |
|--|--------------------------|----------------------|--------------------------------------|
| Pee Dee Ct RDA - Acct No.                                    | 2000034691564 (Dedica    | ited)                |                                      |
| Beginning Balance at July                                    | 1, 2015:                 |                      | -                                    |
| Detailed Transactions Duri<br>Deposits (Please list each dep |                          | es as needed.)       |                                      |
| DATE   | Amount                   |                      | Source                               |
| 07/01/15 - 06/30/16  Withdrawals: (Plese list each           | h withdrawal separately. | Add lines as needed) |                                      |
| DATE   | Amount                   | Payee                | Description of Goods/Services Purcha |
| 07/01/15 - 06/30/16  |                          |                      | Summary of Expenditures              |
| Ending Balance at June 30,                                   | 2016:                    |                      | -                                    |

| Agency Name/Number: Account Name: Purpose of Account: |                      |                        | S.C. Department of Disabilities and Special Needs/J160<br>Whitten Ctr Client Funds - Acct No. xxxxxxxxx2172<br>Client Funds |  |  |  |  |
|---|----------------------|------------------------|---|--|--|--|--|
| Exemption Request                                     | ted:                 | Yes                    | X No  |  |  |  |  |
| If exemption is requ                                  |                      |                        |   |  |  |  |  |
|   |                      | Previously gra         | anted 3/6/12  |  |  |  |  |
| Exemption Approv                                      | ed in Prior Year:    | Yes                    | X No  |  |  |  |  |
| Authorized Personi                                    | <u>1el</u>           |                        |   |  |  |  |  |
| Check Writing/Wit                                     |                      |                        |   |  |  |  |  |
| Name:   | Alan Longshore       |                        |   |  |  |  |  |
| Title   | Claims and Collect   | ions Officer           |   |  |  |  |  |
| Name:   | Tracy Long           |                        |   |  |  |  |  |
| Title:  | Fiscal Analyst       |                        |   |  |  |  |  |
| Name:   | Wes Leonard          |                        |   |  |  |  |  |
| Title:  | Facility Administra  | Facility Administrator |   |  |  |  |  |
| Reconciliation:                                       |                      |                        |   |  |  |  |  |
| Name:   | Debbie Detroia       |                        |   |  |  |  |  |
| Title   | Director of Finance  | e - Whitten            |   |  |  |  |  |
| Name:   | Michelle Blanchfie   | ld                     |   |  |  |  |  |
| Title:  | Fiscal Analyst III - | Central Office         |   |  |  |  |  |
| Name:   | Edward Tustin        |                        |   |  |  |  |  |
| Title:  | Fiscal Analyst III - | Central Office         |   |  |  |  |  |

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| Financ | 121 | Inio | rma | ation |

| Whitten Ctr Client Funds - Acct No. 2000021012172  |           |
|--|-----------|
| Beginning Balance at July 1, 2015:                 | 80,394.01 |
| made of this section is not some states of models. |           |

#### **Detailed Transactions During FY 2015 -2016:**

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

| DATE                | Amount       | Source              |  |
|---------------------|--------------|---------------------|--|
| 07/01/15 - 06/30/16 | 3,261,708.45 | Summary of Deposits |  |
|                     |              | 9                   |  |
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| DATE                | Amount       | Payee | Description of Goods/Services Purchased |
|---------------------|--------------|-------|---|
| 07/01/15 - 06/30/16 | 3,271,447.22 |       | Summary of Expenditures                 |
|                     |              |       |   |
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| Ending Balance at June 30, 2016: | 70,655.24 |  |
|----------------------------------|-----------|--|
|                                  |           |  |

| Agency Name/Num<br>Account Name:<br>Purpose of Accoun |                                     |                           | S.C. Department of Disabilities and Special Needs/J160<br>Whitten Ctr Direct Deposit - Acct No. xxxxxxxxx2169<br>Client Funds |  |  |  |
|---|-------------------------------------|---------------------------|---|--|--|--|
| Exemption Requested:                                  |                                     | Yes                       | X No  |  |  |  |
| If exemption is req                                   | uested, reason:                     | Previously granted 3/6/12 |   |  |  |  |
| Exemption Approv                                      | ved in Prior Year:                  | Yes                       | X No  |  |  |  |
| Authorized Person                                     |                                     |                           |   |  |  |  |
| Check Writing/Wi<br>Name:                             |                                     |                           |   |  |  |  |
| Title   | Alan Longshore<br>Claims and Collec | stians Officer            |   |  |  |  |
| Title   | Claims and Conec                    | tions Officer             |   |  |  |  |
| Name:   | Tracy Long                          |                           |   |  |  |  |
| Title:  | Fiscal Analyst                      |                           |   |  |  |  |
| 111101  | 1 Ideal I mary be                   |                           |   |  |  |  |
| Name:   | Wes Leonard                         |                           |   |  |  |  |
| Title:  | Facility Administr                  | ator                      |   |  |  |  |
| Reconciliation:                                       |                                     |                           |   |  |  |  |
| Name:   | Debbie Detroia                      |                           |   |  |  |  |
| Title   | Director of Finance                 | e - Whitten               |   |  |  |  |
|   |                                     |                           |   |  |  |  |
| Name:   | Michelle Blanchfie                  | eld                       |   |  |  |  |
| Title:  | Fiscal Analyst III -                | - Central Office          | 2   |  |  |  |
| Name:   | Edward Tustin                       |                           |   |  |  |  |
| Title:  | Fiscal Analyst III -                | Central Office            | e   |  |  |  |

| Financial Information | Finan | cial | Info | rmatio | n. |
|-----------------------|-------|------|------|--------|----|
|-----------------------|-------|------|------|--------|----|

| Whitten Ctr Direct Deposit                                  | t - Acct No. 20000210121 | 69                  |        |
|---|--------------------------|---------------------|--------|
| Beginning Balance at July 1, 2015:                          |                          |                     | 0.67   |
| Detailed Transactions Duri<br>Deposits (Please list each de |                          | s as needed.)       |        |
| DATE  | Amount                   |                     | Source |
| 07/01/15 - 06/30/16   | 3,170,757.57             | Summary of Deposits |        |

| DATE                | Amount       | Payee | Description of Goods/Services Purchased |
|---------------------|--------------|-------|---|
| 07/01/15 - 06/30/16 | 3,170,519.07 |       | Summary of Expenditures                 |
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| Ending Balance at June 30, 2016: | 239.17 |
|----------------------------------|--------|
|                                  |        |

| Agency Name/Num<br>Account Name:<br>Purpose of Accoun | S.C. Department of Disabilities and Special Needs/J160<br>Whitten Ctr Dedicated - Acct No. xxxxxxxxx2185<br>Client Funds |                  |   |    |  |  |  |
|---|--|------------------|---|----|--|--|--|
| Exemption Reques                                      | sted:  | Yes              | X | No |  |  |  |
| If exemption is req                                   | uested, reason:  |                  |   |    |  |  |  |
| Exemption Approv                                      | ved in Prior Year:   | Yes              | X | No |  |  |  |
| Authorized Person                                     |  |                  |   |    |  |  |  |
| Check Writing/Wi<br>Name:                             |  |                  |   |    |  |  |  |
| Title   | Alan Longshore<br>Claims and Collec  | etions Officer   |   |    |  |  |  |
| Title   | Claims and Conce   | ctions Officer   |   |    |  |  |  |
| Name:   | Tracy Long   |                  |   |    |  |  |  |
| Title:  | Fiscal Analyst   |                  |   |    |  |  |  |
| Name:   | Wes Leonard  |                  |   |    |  |  |  |
| Title:  | Facility Administr   | ator             |   |    |  |  |  |
| Reconciliation:                                       |  |                  |   |    |  |  |  |
| Name:   | Debbie Detroia   |                  |   |    |  |  |  |
| Title   | Director of Finance  | e - Whitten      |   |    |  |  |  |
| Name:   | Michelle Blanchfi  | eld              |   |    |  |  |  |
| Title:  | Fiscal Analyst III   | - Central Office |   |    |  |  |  |
| Name:   | Edward Tustin  |                  |   |    |  |  |  |
| Title:  | Fiscal Analyst III   | - Central Office | : |    |  |  |  |

| Financial Information   |                          |   |   |
|---|--------------------------|---|---|
| Whitten Ctr Dedicated - Ac  | ct No. 2000021012185     |   |   |
| Beginning Balance at July 1                                       | , 2015:                  |   | - 1                                     |
| Detailed Transactions During Deposits (Please list each deposits) |                          | es as needed.)                            |   |
| DATE  | Amount                   |   | Source                                  |
| 07/01/15 - 06/30/16  Withdrawals: (Plese list each                | n withdrawal separately. | Summary of Deposits  Add lines as needed) |   |
| DATE  | Amount                   | Payee                                     | Description of Goods/Services Purchased |
| 07/01/15 - 06/30/16   |                          |   | Summary of Expenditures                 |
| Ending Balance at June 30,  | 2016:                    |   | -                                       |

| Agency Name/Number: Account Name: Purpose of Account: |                      | S.C. Department of Disabilities and Special Needs/J160<br>Return Check - Acct No. xxxxxxxxx9231<br>Contigent Funding for Returned Checks |      |  |  |
|---|----------------------|--|------|--|--|
| Exemption Requested: If exemption is requested,       |                      | <b>Yes</b><br>riously gran   | x No |  |  |
| Exemption Approved in Pr                              | rior Year:           | Yes  | x No |  |  |
| Authorized Personnel Check Writing/Withdrawa          | ıl:                  |  |      |  |  |
| Name:<br>Title  | N/A                  |  |      |  |  |
| Name:<br>Title:                                       | N/A                  |  |      |  |  |
| Reconciliation:                                       |                      |  |      |  |  |
| Name:   | Michelle Blanchfield |  |      |  |  |
| Title   | Fiscal Analyst III   |  |      |  |  |
| Name:   | Leann S. Miller      |  |      |  |  |
| Title:  | Fiscal Manager       |  |      |  |  |
| Name:   | Geneva Thomas        |  |      |  |  |
| Title   | Accounts Receivable  |  |      |  |  |
| Name:   | Deloris Hill         |  |      |  |  |
| Title:  | Accounts Payable     |  |      |  |  |

| -     |      | T 0   |        |
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| Finan | cial | Intor | mation |

| Return Check - Acct No. 2079900429231 |  |
|---------------------------------------|--|
|---------------------------------------|--|

| Beginning Balance at July 1, 2015: | 1,000.00 |
|------------------------------------|----------|
|                                    |          |

#### **Detailed Transactions During FY 2015 -2016:**

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

| DATE                 | Amount | Source              |  |
|----------------------|--------|---------------------|--|
| 7/1/2015 - 6/30/2016 | 10.00  | Summary of Deposits |  |
|                      |        |                     |  |
|                      |        |                     |  |
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|                      |        |                     |  |
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|                      |        |                     |  |

| DATE                 | Amount | Payee | Description of Goods/Services Purchased |
|----------------------|--------|-------|---|
| 7/1/2015 - 6/30/2016 | 10.00  |       | Cover Bad Checks                        |
|                      |        |       |   |
|                      |        |       |   |
|                      |        |       |   |
|                      |        |       |   |
| -4                   |        |       |   |
|                      |        |       |   |

| Ending Balance at June 30, 2015: | 1,000.00 |
|----------------------------------|----------|
|                                  |          |