Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number:					intes and Special Needs/J160
Account Name:		Coastal	Center - Ac		xxxxxxxxx8494 (Operating)
Purpose of Account:					Client Funds
Exemption Requested: If exemption is requested, 1		Yes iously grant	X ted 3/6/12	No	
Exemption Approved in Pr	ior Year:	Yes	X	□No	
Authorized Personnel Check Writing/Withdrawa					
Name:	John Dooney				
Title	District II HRM Director				
Name:	Richard Nickless				
Title:	Service and Supply Direc	tor			
	201,112 mg = "FF-2" =				
Name:	Barbara Taylor				
Title:	Administrative Assistant	to the Facili	ities		
Name:	Rebecca Hill				
Title:	Facility Administrator				
Name:	James Harris				
Title:	Director of Maintenance				
Reconciliation:					
Name:	Lori McCurley				
Title:	Director of Finance				
Name:	Edward Tustin				
Title:	Fiscal Analyst III - Centra	d Office			
Title.	1 Isour ringryst in Contra	II OTHEC			
Financial Information					
Beginning Balance at July	1, 2016:			46,26	56,33
Detailed Transactions Duri Deposits (Please list each dep		as needed.)		
DATE	Amount				urce
07/01/16 - 06/30/17	1,646,218.06	Summary	of Deposits	S	

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	1,649,568.96		Summary of Expenditures

Ending Balance at June 30, 2017:	42,915.43

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Coastal Center - Acct No. xxxxxxxxx9493 (Direct Deposit) Client Funds
Exemption Requested:	Yes X No
If exemption is requested	, reason: Previously granted 3/6/12
Exemption Approved in I	
Authorized Personnel	
Check Writing/Withdraw	val:
Name:	John Dooney
Title	District II HRM Director
Name:	Richard Nickless
Title:	Service and Supply Director
Name:	Barbara Taylor
Title:	Administrative Assistant to the Facilities
Name:	Rebecca Hill
Title:	Facility Administrator
Name:	James Harris
Title:	Director of Maintenance
Reconciliation:	
Name:	Lori McCurley
Title	Director of Finance - Coastal
Name:	Edward Tustin
Title:	Fiscal Analyst III - Central Office
E''	
Financial Information	
Beginning Balance at July	y 1, 2016: (1.98)
Detailed Transactions Du Deposits (Please list each d	ring FY 2016 -2017: eposit separately. Add lines as needed.)
DATE	Amount Source
07/01/16 - 06/30/17	1,604,778,56 Summary of Deposits
Withdrawals: (Plese list ea	ach withdrawal separately. Add lines as needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	1,600,647.52		Summary of Expenditures
		l'	
		L	

Ending Balance at June 30, 2017:	4,129.06

Agency Name/Number Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Coastal Center - Acct No. xxxxxxxxx2428 (Dedicated) Client Funds
Exemption Requested:	Yes X No
If exemption is requeste	
	Previously granted 3/6/12
Exemption Approved in	n Prior Year: Yes X No
Authorized Personnel	
Check Writing/Withdra Name:	awai: John Dooney
Title	District II HRM Director
	- STATE DIEGOT
Name:	Richard Nickless
Title:	Service and Supply Director
Name:	Barbara Taylor
Title:	Administrative Assistant to the Facilities
	, solidate to the restriction
Name:	Rebecca Hill
Γitle:	Facility Administrator
Name:	James Harris
Title:	Director of Maintenance
Reconciliation: Name:	Loui McCiudou
vame. Fitle	Lori McCurley Director of Finance - Coastal
THE	Director of Chlance - Coastar
Name:	Edward Tustin
Γitle:	Fiscal Analyst III - Central Office
Financial Information	
Beginning Balance at Ju	uly 1, 2016:
Detailed Transactions I Deposits (Please list each	During FY 2016 -2017: n deposit separately. Add lines as needed.)
DATE	Amount Source
07/01/16 - 06/30/17	Summary of Deposits

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	-		Summary of Expenditures

Ending Balance at June 30, 2017:	5-

Agency Name/Number: Account Name: Purpose of Account:		-			and Special Needs/J160 xxx8889 (Operating) ds
Exemption Requested: If exemption is requested, 1		Yes ously grant	X ted 3/6/12	No	
Exemption Approved in Pr	ior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdrawa Name:	ıl: Nancy Hall				
Title	Facility Administrator				
Name: Title:	Kim Layton Director of Finance - Mid	lands			
Name: Title:	Paul Justus Procurement/Claims Office	cer			
Reconciliation: Name: Title Name: Title:	Kim Layton Director of Finance - Mid Edward Tustin Fiscal Analyst III - Centra				
Financial Information Beginning Balance at July	1, 2016:			53,414.58]
Detailed Transactions Duri Deposits (Please list each de		s as needed	1.)		
DATE 07/01/16 - 06/30/17	Amount 1 990 261 05	Summarı	of Denosita	Source	

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

ls/Services Purchased
f Expenditures

Ending Balance at June 30, 2017:	946.80

Agency Name/Number:		-			and Special Needs/J160		
Account Name:	Midlands Center- Acct No. xxxx4539 (Direct Deposit						
Purpose of Account:	Client Funds						
Exemption Requested:		Yes	Х	No			
If exemption is requested, i	reason:						
	Previo	ously grante	ed 3/6/12				
Exemption Approved in Pr	ion Voque	Yes	Х	No			
Exemption Approved in Fr	ior rear.	1 68		7140			
Authorized Personnel							
Check Writing/Withdrawa							
Name:	Nancy Hall						
Title	Facility Administrator						
Name:	Kim Layton						
Title:	Director of Finance - Mid	lands					
Name:	Paul Justus						
Title:	Procurement/Claims Office	cer					
Reconciliation:							
Name:	Kim Layton						
Title	Director of Finance - Mid	lands					
Name:	Edward Tustin						
Title:	Fiscal Analyst III - Centra	ıl Office	Let				
Financial Information							
Beginning Balance at July	1, 2016:			245.3	2		
Detailed Transactions Duri	ng EV 2016, 2017.						
Deposits (Please list each de		s as needed.	.)				
1 (<i>'</i>				
DATE	Amount			Source			
07/01/16 - 06/30/17	1,755,695.03	Summary o	of Deposits				

Withdrawals:	(Plese lis	t each	withdrawal	separately	Add lines a	is needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	1,751,056.22		Summary of Expenditures

Ending Balance at June 30, 2017:	4,884.13

Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number:		S.C. Department of Disabilities and Special Needs/J16					
Account Name:	Mid	xxxx9401 (Dedicated)					
Purpose of Account:				Client Fu	nds		
Exemption Requested:		Yes	X	No			
If exemption is requested,	, reason:						
	Previ	iously gra	inted 3/6/12				
Exemption Approved in I	Prior Year:	Yes	X	No			
Authorized Personnel							
Check Writing/Withdraw							
Name:	Nancy Hall						
Title	Facility Administrator						
Name:	Kim Layton						
Title:	Director of Finance - Mic	ilands					
Name:	Paul Justus						
Title:	Procurement/Claims Offi	cer					
Reconciliation:							
Name:	Kim Layton						
Title	Director of Finance - Mic	llands					
Name:	Edward Tustin						
Title:	Fiscal Analyst III - Centra	al Office					
Financial Information							
Beginning Balance at July	1, 2016:]		
Detailed Transactions Dur Deposits (Please list each d		es as need	ed.)				
DATE	Amount			Source			
07/01/16 - 06/30/17		Summar	y of Deposit				

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	9 8		Summary of Expenditures

Ending Balance at June 30, 2017:	#

Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number:		S.C. De	partment of	Disabilitie	s and Special Needs/J160
Account Name:	Pee Dee Center- Acct No. xxxxxxxxx5306 (Operating				
Purpose of Account:				Client Fu	inds
Exemption Requested:		Yes	Х	γ_{No}	
If exemption is requested,	rageon.	103		۳٬۰۰	
if exemption is requested,		oughy gra	nted 3/6/12		
	1101	ously gra	IIICU 5/0/12		
Exemption Approved in Pr	rior Year:	Yes	X	No	
Authorized Personnel					
Check Writing/Withdrawa	al:				
Name:	Deborah Reddick				
Title	Director of Finance				
Name:	Inal-Walana				
Title:	Jack Kolesar Co-Administrator/Program	m Service	e/Sunnarte		
Title.	Co-Administrator/Frogram	III SCIVICE	s/Supports		
Reconciliation:					
Name:	Joe Freeman				
Title	Claims and Collections -	Pee Dee			
Name:	Cassandra Jackson				
Title:	Claims and Collections -	Pee Dee			
Name:	Edward Tustin	72			
Title:	Fiscal Analyst III - Centra	al Office			
Financial Information					
Financial Information					
Beginning Balance at July	1, 2016:			147,649.1	5
Detailed Transactions Dur					
Deposits (Please list each de	eposit separately. Add line	s as need	ed.)		
DATE	Amount			Sourc	e
07/01/16 - 06/30/17	1,816,349.68	Summar	y of Deposit	s	

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	1,813,256.44		Summary of Expenditures

	*
Ending Balance at June 30, 2017:	150,742.39

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Pee Dee Center - Acct No. xxxxxxxx9480 (Direct Deposi Client Funds						
Exemption Requested:		Yes	X	No		×	
If exemption is requested,		ously grant	ted 3/6/12				
Exemption Approved in Pr	rior Year:	Yes	X	No			
Authorized Personnel							
Check Writing/Withdrawa							
Name:	Deborah Reddick						
Title	Director of Finance						
Name:	Jack Kolesar						
Title:	Co-Administrator/Program	m Services/	Supports				
Reconciliation:							
Name:	Joe Freeman						
Title	Claims and Collections -	Pee Dee					
Name:	Cassandra Jackson						
Title:	Claims and Collections -	Pee Dee					
Name:	Edward Tustin						
Title:	Fiscal Analyst III - Centra	al Office					
Financial Information							
Beginning Balance at July	1, 2016:			(6,275.72	2)		
Detailed Transactions Duri	ing FY 2016 -2017:						
Deposits (Please list each de		s as needed	l.)				
DATE	Amount			Source			
07/01/16 - 06/30/17		Summary	of Deposits				
001.10 00.50/11	1,777,707.09	I Summery	or popular	•			

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	1,763,815.31		Summary of Expenditures

Ending Balance at June 30, 2017:	4,376.86

Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number: Account Name: Purpose of Account:	S.C. Department of Disabilities and Special Needs/J160 Pee Dee Center - Acct No. xxxxxxxxx1564 (Dedicated) Client Funds							
Exemption Requested:		Yes	X	No				
If exemption is requested,								
	Previ	ously gra	nted 3/6/12					
Exemption Approved in P	rior Year:	Yes	X	No				
Authorized Personnel Check Writing/Withdrawa	al:							
Name:	Deborah Reddick							
Title	Director of Finance							
Name:	Jack Kolesar							
Title:	Co-Administrator/Program Services/Supports							
Reconciliation:								
Name:	Joe Freeman							
Title	Claims and Collections -	Claims and Collections - Pee Dee						
Name:	Casandra Jackson							
Title:	Fiscal Analyst III - Centra	al Office						
Name:	Edward Tustin							
Title:	Fiscal Analyst III - Centra	al Office						
Financial Information								
Beginning Balance at July	1. 2016:				1			
	-,				,			
Detailed Transactions Dur Deposits (Please list each de		s as need	ed.)					
DATE	Amount			Source				
07/01/16 - 06/30/17	12	Summar	y of Deposits					

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17			Summary of Expenditures

Ending Balance at June 30, 2017:	

Agency Name/Number: Account Name: Purpose of Account: S.C. Department of Disabilities and Special Needs Whitten Center - Acct No. xxxxxxxxx2172 (Opera Client Funds					xxxxx2172 (Operating)	
Exemption Requested: If exemption is requested,		Yes ously grant	x red 3/6/12	No		
Exemption Approved in Pr	rior Year:	Yes	X	No		
Authorized Personnel Check Writing/Withdrawa Name:	il: J. Alan Longshore					
Title	Claims and Claims					
Name: Title:	Tracy A Long Fiscal Analyst					
Name: Title:	Wes Leonard Facility Administrator					
Reconciliation: Name: Title	Deborah De Troia Director of Finance - Whi	itten				
Name: Title:	Edward Tustin Fiscal Analyst III - Central Office					
Financial Information						
Beginning Balance at July	1, 2016:			70,655.24	9	
Detailed Transactions Duri Deposits (Please list each de		s as needed	l.)			
DATE	Amount			Source		
07/01/16 - 06/30/17	3,242,324.17	Summary of	of Deposits			

W-74.4	/***					
Withdrawals:	(Plese	list each	withdrawal	separately.	Add lines as	needed)

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	3,236,554.95		Summary of Expenditures

Ending Balance at June 30, 2017:	76,424.46

Agency Name/Number: Account Name:	S.C. Department of Disabilities and Special Needs/J160 Whitten Center - Acct No. xxxxxxxxx2169 (Direct Deposit) Client Funds				
Purpose of Account:				Client Fur	nds
Exemption Requested: If exemption is requested,		Yes ously gran	X nted 3/6/12	No	
Exemption Approved in P	rior Year:	Yes	X	No	
Authorized Personnel Check Writing/Withdrawa	al:				
Name:	J. Alan Longshore				
Title	Claims and Claims				
Name:	Tracy A Long				
Title:	Fiscal Analyst				
Name:	Wes Leonard				
Title:	Facility Administrator				
Reconciliation:					
Name:	Deborah De Troia				
Title	Director of Finance - Wh	itten			
Name:	Edward Tustin				
Title:	Fiscal Analyst III - Centra	al Office			
Financial Information	,				_
Beginning Balance at July 1, 2016:				239.17	
Detailed Transactions Dur					
Deposits (Please list each de	eposit separately. Add line	s as neede	ed.)		
DATE	Amount			Source	
07/01/16 - 06/30/17	3.192.757.18	Summary	of Deposits		

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

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	3,189,393.83		Summary of Expenditures

Ending Balance at June 30, 2017:	3,602.52

Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number:		S.C. Dep	artment of	Disabiliti	es and Special Needs/J160
Account Name:		Whitten	Center - A	ect No. xx	xxxxxxx2185 (Dedicated)
Purpose of Account:				Client F	unds
Exemption Requested:		Yes	X	No	
If exemption is requested,	reason:			_	
	Prev	iously grant	ted 3/6/12		
Exemption Approved in P	rior Year:	Yes	X	No	
Authorized Personnel					
Check Writing/Withdrawa					
Name:	J. Alan Longshore				
Title	Claims and Claims				
Name:	Tracy A Long				
Title:	Fiscal Analyst				
Name:	Wes Leonard				
Title:	Facility Administrator				
Reconciliation:					
Name:	Deborah De Troia				
Title	Director of Finance - Whitten				
Name:	Edward Tustin				
Title:	Fiscal Analyst III - Central Office				
Financial Information					
Beginning Balance at July	1 2016.	Γ			_
Deginning Datance at July	1, 2010:	L			
Detailed Transactions Dur	ing FY 2016 -2017:				
Deposits (Please list each de	eposit separately. Add line	es as needed	l.)		
DATE	Amount			Sour	ce
07/01/16 - 06/30/17	:#S	Summary	of Deposit	S	-

DATE	Amount	Payee	Description of Goods/Services Purchased
07/01/16 - 06/30/17	.ex		Summary of Expenditures

Ending Balance at June 30, 2017:	0.2s
	155

Pursuant to Proviso 117.83 of the FY2017-18 Appropriations Act

Agency Name/Number:		S.C. De	epartment of I	Disabilities	and Special Needs/J160	
Account Name:		Return	Check - Acct	No. xxxxx	xxxx9231	
Purpose of Account:			Return	Checks		
Exemption Requested:		Yes	x]No		
If exemption is requested, r	eason:		100	10.5		
•		ously gra	nted 3/6/12			
Exemption Approved in Pr	ior Year:	Yes	х	No		
Authorized Personnel						
Check Writing/Withdrawa	l:					
Name:	N/A					
Title						
Name:						
Title:						
Reconciliation:						
Name:	Ed Tustin					
Title	Fiscal Analyst III					
Name:	Geneva Thomas					
Title	Accounts Receivable					
Name:	Deloris Hill					
Title:	Accounts Payable					
Financial Information						
Beginning Balance at July 1, 2016:				1,000.00		
		*				
Detailed Transactions Duri Deposits (Please list each de		s as neede	ed.)			
DATE	Amount			Source		
7/1/2016 - 6/30/2017		Summar	y of Deposits			
Withdrawals: (Plese list each withdrawal separately. Add lines as needed)						
DATE	Amount		Payee	Descript	tion of Goods/Services P	urchased
				li i		

Ending Balance at June 30, 2017:	1,000.00

320.00

Cover Bad Checks

7/1/2016 - 6/30/2017