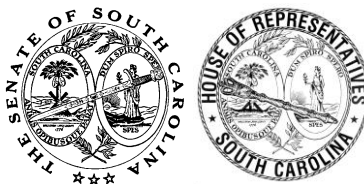


Joint Screening Committee
For the Legislative Audit Council



213 Gressette Building
P.O. Box 142
Columbia, South Carolina 29202
Phone: (803) 212-6430
Email: President@scsenate.gov

PERSONAL DATA QUESTIONNAIRE

(Please print clearly)

1) LEGISLATIVE AUDIT COUNCIL Seat: _____

2) NAME (Include maiden name if applicable) _____

3) HOME ADDRESS: _____
(no post office box)

Years of residency at this address: _____

Do you own or rent this property? _____

If you own, do you pay 4% or 6% property tax at this address? _____

4) E-MAIL ADDRESS: _____

5) TELEPHONE (Include area code):

Home: (____) _____ Cell: (____) _____

6) DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(City and State)

7) SEX: Male _____ or Female _____

8) RACE: _____

9) SOCIAL SECURITY #: _____

10) VOTER REGISTRATION #: _____

11) CONGRESSIONAL DISTRICT #: _____

12) YEARS OF RESIDENCY IN SOUTH CAROLINA: _____

13) (A) LEVEL OF EDUCATION COMPLETED:

- _____ Some High School
- _____ High School graduate or equivalent (GED)
- _____ Some College
- _____ College Graduate
- _____ Professional degree (please specify) _____

(B) COLLEGE(S) ATTENDED GRADUATION YEAR MAJOR/DEGREE

| COLLEGE(S) ATTENDED | GRADUATION YEAR | MAJOR/DEGREE |
|---------------------|-----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

14) (A) PRESENT EMPLOYER _____

Address _____

Phone Number (_____) _____

Current Position _____

(B) PAST EMPLOYER HISTORY _____

(C) IF RETIRED, LAST EMPLOYER AND RETIREMENT DATE: _____

15) NAME OF SPOUSE AND CHILDREN (if applicable): _____

16) MILITARY SERVICE/DATES/BRANCH (if applicable): _____

17) ELECTED OR APPOINTED PUBLIC OFFICE(S) HELD/DATES: _____

18) MEMBERSHIP IN PROFESSIONAL AND CIVIC ORGANIZATIONS: _____

19) Have you ever been arrested for a crime other than a minor traffic violation? _____
If so, please give details: _____

20) Have you filed state and federal income tax returns for the past five years? _____
If not, please give details: _____

21) Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? _____ If so, please give details:

22) Have you ever defaulted on any state or federal student loan? _____
If so, please give details: _____

23) Have you been a party (plaintiff or defendant) in any state or federal litigation for the preceding five years? _____
If so, please give details? _____

24) Have you ever been terminated from employment for cause? _____
If so, please give details: _____

25) Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? _____
If so, please give details: _____

26) Have you ever been disciplined or fined by the State Ethics Commission? _____
If so, please give details: _____

27) Have you ever been disciplined or fined by any professional or regulatory agency? _____
If so, please give details: _____

28) Do you serve on any local or state board, commission, committee or elected office? _____
If so, please list: _____

29) Have you ever been an unsuccessful candidate for elective, judicial, or other public
office? _____ If so, give office and dates, _____

30) Are you or have you ever been a registered lobbyist in the State of South Carolina? _____
If so, for whom and when? _____

31) Do you or any member of your immediate family receive any income, compensation or
benefits from state or local agencies in South Carolina? _____
If so, please give details: _____

32) Do you or any member of your immediate family have any interest in any business that
has, is, or will do business with the State of South Carolina or the entity for which you are
applying? _____ If so, please give details: _____

33) Are you or any member of your immediate family associated with any business regulated
by the entity to which you are applying? _____ If yes, please give details: _____

34) Have you or any member of your immediate family sold, leased, or rented personal
property to any state or local public agency in South Carolina? _____
If so, please identify a) the type of property, b) the name of the agency(s) involved, and
c) the value of the transaction(s): _____

35) Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? _____ If so, please give details (do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution): _____

36) Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? _____ If so, please give details (do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution): _____

37) Have you ever filed bankruptcy? _____
If yes, when and type of bankruptcy? _____

38) Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? _____ If yes, please identify a) the individual or business, b) the amount of compensation paid to you or your immediate family, c) the nature and amount of the contract, and d) the governmental entity involved: _____

39) List the recipient and amount of all contributions made by you or on your behalf to any member of the General Assembly within 4 years of filing of this questionnaire.

40) Have you directly or indirectly requested the pledge of any member of the General Assembly as to your election for the position you are seeking?

41) Have you requested a friend or colleague to contact members of the General Assembly on your behalf? If so, please give details.

42) Have you or has anyone on your behalf solicited or collected funds to aid in the promotion of your candidacy? If, so please specify the amount, solicitor, donor, and date of solicitation.

43) I, _____, agree that, if I am elected to the _____, I will attend at least two-thirds of the regular and special meetings of the Legislative Audit Council during any calendar year.

I hereby certify that the answers to the above questions are true and correct to the best of my knowledge.

Signature _____ **Date** _____

This form remains valid for the duration of your term of office.