

STATE REGULATION OF PUBLIC UTILITIES REVIEW COMMITTEE

**CANDIDATES FOR THE
SOUTH CAROLINA PUBLIC SERVICE COMMISSION
EDITED PERSONAL DATA QUESTIONNAIRE**

NOTICE: The information requested herein is needed to assist the Committee in its investigation of candidates for the Public Service Commission. This questionnaire is the initial step in the investigation of your candidacy. A completed questionnaire should be returned to the Committee as soon as possible, but in any event no later than noon, 12:00 p.m., on Friday, March 26, 2018. (Use and attach separate sheets, if necessary.)

PLEASE SPECIFY THE SEAT FOR WHICH YOU ARE APPLYING (THE CONGRESSIONAL DISTRICT IN WHICH YOU RESIDE): 6

1. Full Name: Ms. Brenda Lillian William

Home Address: 1233 Lake Circle Drive
Orangeburg, South Carolina 29115

Business Address: (Same as above)

6. List each institution of higher learning you attended, including dates of attendance and degrees awarded. Please provide an official transcript prior to your screening hearing. If you left any institution without receiving a degree, state the reason for leaving.

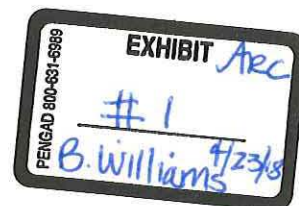
South Carolina State University	1970-74	Bachelor of Science- Biology
Virginia Commonwealth University	1974-76	Masters of Hospital Administration

7. List any continuing education courses or other professional education or training programs that you have attended in the past five years.

1. American College of Healthcare Executive Seminar Annually
2. Points of Light Annual Conference
3. Community Action Agency National Conference
4. Compliance Seminars – State and National

8. Have you been employed or held any position in any of the following areas?

- (a) energy issues
- (b) telecommunications issues
- (c) consumer protection and advocacy issues
- (d) water and wastewater issues
- (e) finance, economics, and statistics
- (f) accounting
- (g) engineering



X (h) law

Please provide the duration of your employment or service and details about the nature of the work or the position.

- (e) Vice-President responsible for planning which required budget, finance, economic analysis, statistics, also responsible for clinical and non-clinical departments, being held accountable for budget, development and accountable for performance within the scope of the budget.
- (g) Responsible for engineering department and of construction and projects management for 286 beds medical center and outlying facilities.
- (h) Appointed by board of medical center as compliance officer responsible for adhering to all local, state, and federal laws, rules and regulations; also responsible for the risk management program to include insurance procurement and coordination with legal counsel of all litigation.

9. Have you served in the military? If so, give the dates of service, branch of service, highest rank, serial number, present status, and the character of your discharge or release.

No

10. Have you ever held public office? If so, provide details, including the office, whether elected or appointed, the length and dates of your service. Also, state whether or not you timely filed reports with the State Ethics Commission during the period you held public office. If not, were you ever subject to a penalty. If so, provide details, including dates.

Orangeburg School District School Board 1983-85 – Served one time; yes reports filed timely, no not subject to any penalties.

11. Have you ever been an unsuccessful candidate for elective, judicial, or other public office? If so, provide details, including dates.

Re-election candidate for school board - unsuccessful

12. Please list in chronological order any employment of you by any governmental agency (whether full time or part time, contractual or at will, consulting or otherwise). Provide dates of employment, name of employer, name of supervisor, and major job responsibilities.

None

13. Please list in chronological order any occupation, business, or profession in which you have been engaged or employed (other than serving in a public office or being employed by a governmental agency). Please briefly note the nature of your work during each period.

1976-79 Palmetto Low Country Health Systems – Assistant Director – Health care planning and certificate of need reviews.

1979-2017 The Regional Medical Center – Administrative Assistant, Assistant Administrator, Vice President – Leadership, management, planning, compliance

14. Are you now an officer or director or involved in the management of any business enterprise? Explain.
No
15. Describe any financial arrangements or business relationships that you currently have or have had in the past that could pose a conflict of interest in the position you seek. Explain how you would resolve any potential conflict of interest.
None
22. Are you now or have you ever been employed as a "lobbyist," as defined by S.C. Code Section 2-17-10(13), or have you acted in the capacity of a "lobbyist's principal," as defined by S.C. Code Section 2-17-10(14)? If so, please provide the dates of your employment or activity in such capacity and specify by whom you were directed or employed.
No
23. Since your decision to seek a position on the Public Service Commission, have you accepted lodging, transportation, entertainment, food, meals, beverages, money, or any other thing of value, as defined by S.C. Code Section 2-17-10(1), from a lobbyist or lobbyist's principal? If so, please specify the item(s) received, date of receipt, and the lobbyist or lobbyist's principal providing the item(s).
No
27. Please list the amount and recipient of all contributions made to members of the General Assembly within six months of filing this questionnaire.
None
28. Have you directly or indirectly requested a pledge of any member of the General Assembly as to your election for the position for which you are being screened? Have you received the assurance of any public official or public employee that they will seek the pledge of any member of the General Assembly as to your election for the position for which you are being screened?
No
29. Have you or has anyone on your behalf solicited or collected funds to aid in the promotion of your candidacy for the position of Public Service Commissioner? If so, please specify the amount, solicitor (if applicable), donor, and date of solicitation and/or receipt.
No
30. List all professional organizations of which you are a member and give the titles and dates of any offices that you have held in such groups.
Carolina Society for Planning and Marketing President
SC Hospital Association
American Hospital Association
Fellow in American College of Healthcare Executives
SC Healthcare Financial Management Association
Cultural Diversity Leadership

31. List all civic, charitable, religious, educational, social, and fraternal organizations of which you are or have been a member during the past five (5) years.

- | | |
|---|-------------------|
| 1. Holy Trinity Catholic Church - | Member/Lay Reader |
| 2. Delta Sigma Theta Sorority, Inc. | Member |
| 3. Orangeburg/Calhoun Area Free Clinic | Board Member |
| 4. Tri-County Health Network | Chairperson |
| 5. Regional, Educational and Economic CDC | Vice Chair |
| 6. OCAB Community Action Agency | Board Chair |
| 7. As You Like It Bridge Club | Member |

32. State any other information which may reflect positively or negatively on you, or which you believe should be disclosed in connection with consideration of you for a position on the Public Service Commission.

Conscientious, loyal, accountable person with a servant's heart

33. List the names, addresses, and telephone numbers of five (5) persons, including your banker, from whom references could be required. Also, provide this Committee with original letters of recommendation from each person listed herein, including their signature. A photocopy, facsimile, or electronic submission of a letter of recommendation will not be accepted.

1. Calvin Wright - Orangeburg, South Carolina
2. Michael Butler - Orangeburg, South Carolina
3. Father Wilbroad Mwape - Orangeburg, South Carolina
4. Betty Henderson - Branchville, South Carolina
5. Banker Letter

YOUR SIGNATURE WILL BE HELD TO CONSTITUTE A WAIVER OF THE CONFIDENTIALITY OF ANY PROCEEDING BEFORE A GRIEVANCE COMMITTEE OR ANY RECORD INFORMATION CONCERNING YOUR CREDIT.

I HEREBY CERTIFY THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature:

Date:

PLEASE NOTE: S.C. CODE SECTIONS REFERRED TO IN THIS DOCUMENT ARE ATTACHED