

## STATEMENT OF ECONOMIC INTERESTS

This form must be filled out pursuant to South Carolina Code of Laws which states the following:

**SECTION 8-13-910.** Candidates elected or consented to by General Assembly to file statements of economic interests; authority with whom to file.

(A) No person who is a candidate for public office which is filled by election by the General Assembly may be voted upon by the General Assembly until at least ten days following the date on which the candidate files a statement of economic interests as defined in this chapter with the Chairman of the Senate Ethics Committee and the Chairman of the House of Representatives Ethics Committee.

(B) No person who is appointed to an office which is filled with the advice and consent of the Senate or the General Assembly may be confirmed unless the appointment, when received by the Senate and/or the House, is accompanied by a current original copy of a statement of economic interests which has been filed with the appointing authority and is transmitted with the appointment and until at least ten days following the date on which the appointment, with the attached original economic interest statement, has been received by the Senate and/or the House.

Once you have completed your Statement of Economic Interests (SEI) please return the original and a copy to the appropriate supervising authority and please keep a copy for yourself. Should you have questions regarding any aspect of your SEI, please contact the appropriate supervising authority.

Should you be appointed to the position for which you are applying, you may be required to fill out an electronic SEI with the South Carolina State Ethics Commission. **It is your responsibility to contact the State Ethics Commission for a determination as to whether an electronic SEI is required. Failure to file an SEI when required to do so by South Carolina law can result in a fine of up to \$5,100.00.**



## INSTRUCTIONS FOR THE FOLLOWING PAGE

1. Indicate whether you have ever filed a Statement of Economic Interests Form: yes or no
2. NAME - Indicate your full name. If you are commonly known by some other name, please indicate the name or nickname.
3. COUNTY OF RESIDENCE - Identify the name of the county where you legally reside.
4. ADDRESS - Indicate your full mailing address.
5. PHONE - Indicate a daytime telephone number where you can be reached.
- 6 & 7. STATUS - Current and sought - Enter as many status numbers as apply to all position(s) currently held or sought.

POSITION TITLE(S) AND AGENCY(S) - Identify the title of each position which you presently hold with public agencies in South Carolina at the time of filing. Incumbent officeholders indicate the name of the position and agency on line (a). If a second position is held, indicate that position and agency on line (b). Candidates indicate the name of the position and agency being sought.

TERM(S) OF OFFICE - Enter the month and year of both the beginning and ending dates of the term if you are presently appointed.

8. DATE OF APPOINTMENT - Indicate the month and year of appointment by the agency(s) with which you are currently serving, if applicable, as well as the month and year of appointment to the agency which you are seeking.

**CERTIFICATION - Sign and date the form, verifying that the information that you have provided is true, complete and correct to the best of your knowledge.**

PRINT IN BLACK OR BLUE INK, OR TYPE (DO NOT USE PENCIL)

1. Have you previously filed this form? Yes  No

2. County of Residence: \_\_\_\_\_

3. Name (Last, First, MI): \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ Phone Number (including area code): \_\_\_\_\_

6. Current position, if applicable:

Position, Title and Agency: \_\_\_\_\_

7. Position Sought:

Position, Title and Agency: \_\_\_\_\_

8. Date of Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. CERTIFICATION: I certify that the contents of this statement are true, correct and complete to the best of my knowledge and belief. I understand that if this statement is not received by the deadline, my potential appointment may be delayed or my nomination withdrawn.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR THE FOLLOWING PAGE

9. **INCOME AND BENEFITS:** Please list the source, type and amount or value of income, not to include tax refunds, of substantial monetary value received from a governmental entity by you or a member of your immediate family for the previous year. Please list the private source (but not amount) of any income received in the by you or an immediate family member in the previous year.

10. **REAL OR PERSONAL PROPERTY INTERESTS:** Please list a description, value and location of all real property owned and options to purchase real property during the previous year for you or a family member if: (1) there have been public improvements of more than two hundred dollars on, or adjacent to, the real property within the previous year and these improvements are known to you; or (2) the interest can reasonably be expected to be the subject of a conflict of interest; or (3) if a sale, lease, or rental of personal or real property is to a state, county or municipal instrumentality of government, a copy of the contract, lease or rental agreement must be attached to this document.

11. **BUSINESS INTERESTS:** The identity of every business or entity in which the filer or a member of the filer's immediate family held or controlled, in the aggregate, securities or interests constituting five percent or more of the total issued and outstanding securities and interests which constitute a value of one hundred thousand dollars or more.

12. **SPEAKING ENGAGEMENTS:** The name of each organization which paid for or reimbursed actual expenses of the filer for speaking before a public or private group, and the purpose, date, and location of the speaking engagement.

9: INCOME AND BENEFITS

Source	Type	Amount/Value if applicable

10. REAL OR PERSONAL PROPERTY INTERESTS

Description	Value	Location

11. BUSINESS INTERESTS

Name of Business	Relationship

12. SPEAKING ENGAGEMENTS

Name of Organization	Amount	Purpose, Date and Location

INSTRUCTIONS FOR THE FOLLOWING PAGE

13. **REGULATED BUSINESS ASSOCIATIONS:** Employees of regulatory agencies associated with businesses regulated by the agency must indicate the name(s) of all such businesses and how they are associated with that business. Disclose how that business is regulated by the regulatory agency.

14. **CREDITORS** - List the name and address of each creditor to whom you or any member of your immediate family owed a debt in excess of \$500 at any time during the reporting period if the credit or loan is from some person which is regulated by the agency with which you are associated or from some person which is seeking a business or financial relationship with the agency with which you are associated. Disclose the original amount of the debt and the amount outstanding as of the end of the previous year. Do not disclose amounts on credit cards or retail installment contracts. Also, do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution which loans money in the ordinary course of business and on terms and interest rates generally available to a member of the general public, without regard to status as a public official, public member, or public employee. Do not disclose debt promised or loaned by a family member if the person who promises or makes the loan is not acting as your agent or intermediary to a financial institution. Disclose the rate of interest charged on any reportable debt, the original amount and the outstanding balance.

15. **LOBBYISTS** - Identify the name and relationship of any lobbyist who is an immediate member of your family or an individual or business with which you or a member of your immediate family is associated. Identify any lobbyist or lobbyist's principal who has purchased goods or services of more than \$200 from you, a member of your immediate family, or an individual or business with which you are associated. Identify the type of goods or services purchased, the amount, from whom the material was purchased and your relationship to that person or business.

16. **GOVERNMENT CONTRACTS** - Identify each individual or business from which you receive compensation, if that individual or business also contracts with the governmental entity with which you serve, or which employs you. Report the name and address of that individual or business and the amount of compensation paid to you by that individual or business. Identify further your relationship to that individual or business, the nature and amount of the contract, and the public agency involved in the contract.

13. REGULATED BUSINESS ASSOCIATIONS

Name of Business	Relationship	Source of Regulatory Involvement

14. CREDITORS

Name and Address of Creditor	Rate of Interest	Original Amount	Outstanding Amount

15. LOBBYISTS

Name of Lobbyist	Relationship

16. GOVERNMENT CONTRACTS

Contractor Name and Address	Relationship	Nature of Business	Amount	Agency



## INSTRUCTIONS FOR THE FOLLOWING PAGE

17. GIFTS - The source and a brief description of any gifts, including transportation, lodging, food, or entertainment, received during the preceding calendar year from: (a) a person, if there is reason to believe the donor would not give the gift, gratuity, or favor but for your office or position; or (b) a person, or from an officer or director of a person, if you have reason to believe the person: (i) has or is seeking to obtain contractual or other business or financial relationship with your agency; or (ii) conducts operations or activities which are regulated by your agency if the value of the gift is \$25 or more in a day or if the value totals, in the aggregate, \$200 or more in a calendar year. Identify the type of gift, its value, as well as the donor and your relationship to that donor. Use this space to disclose travel expenses paid or reimbursed pursuant to Section 8-13-715.

17. GIFTS

Nature of Gift	Value	Donor	Relationship

**THIS COMPLETES YOUR STATEMENT OF ECONOMIC INTERESTS. PLEASE MAKE TWO COPIES – ONE TO KEEP FOR YOURSELF AND ONE TO RETURN, ALONG WITH THE ORIGINAL, TO THE APPROPRIATE SUPERVISORY BODY. FOR QUESTIONS ABOUT THIS FORM, CONTACT THE APPROPRIATE SUPERVISING BODY.**

**PLEASE REMEMBER THAT SHOULD YOU BE APPOINTED TO THE COMMISSION OR BOARD YOU ARE SEEKING, YOU MAY BE REQUIRED TO FILE AN ELECTRONIC SEI *PRIOR TO ASSUMING YOUR OFFICIAL DUTIES.***

**CONTACT THE STATE ETHICS COMMISSION AT [WWW.ETHICS.SC.GOV](http://WWW.ETHICS.SC.GOV) OR 803-253-4192 SHOULD YOU HAVE QUESTIONS REGARDING YOUR ELECTRONIC SEI ONCE YOU HAVE RECEIVED YOUR APPOINTMENT LETTER.**