STATE ETHICS COMMISSION

STATEMENT OF ECONOMIC INTERESTS FORM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

THE STATEMENT OF ECONOMIC INTERESTS FORM IS TO BE FILED:

(1) PRIOR TO TAKING THE OATH OF OFFICE OR ENTERING UPON THE RESPONSIBILITIES OF THE POSITION

(2) CANDIDATES FILE AT THE TIME OF BECOMING A CANDIDATE

(3) ANNUALLY, THEREAFTER, PRIOR TO APRIL 15

STATE SENATORS AND CANDIDATES FOR STATE SENATE	SENATE ETHICS COMMITTEE P. O. Box 142 Columbia, SC 29202
STATE REPRESENTATIVES AND CANDIDATES FOR STATE REPRESENTATIVE	HOUSE ETHICS COMMITTEE P. O. Box 11867 Columbia, SC 29211
ALL OTHER ELECTED OFFICIALS (including Probate Judges) PUBLIC MEMBERS AND PUBLIC EMPLOYEES	STATE ETHICS COMMISSION 5000 Thurmond Mall, Suite 250 Columbia, SC 29201
CANDIDATES FOR PUBLIC OFFICE **NOTE**: All Candidates must also file a Campaign Disclosure Form.	With the party official or other designated official authorized to receive a notice of candidacy or petition to appear on the election ballot

THE FOLLOWING DESIGNATED OFFICIALS, MEMBERS OR EMPLOYEES, BY WHATEVER TITLE:

1. A person appointed to fill the unexpired term of an elective office;
2. Employees of regulatory agencies who are associated with a regulated business;
3. A member of a state board, commission, or agency;
4. A compensated member of a local board, commission, or agency;
5. The chief administrative official or employee and deputy or assistant administrative official or employee or director of a division, institution, or facility of any agency or department of state government;
6. The city administrator, city manager, or chief municipal administrative official or employee, by whatever title;
7. The county manager, county administrator, county supervisor, or chief county administrative official or employee, by whatever title;
8. The chief administrative official or employee of each political subdivision including, but not limited to, school districts, libraries, regional councils, airport commissions, hospitals, community action agencies, water and sewer districts, and development commissions;
9. A school district and county superintendent of education;
10. A school district board member and a county board of education member;
11. The chief finance official or employee and the chief purchasing official or employee of each agency, institution, or facility of state government, and of each county, municipality, or other political subdivision including, but not limited to, those named in Item (7).
12. All Public Officials.

NOTE: KEEP A COPY OF THIS FORM FOR FOUR (4) YEARS.

$100 PER DAY PENALTY IF FILED LATE

STATEMENT OF ECONOMIC INTERESTS
GENERAL INSTRUCTIONS

ADDITIONAL INFORMATION - Candidates must provide the completed form to the election official, or other person designated to receive the declaration of candidacy or petition to appear on the election ballot. Within five (5) days after the filing books close, the election official must send an original and one copy, along with a candidate's roster, to the appropriate supervisory office. Upon receipt of the copies, the appropriate supervisory office will certify to the election official that the candidate has met the filing requirement and may properly have his name appear on the election ballot.

Annual reports must be filed with the appropriate supervisory office.

A copy of the completed form is provided by the supervisory office to the Clerk of Court in the county of the candidate's residence. In the Clerk of Court's office, as well as in the supervisory office, the filing becomes a matter of public record, open to public inspection upon request.

Faxed copies of this form will not be accepted. The originals must be received no later than 5:00 p.m. on the date of the established deadline.

Keep a copy of this form for four (4) years. A late filing penalty of **$100 per day WILL** be assessed if the form is not received within five (5) days of the established deadline.

If more than one category in the filing information chart applies, a completed Statement of Economic Interests Form must be filed with each appropriate filing office.

Please type or print all responses. Incomplete or illegible statements may be returned for resubmission. Additional information concerning any section of this statement may be included by attaching supplemental sheets. Number and date all supplemental attachments. Each statement requires information to be reported for the prior calendar year, regardless of when the form is completed. All disclosure statements are a matter of public record, open to public inspection upon request.

CANDIDATES ONLY:

NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM.
A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING $500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).

IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF $100 PER DAY, WILL BE LEVIED.

ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

INSTRUCTIONS FOR **PAGE 1**

SOCIAL SECURITY NUMBER - This information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

STATEMENT OF ECONOMIC INTERESTS FORM

Name of Candidate or Filer: *Last Name, First Name, Middle Initial Mr. ( ) Mrs. ( ) Ms. ( )*

Mailing Address:

City: State:

Zip: Phone: - -

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

- -

NOTE: PLEASE COMPLETE THIS ENTIRE REPORT IN **BLUE** OR **BLACK** INK, OR **TYPE**.

DO NOT USE PENCIL

KEEP A COPY FOR YOUR RECORDS

In order to ensure delivery, you may hand deliver and obtain a clocked in copy; send by certified mail, return receipt, requested; or include a self-addressed stamped envelope and request a clocked in copy be sent to you.

$100 PER DAY PENALTY IF FILED LATE

STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 2

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. A copy of this form will be provided to the Clerk of Court in the county of residence.

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 which is 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 elected. Enter the month and year of the beginning and ending of the term that you are seeking if you are a candidate for elective office. Complete both sections if you are both an elected official and a candidate, whether for the same or a different office.

8. DATE OF HIRE OR DATE OF APPOINTMENT - (Employees and Appointed Officials Only) - Indicate the month and year of hire or appointment by the agency(s) with which you are currently serving.

9. CANDIDATES ONLY: DATE FILED AS A CANDIDATE - Indicate the month, day, and year when you filed the declaration of candidacy or petition to appear on the election ballot.

10. ELECTION DATE - Indicate the month, day, and year of the primary, general, and/or other election for the office for which you are a candidate.

11. **A SEPARATE CAMPAIGN DISCLOSURE FORM MUST BE FILED BY ALL CANDIDATES WITHIN 10 DAYS AFTER SPENDING OR RECEIVING $500, 15 DAYS PRIOR TO EACH ELECTION, AND 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.**

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.

NOTE: Items 13-21 must indicate a response. If the item applies, complete according to instructions. If the item does not apply to you, check the "None" block. If these items are not completed, the form will be returned for completion. All responses must be for the prior calendar year, regardless of when the form is completed.

E5A.1 *STATE ETHICS COMMISSION*-STATEMENT OF ECONOMIC INTERESTS FORM

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-Middle Initial)

4. Mailing Address:

City: State:

Zip: 5. Phone: - -

	*Status	Position, Title, and Agency (If House or Senate, include District #)	Term of Office (mo/yr)
6. Current	_____	(a) _____	From_____ To _____
	_____	_____	From_____ To _____
7. Sought	_____	(b) _____	From_____ To _____

*Status: 1. Appointed 2. Candidate 3. Employee 4. Elected 5. Employee/Regulated Business Association

8. Date of Hire or Appointment (mo -yr): _____

CANDIDATES ONLY

9. Date filed as a candidate (mo/da/yr)

10. Election Date(s) (mo/da/yr) Primary_____ General _____ Special_____

11. **NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM. A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING $500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUS T BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).**

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ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

12. 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 within five (5) days of the deadline, a late filing penalty will be levied.

Date _____ Signature _____

FOR OFFICE USE ONLY:	**FAXED COPIES WILL NOT BE ACCEPTED**
☐ COMPLETE _____ ☐ INCOMPLETE	*The original must be received no later than 5:00 p.m. on the date of the established deadline.*
☐ ENTERED _____ ☐ SCANNED	

NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 3

13. INCOME AND BENEFITS - Indicate the source, type, amount and/or value of income received by you or a member of your immediate family from state and local agencies in South Carolina during the prior calendar year. Generally, this amount is the same as the gross amount reported on your W-2 form. Any benefits not available to all employees or officials must be disclosed. Source refers to the public agency providing the income, compensation, or benefit. Type indicates the nature of the income or benefit (i.e., compensation, use of publicly-owned vehicle, residence, travel allowance, insurance, etc.) The amount, when known, should be disclosed. An amount does not need to be disclosed concerning permanent assignment of a vehicle or residence. State retirement does not need to be disclosed.

14. REGULATED BUSINESS ASSOCIATION(S) - 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.

15. REAL OR PERSONAL PROPERTY INTERESTS - Real estate interests held by you or a member of your immediate family in South Carolina must be disclosed (a) if the interest can be reasonably expected to be a conflict of interest with your public position, (b) if there have been public improvements (i.e., addition of sidewalks, road paving, water and/or sewer service, etc.) of more than $200 on this or adjoining property, or (c) if the property has been sold, leased, or rented to a state or local public agency in South Carolina. Describe the nature of the property (i.e., residence, farm acreage, beach house), its physical location, and its market value. Identify the nature of the potential conflict of interest. Describe the nature and value of any public improvements. Identify the agency(s) which purchased, leased, or rented property from you. A copy of the sales contract or lease or rental agreement must be attached to this form.

Identify any personal property sold, leased, or rented by you or a member of your immediate family to a state or local public agency in South Carolina. Identify the type of property and the name of the agency(s) involved in the transaction(s) as well as the amount of value of the transaction(s). A copy of the sale contract, lease, or rental agreement must be attached to this form.

16. BUSINESS INTERESTS - Identify every business or entity in which you or a member of your 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 $100,000 or more. Identify your relationship to that business (officer, stockholder of more than $100,000).

SEC STATEMENT OF ECONOMIC INTERESTS

E5A.2

(ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEAR)

13. INCOME AND BENEFITS FROM STATE AND LOCAL AGENCIES IN SOUTH CAROLINA (Check if none_____)

Source	Type	Amount/Value

14. REGULATED BUSINESS ASSOCIATIONS (Check if none____)

Name of Business	Relationship	Source of Regulatory Involvement

15. REAL OR PERSONAL PROPERTY INTERESTS (Check if none____)

Description	Value	Location

Nature and Value of Improvements_____

Nature of Potential Conflict of Interest _____

Agency Purchasing, Leasing, or Renting the Property*
*A copy of the contract, lease, or rental agreement must be attached to this form.

16. BUSINESS INTERESTS (Check if none_____)

Name of Business	Relationship

STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 4

17. CREDITORS - List by name and address, 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 reporting period. 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. Debt promised or loaned by a family member is not disclosed, 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.

18. 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.

19. 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.

20. 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.

21. MEMBERS OF THE GENERAL ASSEMBLY AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY- Identify any person represented for compensation, before any governmental entity by you, an individual with whom you are associated, or a business with which you are associated. Disclose the nature of the services rendered in such representation and the nature of any contacts made with governmental agencies regarding such representation. Fees earned for such representations must be fully disclosed. Matters of representation required by law or before courts in the unified judicial system do not require disclosure.

NOTE: You are not required to disclose economic interest information concerning:

(1) a spouse separated from you by court order;
(2) a former spouse;
(3) a campaign contribution that is permitted and reported under Article 13; or
(4) matters determined to require confidentiality pursuant to Section 2-17-90 (E).

SEC STATEMENT OF ECONOMIC INTERESTS

E5A.3

17. CREDITORS (Check if none_____)

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

18. LOBBYISTS (Check if none_____)

(a) Name of Lobbyist	Relationship or Association

(b) Name of Lobbyist	Goods/Service Purchased	Amount	Purchased From	Relationship

19. GOVERNMENT CONTRACTS (Check if none_____

Contractor Name and Address	Relationship	Nature of Business	Amount	Agency

20. GIFTS (Check if none_____)

Nature of Gift	Value	Donor	Relationship

21. MEMBERS OF AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY (Check if none____)

Person Represented	Services Rendered	Nature Contact w/Gov. Agency	Fees Earned

CONTACT NUMBERS

For questions, call: 803/253-4192

or

Visit the State Ethics Commission or copy additional forms at:

http://www.state.sc.us/ethics

State Ethics Commission
5000 Thurmond Mall, Suite 250
Columbia, SC 29201

State Ethics Commission
Commissioners

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Kenneth C. Krawcheck, Member at Large, Chairman
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Edward Duryea, 2nd District, Vice-Chair
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