

SENATE CONFIRMATION
CONFIDENTIAL PERSONAL DATA QUESTIONNAIRE

NOTICE: The information requested herein is needed to assist the Senate in its screening of candidates. This document is made available to and used by the appropriate Committee of jurisdiction and is not made public. Since this questionnaire is the initial step in the appointment and confirmation process, it should be returned to the Governor's Office as soon as possible. Please use additional sheets as necessary to complete this document.

Office or Seat to which you are being appointed:

1. NAME: **Mr. Timothy Heyward Slice**
Ms.

HOME ADDRESS: **171 Elm Creek Lane, Chapin, SC 29036**

BUSINESS ADDRESS: **431 East Boundary Street, Chapin, SC 29036**

TELEPHONE NUMBER: (home): **803-513-2888**
(office): **803-345-1911**

RESIDE IN SENATE DISTRICT#: **18** CONGRESSIONAL DISTRICT#: **2**

2. Date and Place of Birth: **September 12, 1968 Columbia, SC** Social Security #: **251-35-3896**

3. Are you a citizen of South Carolina? **Yes** Have you been a resident of this state for at least the immediate past 5 years? **Yes**

4. SCDL# or SCHD#: **008602818** Voter Registration Number: **326102350**

5. Family Status: Are you
single ();
married (X);
widowed (); or
divorced ()?

(a) If married, state the date of your marriage and your spouse's full name.

May 21, 1994 Molly Goding Slice

(b) If you have ever been divorced, state the date, name of the moving party, court, and grounds.
N/A

- (c) State the names of your children and their ages. If your children are old enough to work, include the occupation of each child.

Mary M. Slice (19)
Salley M. Slice (16)

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

No.

7. List each college and graduate or professional school you attended, including the dates of your attendance, the degrees you received, and if you left an institution without receiving a degree, the reason for your departure.

The University of South Carolina (1987-1992) BS, Physical Education

8. List the states in which you have been licensed and/or admitted to a professional practice and the year of each license and/or admission. Also, list any states in which you took a professional license exam, but were never admitted to the practice. If you took an exam more than once in any of the states listed please indicate the number of times you took the exam in each state.

South Carolina-1999-Community Residential Care Administrator/SCLLR#1064-C99

9. List the significant activities in which you took part during your attendance at college, graduate, and/or professional school. Give the dates you were involved in these activities and list any leadership positions you held.

Sigma Chi Fraternity

10. Briefly describe any continuing education during the past five years.

I participate in various continuing education programs consistent with requirements of the S.C. Department of Labor, Licensing and Regulation, Long Term Care Administrators.

11. List all published books and articles you have written and give citations and dates of publication for each.
- None.**
12. If an attorney, list all courts in which you have been admitted to practice and list the dates of your admission. Give the same information for administrative bodies which require a special admission to practice.
- Not Applicable.**
13. Have you ever held public office? If so, list the periods of your service, the office or offices involved, and whether you were elected or appointed.
- Notary Public of South Carolina (May 22, 2006 to present); Appointed by the South Carolina Secretary of State.**
14. Have you ever been an unsuccessful candidate for elective, judicial, or other public office? If so, give details, including dates.
- No.**
15. Since completing your education, list any occupation, business, or profession in which you have been engaged other than holding public office. Give details, including a description of your occupation, business, or profession, the dates of your employment, and the name of your business or employer.
- 06/1999 – Present: Generations of Chapin (Chapin, SC) - Administrator**
- 07/1994 – 05/1999: St. Peter's Catholic School/Cardinal Newman Middle School (Columbia, SC)
Physical Education Teacher, Asst. Football/Head Baseball Coach**
16. Are you now an officer or director or involved in the management of any business enterprise? Explain the nature of the business, your duties, and the term of your service.
- Generations of Chapin Assisted Living Inc. President/Administrator**
Generx Pharmacy Inc. (Closed Long Term Care Pharmacy) President

**Generations of Irmo Assisted Living Inc. General Partnership
Care by Generations In Home Care Inc. General Partnership
Generations of Batesburg Assisted Living Inc. Vice President
Generations of Monetta Assisted Living Inc. Vice President**

17. Provide a complete, current financial net worth statement that itemizes in detail:
- a) the identity and value of all financial assets held, directly or indirectly, including, but not limited to, bank accounts, real estate, trusts, investments, and other financial holdings
- See attached sheet.**
- b) the identity and amount of each liability owed, directly or indirectly, which is in excess of \$1,000, including, but not limited to, debts, mortgages, loans, and other financial obligations.
- See attached sheet.**

A sample net worth statement is provided with this questionnaire for your convenience. You may use any other comparable form if it was prepared within the past six months.

18. Describe any financial arrangements or business relationships which you have, or have had in the past, that could constitute or result in a possible conflict of interest in the position you seek. Explain how you would resolve any potential conflict of interest.

I am the Administrator of Generations of Chapin, and my license is regulated by S.C. Department of Labor, Licensing and Regulation. I do not believe there are any other current or past financial arrangements or business relationships that would result in a possible conflict of interest. Should a possible conflict of interest arise, I would follow the applicable recusal procedures.

19. Have you ever been arrested, charged, or held by federal, state, or other law enforcement authorities for violation or for suspicion of violation of any federal law or regulation, state law or regulation or county or municipal law, regulation or ordinance? If so give details but do not include traffic violations for which a fine of \$125 or less was imposed.

No.

20. Have federal, state, or local authorities ever instituted a tax lien or other collection procedure against you? Have you ever defaulted on a student loan? Have you ever filed for bankruptcy? If so, give details. **No.**

21. Have you ever been sued, personally or professionally? If so, give details.
- No.**
22. Have you ever been disciplined or sited for unprofessional conduct or a breach of ethics by any court, administrative agency, bar association, disciplinary committee, or other professional group? Have you ever been the subject of a formal complaint, or is there a complaint pending against you before such a group? If so, give the details and describe any final disposition.
- No.**
23. Are you now or have you ever been employed as a "lobbyist," as defined by S.C. Code §2-17-10(14)? If so, give the dates of your employment or activity in such capacity and specify by whom you were directed or employed.
- No.**
24. Since being notified of your possible appointment, have you accepted lodging, transportation, entertainment, food, meals, beverages, money, or any other thing of value as defined by S.C. Code §2-17-10(1) from a lobbyist or lobbyist's principal? If so, please specify the item or items you received, the date of receipt, and the lobbyist or lobbyist's principal involved.
- No.**
25. Itemize (by amount, type, and date) all expenditures, other than those for travel and room and board, made by you, or on your behalf, in furtherance of your candidacy for the position you seek.
- None.**
26. List the amount and recipient of all contributions made by you or on your behalf to the appointing authority or members of the General Assembly within six months of the filing of this questionnaire.
- None.**
27. Have you directly or indirectly requested the pledge of any member of the General Assembly as to your confirmation for the position for which you are being appointed? **No.**

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

No.

29. 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 the solicitation.

No.

30. List all professional organizations of which you are a member and give the titles and dates of any offices you have held in such groups.

No.

31. List all civic, charitable, educational, social, and fraternal organizations of which you are or have been a member during the past five years and include any offices held in such a group, any professional honors, awards, or other forms of recognition received and not listed elsewhere.

Chapin Eagle Club – Board Member and Team Account Treasurer

32. List any local, county or statewide board, commission, council or other body on which you currently serve which constitutes the holding of an office under the provisions of Article VI, Section 3 of the South Carolina Constitution, to wit: **None.**

No person may hold two offices of honor or profit at the same time. This limitation does not apply to officers in the militia, notaries public, members of lawfully and regularly organized fire departments, constables, or delegates to a constitutional convention.

33. Provide any other information which may reflect positively or negatively on your candidacy, or which you believe should be disclosed in connection with consideration of appointment to the position that you seek.

I am humbled by the nomination to serve our state as a member of the South Carolina Long Term Health Care Administrators. I am committed to ensure all applicable statutory requirements are fairly administered.

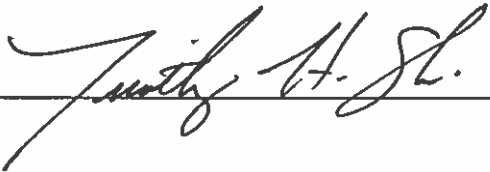
34. List the **names**, **addresses** and **telephone numbers** of five persons, including your banker, who will provide letters of reference. Letters should be *addressed* the South Carolina Senate and **must be mailed with your completed application to: Office of the Governor, ATTN: Katie Philpott, 1205 Pendleton Street, Columbia, SC 29201.**

- (a) **James H. Burns (803-255-9586)**
Nelson Mullins Riley & Scarborough, LLP
1320 Main Street, 17th Floor
Columbia, SC 29201
- (b) **James R. "Skip" Wilson (803-345-1180)**
Wilson Financial Group/Mayor, Town of Chapin
111 Columbia Avenue
Chapin, SC 29036
- (c) **Emily Reinhart (803-331-5972)**
253 John Lindler Road
Chapin, SC 29036
- (d) **Robert E. Pope (803-603-3853)**
163 Elm Creek Drive
Chapin, SC 29036
- (e) **Crystal Ridgell, Banking Center Manager (803-345-3583)**
BB&T
1301 Chapin Road
Chapin, SC 29036

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

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

Date: 3/14/16

Signature: 

BB&T

Personal Financial Statement

AS OF: March 7, 2016

TO: BB&T

Name Timothy Heyward Slice Date of Birth September 12, 1968
 Address 171 Elm Creek Drive ☒ SSN ☐ ITIN 251-35-3896
Chapin, Sc 29036 Residence Phone 803-513-2888

Position or Occupation Administrator/Owner
 Business Name Generations Senior Care
 Business Address 431 East Boundary Street Business Phone 803-345-1911
Chapin, SC 29036

This is a(n) ☒ Individual Financial Statement ☒ Joint Financial Statement. If joint, complete the following:

Joint Name Molly G. Slice Date of Birth September 10, 1970
☐ SSN ☐ ITIN

Position or Occupation Management of Generx Pharmacy
 Business Name _____
 Business Address _____ Business Phone 803-345-0708

YOU MAY APPLY FOR CREDIT INDIVIDUALLY OR JOINTLY WITH ANOTHER PARTY

If you are applying for joint credit with another party, use separate financial statement if borrowers are not joint applicants.
 Reflect in this statement your personal financial condition as well as the financial condition of your spouse if:

1. You are applying for credit jointly with your spouse, or
2. You are relying on your spouse's income or assets in requesting credit, or
3. You are providing this statement to support previously extended joint credit with your spouse.

* List all amounts in dollars. Omit Cents.

ASSETS	AMOUNT
Cash/Deposit Accounts (Sch. 1)	\$896,056
Cash Value of Life Insurance (Sch. 2)	\$16,165
Notes and Accounts Receivable	
Marketable Stocks & Bonds (Sch. 3)	\$2,000,000
Stock in Closely Held Corporations (Sch. 4)	\$1,382,500
Assets in Partnerships & Joint Ventures	
Vehicles, Boats, Machinery, & Equipment (Sch. 5)	
Real Estate (Sch. 6)	\$8,146,500
Vested Interest in Pension/Retirement Accts. (Sch. 7)	\$105,879
Other Assets (Sch. 8)	\$100,000
Total Assets	\$12,647,100

LIABILITIES AND NET WORTH	AMOUNT
Accounts Payable	
Loans on Life Insurance (Sch. 2)	
Income Taxes Due	
Liab of Partnerships/Joint Ventures	
Loans on Vehicles, Boats, etc. (Sch. 5)	\$8,438
Loans on Real Estate (Sch. 6)	\$1,615,267
Other Loans Payable (Sch. 9)	\$25,000
Other Liabilities:	
Total Liabilities	\$1,648,705
Net Worth	\$10,998,395
Total Liabilities & Net Worth	\$12,647,100

Please complete all appropriate schedules. If space is inadequate, attach an additional sheet.

BB&T Personal Financial Statement

PAGE 2

 Name: Timothy Heyward Slice

 Date: 3/7/2016
Schedule 1
CASH / DEPOSIT ACCOUNTS

NAME OF BANK, SAVINGS AND LOAN, ETC. AND LOCATION	DEMAND DEPOSITS	TIME DEPOSITS	NAME OF BANK, SAVINGS AND LOAN, ETC. AND LOCATION	DEMAND DEPOSITS	TIME DEPOSITS
Joint Checking BBT	\$5,890		Personal Checking/MM Congaree State Bank	\$1,598	
Personal Checking BBT	\$1,527		CD/Congaree State Bank	\$222,290	
Joint Savings BBT	\$6,222		MM/checking Account TD Bank	\$111,820	
Joint Checking Congaree State Bank	\$147,000		MM Account BBT	\$399,709	
			TOTAL	\$896,056	

Schedule 2
LIFE INSURANCE

NAME OF PERSON INSURED	BENEFICIARY	POLICY OWNER	FACE AMOUNT (DEATH BENEFIT)	CASH VALUE	LOANS AGAINST POLICY	IS POLICY ASSIGNED? TO WHOM?
Timothy Slice/Gen	Molly Slice	Timothy Slice	\$10,000			no
Timothy Slice/ Unum	Molly Slice	Timothy Slice	\$20,000			
Timothy Slice/ Farm B	Molly Slice	Timothy Slice	50,000/25,000	\$3,600		
Timothy Slice/Mass Mutual	Estate of Louetta Slice	Estate of Louetta	\$100,000	\$12,565		
TOTAL			\$130,000	\$16,165		

Schedule 3
MARKETABLE STOCKS AND BONDS (NYSE, AMEX, NASDAQ)

NUMBER OF SHARES/ FACE VALUE (BONDS)	DESCRIPTION	REGISTERED IN NAME OF	TO WHOM PLEGDED	DATE ACQUIRED	CUURENT MKT VALUE/SHARE	MARKET VALUE
	Investment Acct Wells Fargo	Tim Slice				\$1,500,000
	Investment Account BBT	Tim Slice	BBT			\$500,000
TOTAL						\$2,000,000

Schedule 4
STOCK IN CLOSELY-HELD CORPORATIONS (Please provide F/S if total value exceeds 10% of your Net Worth)

NAME OF CORPORATION	STOCK IN NAME OF	NUMBER OF SHARES OWNED	VALUE OF SHARES OWNED	ANNUAL STATEMENT DATE	TOTAL SHARES OUTSTANDING	% OWNERSHIP
Generations of Chapin	Tim Slice/Beth Bedenbaug		\$1,269,500			50%
Generx Pharmacy	Tim Slice/Beth Bedenbaug		\$100,000			50%
Care By Generations	T Slice/B Bed/D Edwards		\$13,000			
TOTAL			\$1,382,500			

Schedule 5
VEHICLES, BOATS, MACHINERY AND EQUIPMENT

DESCRIPTION (INCLUDE YEAR, MAKE AND MODEL)	YEAR ACQUIRED	COST	MARKET VALUE	LOAN BALANCE	LOAN PAYABLE TO	HOW PAYABLE
2016 Toyota ForeRunner	2015	\$38,000		N/A	N/A	per
2015 Chevy Trax	2015	\$30,000		N/A	N/A	per
2008 Seapro 1900	2009	\$24,000		\$8,438	SC Fed Credit Union	\$175 per mon
2015 Yamaha water craft	2016	\$10,000		N/A		per
						per
						per
						per
						per
						per
						per
TOTAL				\$8,438		

Please complete all appropriate schedules. If space is inadequate, attach an additional sheet.

Name: Timothy Heyward SliceDate: 3/7/2016

Schedule 6

REAL ESTATE

LOCATION AND DESCRIPTION OF PROPERTY (INCLUDE DEMENSIONS OR ACRES AND % OWNERSHIP)	PROPERTY TYPE**	TITLE IN NAME OF	COST	MARKET VALUE	MORTGAGE BALANCE	MORTGAGE PAYABLE TO
			YR ACQUIRED			HOW PAYABLE
171 Elm Creek Dr Chapin, SC 29036	Primary Residence	Timothy H. Slice	\$147,000 2003	\$174,000	\$116,725	BBT \$946 per mon
3.21. Acres Columbia Ave. Chapin 50%	Residential Lot	Tim Slice, Beth Bedenbaug	\$320,000	\$225,000	none	per
		Charlie Goff				per
Generations of Irmo 25%	Investment/Rental	Tim Slice, Beth Bedenbaug	3,000,000 2013	\$2,747,500	\$1,498,542	Congaree State Bank per
		David Edwards				per
Generations of Chapin 431 E Boundary St. Chapin 29036	Investment/Rental	Tim Slice, Beth Bedenbaug	3,200,000 1999	\$5,000,000	2,429,241	per
						per
						per
TOTAL				\$8,146,500	\$1,615,267	

**P=Primary Residence, S=Secondary Residence, IR=Investment/Rental, RL=Residential Lot, L=Land, C=Commercial, A=Agricultural

Schedule 7

VESTED INTEREST IN PENSION/RETIREMENT ACCOUNTS

ACCOUNT TYPE	IN NAME OF	INVESTED WITH	MARKET VALUE
Traditional IRA	Tim Slice	America Funds	\$691
Traditional IRA	Tim Slice	Scott&Stringfellow	\$13,201
IRA	Tim Slice	Operheimer	\$91,987
TOTAL			\$105,879

Schedule 8

OTHER ASSETS (PERSONAL PROPERTY, FURNITURE, ETC.)

DESCRIPTION	VALUE	TO WHOM PLEDGED
Household Items	\$100,000	
TOTAL		\$100,000

Schedule 9

OTHER LOANS PAYABLE

NAME AND ADDRESS OF LENDER	COLLATERAL PLEDGED AND NAMES OF COMAKERS OR ENDORSERS	ORIGINAL DATE	ORIGINAL AMOUNT/ CREDIT LIMIT	LOAN BALANCE	HOW PAYABLE
BBT/Home equity			\$30,000	\$25,000	\$400 per mon
					per
					per
					per
					per
					per
					per
					per
					per
TOTAL				\$25,000	

BB&T Personal Financial Statement

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Name: Timothy Heyward SliceDate: 3/7/2016

SOURCE OF INCOME	
FOR YEAR ENDED	<u>Jul-05</u>
(Attach a copy of your most recent Income Tax Return and K-1's)	
Salaries - Yours	\$150,000
Salaries - Joint Applicant, if applicable	\$42,000
Bonuses & Commissions	
Dividends	
Interest	
Net Profits from:	
Rental Property	
Proprietorships	
Partnerships	
Joint Ventures	
Other Income: (Alimony, child support or separate maintenance income need not be re-revealed if you do not wish to have it considered as a basis for repaying this debt)	
TOTAL INCOME	\$192,000

CONTINGENT LIABILITIES	
Are you indirectly liable for obligations of others? <u>no</u>	
If yes, please complete the attached Contingent Debt Schedule	
PERSONAL INFORMATION	
Number of Dependents	<u>2</u> Ages <u>19, 16</u>
Are you obligated to pay alimony, child support, or separate maintenance payments?	
If so, provide details: <u>no</u>	
Are you a defendant in any suits or legal actions?	
If so, describe: <u>no</u>	
Have you ever declared bankruptcy or had any judgments recorded against you?	
If so, explain circumstances. (Please include dates, location, amounts) <u>no</u>	
Do you have a will? <u>yes</u>	
If so, who is the executor? <u>Todd Bedenbaugh</u>	
Do you have disability insurance? <u>no</u>	
If so, what is the monthly amount? _____	
How many years are covered? _____	

REPRESENTATIONS AND WARRANTIES

The information contained in this statement is provided to induce BB&T to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that BB&T is relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. The undersigned agree to provide any information or documentation requested by BB&T in order for BB&T to verify the identity in accordance with the USA Patriot Act. Each of the undersigned agrees to notify BB&T immediately in writing of any change in name, address, SSN/TIN or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to fulfill their obligations to BB&T. In the absence of such notice or a new full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify BB&T as required above, or to supply any information requested by BB&T, or if any information herein should prove to be inaccurate or incomplete in any material respect, BB&T may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, immediately due and payable. BB&T is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give BB&T any information they may have on the undersigned. The undersigned also consent to BB&T obtaining a consumer credit report(s) for the purpose of reviewing the obligation(s) of the undersigned, extending additional credit, taking collection action on the obligation(s) or for other legitimate purposes associated with the obligation(s). Each of the undersigned authorizes BB&T to answer questions about BB&T's credit experience with the undersigned as long as any obligation or guaranty of the undersigned to BB&T is outstanding, the undersigned shall supply annually an updated financial statement. **BB&T MAY REPORT INFORMATION ABOUT YOUR ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON YOUR ACCOUNT MAY BE REFLECTED IN YOUR CREDIT REPORT.** This personal financial statement and any other financial or other information that the undersigned give BB&T shall be BB&T's property.

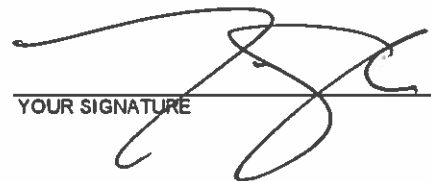
THE UNDERSIGNED HAVE READ AND FULLY UNDERSTAND THE FOREGOING REPRESENTATIONS AND WARRANTIES

3-14-16
 DATE

DATE

This statement received by: _____

Date _____ Branch _____


 YOUR SIGNATURE

 JOINT SIGNATURE (IF APPLICABLE)

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.

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

[illegible]

Mailing Address:	I	7	I	E	L	M	C	R	E	E	K	D	R	I	V	E
------------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[illegible]

Zip:	2	9	0	3	6	Phone:	8	0	3	-	5	1	3	-	2	8	8	8
------	---	---	---	---	---	--------	---	---	---	---	---	---	---	---	---	---	---	---

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:

2	5	1	-	3	5	-	3	8	9	6
---	---	---	---	---	---	---	---	---	---	---

NOTE:

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

DO NOT USE PENCIL

KEEP A COPY FOR YOUR RECORDS

\$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/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.

pg. 2 of 4

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

1. Have you previously filed this form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
---	---	-----------------------------	---------------------------------------

2. County of Residence: LEXINGTON

3. Name: (Last-First-Middle Initial) S L I C E T I M O T H Y H

4. Mailing Address: 1 7 1 E L M C R E E K D R I V E

[illegible]

Zip: 2 9 0 3 6 5. Phone: 8 0 3 - 5 1 3 - 2 8 8 8

*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 1 (b) Member, SG Board of Long Term Health Care From To

(b) Member, SC Board of Long Term Health Care Administrators

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

8. Date of Hire or Appointment (mo-yr): N/A

CANDIDATES ONLY

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

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 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.

2. 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:

☐ COMPLETE _____ ☐ INCOMPLETE
☐ ENTERED ☐ SCANNED

FAXED COPIES WILL NOT BE ACCEPTED

The original must be received no later than 5.00 p.m. on the date of the established deadline.

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

pg. 3 of 4

E5A.2**(ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEARS)****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
Department of Mental Health rents a facility owned by Generations of Batesburg.	\$6,375.00 per month	Monetta, SC

Nature and Value of Improvements DMH rents a facility from Generations of Batesburg owned by my mother's estate.Nature of Potential Conflict of Interest Contract with state agency.

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 §3-715.

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 217-90 (E).

SEC STATEMENT OF ECONOMIC INTERESTS

pg. 4 of 4

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>

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*Executive Director, Herbert R. Hayden, Jr.
Publication Editor, Marjorie A. DeLee*



Mailcode: 602-01-01-00
1301 Chapin Road
Chapin, SC 29036

February 16, 2016

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate,

Timothy Slice is one of my clients here at BB&T and I have known Tim since I began my career at BB&T a short 10 years ago. Tim has banked with BB&T since 2000 and has a good standing relationship ever since relationship has begun. If you need anything else please don't hesitate to contact me.

Thank you,

A handwritten signature in cursive script that reads "Crystal Ridgell".

Crystal Ridgell
Market Leader IV, AVP
1301 Chapin Rd
Chapin, SC 29036
Ph. (803) 345-7404
Email CRidgell@BBandT.com

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James H. Burns
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Fax: 803.255.5936
james.burns@nelsonmullins.com

February 25, 2016

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate:

Timothy H. Slice has my strongest personal recommendation to serve on the South Carolina Board of Long Term Health Care Administrators (the "Board"). I have known Tim and his family for the past four (4) years as members of the Chapin community. Tim and his family are pillars of the Chapin community, and have a long-standing tradition of service to our state and our community. I can say unequivocally that Tim Slice will be a great addition to the Board.

Professionally, Tim is the Administrator for Generations of Chapin. Tim is an innovative leader, a forward-thinking problem solver, and compassionate administrator for the senior members residing at Generations. Tim is a disciplined individual who sets high standards for himself and his employees always with an eye to ensuring exceptional customer service for his residents. His reputation for honesty and integrity is beyond reproach. Tim fosters and enhances consensus building in the most challenging circumstances, and he possesses the necessary character traits we want for members of the Board. During my tenure as Governor Haley's Chief of Staff, I had the opportunity to review a number of applications for appointment to Boards and Commissions, and I submit to you that Tim Slice is one of the best.

South Carolina is fortunate to have a man of Tim's character, dedication and integrity willing to serve on the Board. It is with great pleasure that I recommend Timothy H. Slice to serve on the South Carolina Board of Long Term Health Care Administrators.

Very truly yours,



James H. Burns

March 4, 2016

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate:

It is with great honor that I have the opportunity to recommend Timothy H. Slice to serve on the South Carolina Board of Long Term Health Care Administrators (the "Board"). My husband Gary and I have known Tim and his family for over twelve (12) years and have witnessed the impact they have made within the Chapin community. The Slice family continues to demonstrate through their numerous interactions with people, businesses and events the selfless dedication they have to serving in both a local and statewide capacity. Tim exudes a genuine commitment to making a positive influence, regardless of the venue in which he serves. Without doubt, Tim Slice will inspire and motivate while promoting the mission of the Board.

As the Administrator for Generations of Chapin, Tim validates success through hard work and determination while still maintaining a caring and compassionate heart. His ability to lead by example instills within his employees the character to gain the trust and respect of the Generations senior community. As a Board member, Tim would stand firm on issues, yet do so in a manner most deserving of the respect of his colleagues. Both of my teenage twin sons currently work for Tim at Generations of Chapin where they have learned and experienced invaluable life lessons through his mentorship. He has taught them the value of taking pride in all endeavors and striving for excellence.

With the moral and ethical approach Tim applies when facing the most challenging of circumstances, he will undeniably excel in every aspect of his responsibilities as a Board member. His array of professional attributes more than qualify and prepare him for the demands of critical decision making. As SLED's representative on the South Carolina State Child Fatality Review Committee for the past 16 years, I am familiar with the obligation of representing our state and being a strong voice with a determined purpose. Tim Slice will be that voice on the Board.

I am pleased to recommend Timothy H. Slice to serve on the South Carolina Board of Long Term Health Care Administrators, a position he will embrace with great pride and integrity.

Very truly yours,



Emily B. Reinhart
South Carolina Law Enforcement Division
Captain-Forensic Administration
ereinhart@sled.sc.gov



157 NW Columbia Avenue • P.O. Box 183 • Chapin, SC 29036

March 9, 2016

South Carolina Senate
c/o Jeffrey S. Gossett
Clerk of the Senate
PO Box 142
Columbia, South Carolina 29202

Dear Ladies and Gentlemen of the Senate:

I am writing you today in strong support of Timothy H. Slice for service on the South Carolina Board of Long Term Health Care Administrators (the "Board"). I have known Tim and his family for more than 10 years, and they are pillars of the Chapin community, with a long-standing tradition of service to our community and the state.

As the Administrator for Generations of Chapin, I have found Tim to be a dedicated and compassionate leader who has the respect and admiration of both his staff and the senior residents living at Generations. He tackles issues with integrity, expediency and sensitivity and is well respected for the high level of customer service he and his staff provide their residents. Tim's problem-solving skills and ability to build consensus even in the most challenging of circumstances are traits that should serve him well as a member of the Board, and I believe he would be a true asset to the Board and the state.

Chapin is very fortunate to have a man of Tim's character, dedication and integrity in our community, and his willingness to serve on this Board speaks volumes to his commitment to service and giving back to others. I have the utmost confidence in his abilities and highly recommend Timothy H. Slice to serve on the South Carolina Board of Long Term Health Care Administrators.

Thank you for your serious consideration of Tim for this vital appointment for our state.

Sincerely,

Skip Wilson
Mayor, Town of Chapin

March 10, 2016

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate:

It is with the upmost honor that I have the opportunity to recommend Timothy H. Slice to serve on the South Carolina Board of Long Term Care Administrators (the "Board"). I have known Tim and his family for over 12 years as a friend and neighbor. Tim is well respected inside the Chapin community as well as outside the community. Tim has a genuine care and respect for the older adult. It is without doubt that he will promote the important mission of this board.

At all times I have found Tim to be dependable, respectful, hardworking and compassionate. Tim would be the perfect candidate for the position of board member due to his experience as a Long Term Care Administrator. The effort he puts forth to improve his title is unmatched as he loves his profession.

Our community is fortunate to have a person of Tim's character motivation and spirit. I am pleased to recommend Timothy H. Slice to serve on the South Carolina Board of Long Term Health Care Administrators. Thank you for your consideration for his appointment to serve the great state of South Carolina.

Sincerely,



Robert E. Pope
SCE&G Access Control Supervisor
repop@scana.com