

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Quintan</i>	DATE <i>10-12-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1001174</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>[Signature]</i>	<input checked="" type="checkbox"/> Necessary Action		

Per Kendall on 10/2/10, he spoke w/ Mr. Wilson... stated Mr. Wilson will call him back.

When he gets more information

	APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.				
2.				
3.				
4.				

GLENN G. REESE
SENATOR, SPARTANBURG COUNTY
SENATORIAL DISTRICT NO. 11



COMMITTEES:
BANKING AND INSURANCE
ETHICS
FINANCE
GENERAL
INVITATIONS
LABOR, COMMERCE AND INDUSTRY
RULES

SENATE ADDRESS
P.O. BOX 142
502 GRESSETT SENATE OFFICE BUILDING
COLUMBIA, SC 29202
(803) 212-6108
E-MAIL: GLENNREESSE@SENATE.GOV

HOME ADDRESS:
507 FAGAN DRIVE
LAKE ROWEN
NINNAM, SC 29549-7008
(864) 582-2984 HOME
(864) 585-1956 OFFICE

MEMORANDUM

VIA FAX: 255-8235
TO: Emma Forkner, Director
Department of Health and Human Services
FROM: *GF* Senator Glenn G. Reese
DATE: October 8, 2010
SUBJECT: Lance Wilson Questions

I would appreciate it if you would have a member of your staff contact Mr. Lance Wilson by phone at (864) 542-4516. He has questions about the bidding process about incontinence supplies that is going to expire on October 18th. His home address is as following:

P.O. Box 6781
Highway Nine
Campobello, SC 29322

This is very urgent. Thanks for your help on this matter.

c: Lance Wilson

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OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Quinlan</i>	DATE <i>10-12-10</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>100174</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action	

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(864) 595-1955 OFFICE

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