

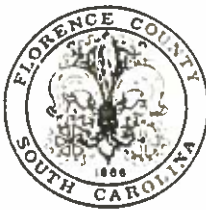
Roger M. Poston
District 2
Chairman

James T. Schofield
District 8
Vice-Chairman

Mitchell Kirby
District 4
Secretary/Chaplain

K. G. Rusty Smith, Jr.
County Administrator

Connie Y. Haselden
Clerk to Council



FLORENCE COUNTY COUNCIL

Council Members

Waymon Mumford
District 7

Alphonso Bradley
District 3

Kent C. Caudle
District 5

Willard Dorriety, Jr.
District 9

Jason M. Springs
District 1

H. Steven DeBerry, IV
District 6

December 30, 2015

The Honorable Nikki R. Haley
Governor of South Carolina
1205 Pendleton Street
Columbia, South Carolina 29201

Dear Governor Haley:

At its regular meeting of November 19, 2015, the Florence County Council unanimously approved the recommendation of the Pee Dee Mental Health Center Board of Directors to re-appoint the following individual to the Board:

Seat 1
Sharon Hinson Ackerman
2180 Twin Bridge Drive
Florence, SC 29505

Enclosed is the completed application for Boards, Commissions, and Committees provided by your office. We respectfully request your consideration of Mrs. Ackerman to continue to represent Florence County on the Pee Dee Mental Health Center Board of Directors.

Should you have any questions or need additional information, please do not hesitate to contact our office. We appreciate your consideration of this individual.

Sincerely,

Roger M. Poston, Chairman
Florence County Council

RMP/ch

Enclosure

Cc: Dr. Gregory V. Browning, Chair, PD Mental Health Center Board of Directors



Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination will not be complete until this application is filed with the Office of the Governor,
Attn: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms. Ackerman Sharon Hinson
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Pee Dee Mental Health

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 7

2180 Twin Bridge Drive
Florence SC 29505

4] Home Telephone: Same 5] Office Telephone: Same 6] Fax: NA

7] Mobile Telephone: 843-601-0195 8] Email Address: shaylanose71@hotmail.com

9] Drivers License # SC 008697667 10] Social Security #: 248-43-9023

11] Voter Registration # 5344 045 12] Date of Birth: 7-16-71

13] Race: Caucasian 14] Sex: Male ☒ Female

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College _____

College graduate _____

Professional degree (please specify) Master's Degree (M.S.)

16] Present Employer AstraZeneca

Address Wilmington Delaware

Current Position Neuroscience Representative

17] Years of residence in South Carolina: 44

18] Have you ever been arrested for a crime other than a minor traffic violation? no If so, give details.*
no

19] Have you filed state and federal income tax returns for the past five years? Yes If not, give details.*

20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? No If so, give details.*

21] Have you ever defaulted on any state or federal student loan? No If so, give details.*

22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? No
If so, give details.* N/A

23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? No
If so, give details.* N/A

24] Have you ever served in the military? No
Were you honorably discharged? _____ If not, give details.*

25] Have you ever been terminated from employment for cause? No If so, give details.*

26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? No If so, give details.*

27] Have you ever been disciplined or fined by the State Ethics Commission? No If so, give details.*

28] Have you ever been disciplined or fined by any professional or regulatory agency? No If so, give details.*

29] Do you serve on any local or state board, commission, committee, or elected office? No If so, list.*

30] Are you a registered lobbyist in the State of South Carolina? No

31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? No If so, give details.*

32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? AstraZeneca If so, give details.*
employee / Representative

33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? AstraZeneca If yes, give details.*
employee (see note below)

* work for AstraZeneca / Neuroscience Representative for
psychiatric medications presented at ADME to patients

34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? NP If so, please identify *:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? NP If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? NO If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? NO If yes, please identify *:

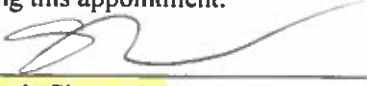
- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Sharon Aukerman, agree that, if I am appointed to the Pee Dee mltc Board, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

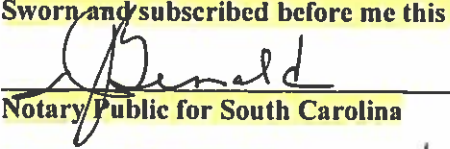
*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.


Applicant's Signature

Sworn and subscribed before me this 16th day of Dec., Two Thousand and 15.


Notary Public for South Carolina

My commission expires 7/2/20