



## Beaufort County Legislative Delegation

100 RIBAUT RD. ROOM 245 | P.O. BOX 1228 | BEAUFORT, SC 29901 | PHONE: 843.255.2260 | FAX: 843.255.9425

July 6, 2015

The Honorable Nikki Haley  
Governor, State of South Carolina  
Attn: Katie Philpott  
Director of Boards and Commissions  
1205 Pendleton Street  
Columbia, South Carolina 29201

Re: Beaufort County Legislative Delegation, Meeting, June 29, 2015

Dear Katie:

Enclosed, please find eleven weighted vote endorsement forms executed by Beaufort County Legislative Delegation as well as notarized applications for each appointment, they are as follows:

1. Foster Care Review Board 14B- Mrs. Cindy Graves
2. Beaufort-Jasper Water and Sewer Authority Board of Directors- Mrs. Brandy Gray
3. South Island PSD Board of Directors- Mr. Alan Jackson, Mr. John Phalen and Mr. James Richardson
4. Broad Creek Publix Service District- Mr. Marshal Katz, Mr. John Joseph and Mr. James Rowe
5. Beaufort County Transportation Committee- Mrs. Lynn Russo and Mr. John Forrest
6. A Resolution of the Beaufort County Legislative delegation to Abolish the Beaufort County Transportation Committee as of a state date and to Devote its Power, and Authority to the Beaufort County Council, Subject to certain Stated Terms and Conditions

Should you have any questions, please contact me.

Respectfully Submitted,

Meredith Irion, Delegation Liaison  
Beaufort County Legislative Delegation

Enclosures

Resolution No. 2015/ \_\_\_\_\_

**A Resolution of the Beaufort County Legislative Delegation  
to Abolish the Beaufort County Transportation Committee as of a Stated Date  
and to Devolve its Powers, Duties, and Authority to the  
Beaufort County Council, Subject to Certain Stated Terms and Conditions**

WHEREAS, pursuant to Section 12-28-2740(O) of the South Carolina Code, the legislative delegation of a county may by resolution abolish the county transportation committee and devolve its powers and duties on the governing body of the county, and the Beaufort County Legislative Delegation (the "county delegation") is desirous of, effective as of a stated date and subject to certain stated terms and conditions, abolishing the presently constituted Beaufort County Transportation Committee (the "CTC") and devolving the entirety of its duties, powers, and responsibilities upon the governing body of Beaufort County;

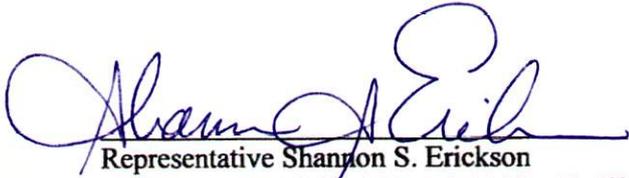
NOW, THEREFORE, upon motion being duly made and seconded, and approved by the undersigned members of the county delegation, it is hereby:

RESOLVED that, pursuant to the stated statutory authority and as of the effective date of January 1, 2016, the presently constituted CTC shall be abolished and its powers and duties devolved upon the Beaufort County Council; *provided, however*, that the Beaufort County Council shall, in accordance with its governing procedures, pass an ordinance with an effective date of January 1, 2016, creating a new 11-member CTC that is comprised of one resident member from each of the 11 county council districts, said composition being deemed by the county delegation to satisfy the "fairness of representation" provisions of Section 12-28-2740(B) of the South Carolina Code, and appoint 11 members to serve on the new CTC; *provided further, however*, that if the Beaufort County Council shall not have passed the referenced ordinance and made the referenced 11 appointments on or before January 1, 2016, then the within action by the county delegation in regard to the abolition of the presently constituted CTC and the devolution of its authority shall be null and void; and *provided further, however*, that nothing in this resolution shall be construed to waive, relinquish, or restrict the county delegation's plenary statutory authority to reverse the actions provided herein and reestablish the county transportation committee by a subsequent delegation resolution; and further

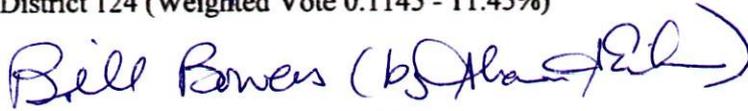
RESOLVED that a copy of this resolution be sent to governing body of Beaufort County.

Approved this 29<sup>th</sup> day of June, 2015.

**SIGNATURES APPEAR ON SECOND PAGE**



Representative Shannon S. Erickson  
District 124 (Weighted Vote 0.1145 - 11.45%)



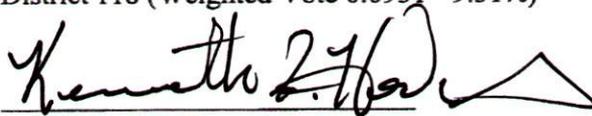
Representative William K. Bowers  
District 122 (Weighted Vote 0.0004 - 0.04%)



Representative Jeffrey A. Bradley  
District 123 (Weighted Vote 0.1144 - 11.44%)



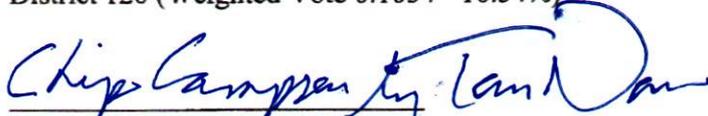
Representative William G. "Bill" Herbkersman  
District 118 (Weighted Vote 0.0931 - 9.31%)



Representative Kenneth F. Hodges  
District 121 (Weighted Vote 0.0722 - 7.22%)



Representative Wm. Weston J. Newton  
District 120 (Weighted Vote 0.1054 - 10.54%)



Senator George E. "Chip" Campsen  
District 43 (Weighted Vote 0.1205 - 12.05%)



Senator Tom Davis  
District 46 (Weighted Vote 0.3155 - 31.55%)

Senator Clementa C. Pinckney  
\* deceased colleague and friend  
District 45 (Weighted Vote 0.0639 - 6.39%)

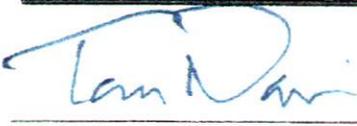
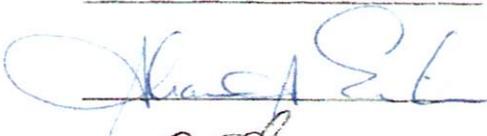
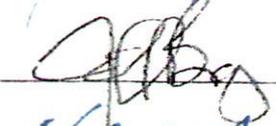
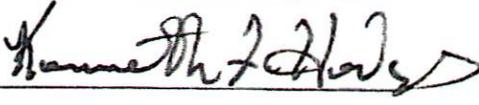
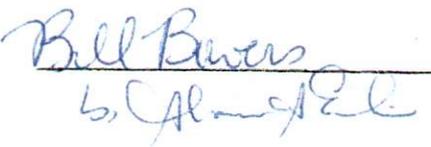
Foster Care Review Board 14B

ENDORSEMENT FORM

We, the members of the Beaufort County Legislative Delegation, recommend, Mrs. Cindy Graves to be appointed to the Foster Care Review Board 14B. Mrs. Graves will be serving a four-year term that will begin June 29, 2015 and expire June 29, 2019.

Date: June 29, 2015

**ENDORSEMENT:** (Signatories combined weight factor must be greater than 50% for the above-mentioned county. Applications cannot be processed without weight factor listed.)

<u>NAME (type or print)</u>	<u>SIGNATURE</u>	<u>WEIGHT FACTOR</u>
<u>Senator Tom Davis</u>		<u>31.55%</u>
<u>Senator George E. "Chip" Campsen</u>		<u>12.05%</u>
<u>Senator Clementa C. Pinckney * deceased colleague and friend</u>		<u>6.39%</u>
<u>Rep. Shannon S. Erickson</u>		<u>11.45%</u>
<u>Rep. Jeffery "Jeff" Bradley</u>		<u>11.44%</u>
<u>Rep. Wm. Weston J. Newton</u>		<u>10.54%</u>
<u>Rep. William G. "Bill" Herbkersman</u>		<u>9.31%</u>
<u>Rep. Kenneth F. Hodges</u>		<u>7.22%</u>
<u>Rep. William K. "Bill" Bowers</u>		<u>0.04%</u>



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. Please return the application to:  
Office of the Governor, Attn: Katie Philpott, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms. Graves Cindy E.  
Last First Middle

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

Foster Care Review Board

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

Your Congressional District: 124

77 Tuscarora Ave.  
Beaufort SC 29907 Beaufort County

4] Home Telephone: 843.525.9234 5] Office Telephone: 843.524.3109 6] Fax: 843.524.6401

7] Mobile Telephone: 843.812.8616 8] Email Address: c.graves@harveyandbattey.com

9] Drivers License # 008151081 10] Social Security #: 248.39.7586

11] Voter Registration # 072428701 12] Date of Birth: 5.26.62

13] Race: White 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) \_\_\_\_\_

16] Present Employer Harvey & Battey, P.A.

Address 1001 Craven St, Beaufort SC 29902

Current Position Real Estate

17] Years of residence in South Carolina: 40

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

- 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.\*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? No  
If so, give details.\*
- 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? No If so, give details.\*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? No If yes, give details.\*

- 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? No 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? No 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, Cindy Graves, agree that, if I am appointed to the Foster Care Review 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.

Cindy E. Graves  
Applicant's Signature

Sworn and subscribed before me this 2<sup>th</sup> day of March, Two Thousand and 15.

Sam B. Stevens  
Notary Public for South Carolina

My commission expires 11-4-15

**South Carolina Department of Social Services**  
**CONSENT TO RELEASE INFORMATION**

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

**SECTION I. Purpose for Request**

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- becoming or remaining a foster parent or potential adoptive parent; or
- becoming or remaining an employee of or a member of the state or a local foster care review board; or
- becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B.  I am requesting a search **ONLY** of the Central Registry of Child Abuse and Neglect for a purpose of \_\_\_\_\_.

**SECTION II. Mail Results To:**

\_\_\_\_\_  
ATTN: \_\_\_\_\_  
\_\_\_\_\_  
TEL. NO: \_\_\_\_\_  
\_\_\_\_\_

**SECTION III. Central Registry Check Fees: Please  appropriate box and include payment. Check or Money Order (NO CASH).**

- |  |  |
|--|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00  | <input type="checkbox"/> Name Changes.....\$8.00                     |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00        |
| <input type="checkbox"/> State Agencies.....\$8.00       | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00              |  |

**SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)**

Name: Cynthia (Cindy) Lynn Graves      DOB: 5-26-62      Sex: F      Race: W  
Maiden/Aliases: Essary      Name Change: N/A  
Place of Birth: Savannah, GA      SSN: (See instructions) 248-39-7586  
Current Address: 77 Tuscarora Ave      Previous Address: (See instructions) \_\_\_\_\_  
Beaufort, SC 29907

**SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.**

<u>Cindy E. Graves</u> Signature of Applicant	<u>3/27/15</u> Date
<u>Sam B. Stevens</u> Signature of Notary or Witness	<u>3/27/15</u> Date

**SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.**

- The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call \_\_\_\_\_ if you have any questions.
- The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

\_\_\_\_\_  
Authorized DSS Employee      Date

**INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION**

**PLEASE DO NOT ALTER THIS FORM IN ANY WAY**

**SECTION I: Purpose for Request:** To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking  in the appropriate box.

**SECTION II: Mail Results To:** Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name and telephone number.

**SECTION III: Central Registry Fee:** Please check  appropriate fee box.

**SECTION IV: Please type or print legibly the following information:**

- Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

**SECTION V:** Mail payment; completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

**South Carolina Department of Social Services  
Attention: CASHIER  
1535 Confederate Avenue  
P.O. Box 1520  
Columbia, SC 29202-1520**

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.
- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

**PLEASE CALL (803) 898-7229 IF YOU NEED ASSISTANCE COMPLETING THIS FORM.**

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After receipt by cashier and processing of payment, the Central Registry/DATA BASE check will be completed by authorized DSS personnel in the Division of Human Services.

**DSS personnel in the Division of Human Services must do the following:**

1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
2. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

**Distribution**

Results of the search will be sent **ONLY** to the individual or organization specified in Section II of this form.