

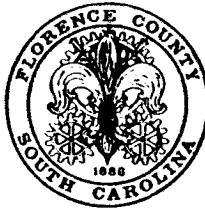
Roger M. Poston  
District 2  
Chairman

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

June 16, 2016

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

Dear Governor Haley:

At its regular meeting of June 16, 2016, the Florence County Council unanimously approved the recommendation of the Pee Dee Mental Health Center Board of Directors to appoint the following individual to the Board:

Seat 6  
Sam J. Fryer, III  
1610 Southwood Court  
Florence, SC 29505

Enclosed is the completed application for Boards, Commissions, and Committees provided by your office. We respectfully request your consideration of Mr. Fryer 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 Governor's Office. Please refer to your nominating authority (County Legislative Delegation, County Council, City Council, etc.) for instructions on how to properly submit this form.

1] Your Name:

Dr./Mr./Mrs./Ms. Fryer Sam J III  
Last First Middle

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

Pee Dee Mental Health Commission

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

Your Congressional District: 07

1610 Southwood Court  
Florence, SC. 29505

4] Home Telephone: 843-629-8312 5] Office Telephone: 843-269-2556 6] Fax: \_\_\_\_\_

7] Mobile Telephone: 843-610-6360 8] Email Address: 843-664-8451 sfryer@fscd.org

9] Drivers License # 215 338 671 10] Social Security #: 250-29-9571

11] Voter Registration # DL# 007356753 12] Date of Birth: June 21, 1971

13] Race: AA 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 Yes

Professional degree (please specify) M.A. in Counseling  
working on Ed.D.

16] Present Employer Florence Public School District One

Address 319. S. Dargen Street, FLO, SC. 29506

Current Position Behavior Health Counselor

17] Years of residence in South Carolina: 23

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/Yes If so, give details.\* *While in school forgot to re-submit my form about 20 years ago. Not in default.*

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? N/A 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? Yes If so, give details.\* *Submitted the wrong form. Money was*

28] Have you ever been disciplined or fined by any professional or regulatory agency? NO If so, give details.\* *referred to me.*

29] Do you serve on any local or state board, commission, committee, or elected office? Yes If so, list.\* *Florence*

30] Are you a registered lobbyist in the State of South Carolina? NO *City/County Civic Center*

31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? Yes If so, give details.\* *I am employed by the public school system.*

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, Sam J. Fryer II, agree that, if I am appointed to the Pee Dee Mental Health Comm 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.

Sam J. Fryer II  
Applicant's Signature

Sworn and subscribed before me this 1<sup>st</sup> day of June, Two Thousand and 2016.

Roxa A. Butler  
Notary Public for South Carolina

My commission expires 03-16-2020