

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.

Samsen
Last

Mary
First

Anne
Middle

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

Coastal Empire Mental Health Advisory Board

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

Your Congressional District: Beaufort

7 Devont Drive East

Bluffton, S.C. 29909

4] Home Telephone: 843-705-3470

5] Office Telephone: —

6] Fax: JS

7] Mobile Telephone: 843-290-7440

8] Email Address: JSamsen@SC.RR.Com.

9] Drivers License #

10] Social Security #: 267-60-8474

11] Voter Registration #

12] Date of Birth: 10/26/1940

13] Race: White

14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School

High School graduate or equivalence (G.E.D.) Seacrest H.S., Delray Beach, FL

Some College

College graduate U. of FL BSN - MN

Professional degree (please specify) Clinical nurse specialist in psych, MH Nursing

16] Present Employer

retired

Address

Current Position

17] Years of residence in South Carolina: 10

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? no 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? yes If so, list.*
Coastal Empire M.H. Advisory Board for 4 yrs
- 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, Mary A. Samser, agree that, if I am appointed to the Coastal Empire M.H. Advisory 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.

Mary A. Samser
Applicant's Signature

Sworn and subscribed before me this 18th day of September, Two Thousand and 14.

Eileen R. Norton
Notary Public for South Carolina

My commission expires 11/27/22



Beaufort County Legislative Delegation

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

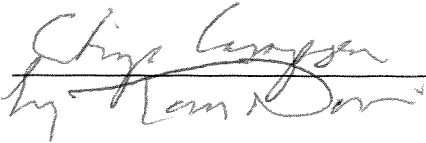
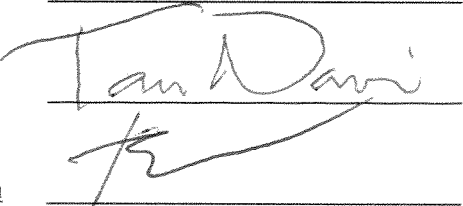
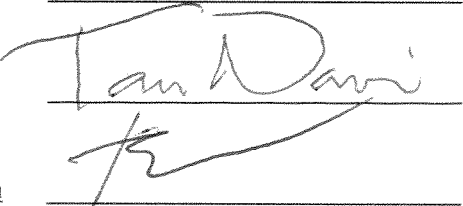






Coastal Empire Community Mental Health Center Board of Directors

ENDORSEMENT FORM

We, the members of the Beaufort County Legislative Delegation, recommend, Mary A. Samsen, to be reappointed to the Board of Directors for the Coastal Empire Community Mental Health Center. Mary A. Samsen will be serving a four year term that began on October 17, 2014 and expires October 17, 2018.

Date: March 6, 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</u>	<u>SIGNATURE</u>	<u>WEIGHT FACTOR</u>
<u>Senator George E. "Chip" Campsen</u>		<u>12.05%</u>
<u>Senator Clementa C. Pinckney</u>		<u>6.39%</u>
<u>Senator Tom Davis</u>		<u>31.55%</u>
<u>Rep. William G. "Bill" Herbkersman</u>		<u>9.31%</u>
<u>Rep. Wm. Weston J. Newton</u>		<u>10.54%</u>
<u>Rep. Kenneth F. Hodges</u>		<u>7.22%</u>
<u>Rep. William K. "Bill" Bowers</u>		<u>0.04%</u>
<u>Rep. Jeffery (Jeff) Bradley</u>		<u>11.44%</u>
<u>Rep. Shannon S. Erickson</u>		<u>11.45%</u>



State of South Carolina
Department of Mental Health

MENTAL HEALTH COMMISSION:

Alison Y. Evans, PsyD, Chair
Joan Moore, Vice Chair
Jane B. Jones
Everard Rutledge, PhD
J. Buxton Terry

STATE DIRECTOR

John H. Magill

September 29, 2014

**Coastal Empire Community
Mental Health Center**

1050 Ribaut Road
Beaufort, SC 29902
Information: (843) 524-8899
Ramon D. Norris, MS., Executive Director

Beaufort County Legislative Delegation
P O Box 1228
Beaufort, SC 29901

RE: Board Reappointment

Please submit Mary A. Samsen for reappointment to Coastal Empire Community Mental Health Center's Board of Directors. Her current term will expire on October 17, 2014. We request her new reappointment to expire October 17, 2018. She has served faithfully and is aware of the many facets of serving as a community mental health center board member, and we wish to retain her and her valuable experience.

Attached is her application to the Governor's office.

Sincerely,

A handwritten signature in black ink, appearing to read "Ramon D. Norris".

Ramon D. Norris, MS
Executive Director

xc: Mary A. Samsen
Dr. Thomas Miller, Board Chair

RDN:yp

MISSION STATEMENT

To support the recovery of people with mental illnesses.

