



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. McQuillin Deborah Dale
Last First Middle

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

Mental Health Board

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

Your Congressional District: _____

755 Bounty Square Drive
Charleston, 29492, Berkeley

4] Home Telephone: 843-884-5951 5] Office Telephone: _____ 6] Fax: _____

7] Mobile Telephone: 843-709-6958 8] Email Address: debimc@Comcast.net

9] Drivers License # 003263985 10] Social Security #: 236-90-5700

11] Voter Registration # 084611665 12] Date of Birth: 09/03/1956

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 retired Lebanon's Ministry

Address _____

Current Position _____

17] Years of residence in South Carolina: 35

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? _____ If so, list.*
** Berkeley County Mental Health Board - current member*
- 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, Deborah D. McQuillin, agree that, if I am appointed to the Berkeley County Mental Health Bd. 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.

Deborah D. McQuillin
Applicant's Signature

Sworn and subscribed before me this 9th day of March, Two Thousand and ~~6~~ Sixteen.

Kimberly C. McQuillin
Notary Public for South Carolina

My commission expires March 31, 2020 8/9/2021



BERKELEY COUNTY COUNCIL
William W. Peagler, III - Supervisor & Chairman
Phillip Farley - Vice Chairman (District No. 1)

**COMMITTEE
CHAIRMEN**

March 14, 2016

District 1
Phillip Farley
Committee on
Land Use

District 2
Joshua S. Whitley
Committee on
Human Resources &
Purchasing

District 3
Kenneth E. Gunn, Jr.
Committee on
Justice &
Public Safety

District 4
Thomas Newell
Committee on
Facilities &
Infrastructure

District 5
Dennis L. Fish
Committee on
Finance

District 6
Jack H. Schuriknight
Committee on
Economic
Development

District 7
Caldwell Pinckney, Jr.
Committee on
Human &
Community Services

District 8
Steve C. Davis
Committee on
Water & Sanitation

The Honorable Nikki Haley
Governor of the State of S.C.
1205 Pendleton Street
Columbia, S.C. 29201

Dear Governor Haley:

Please be advised that, at a Regular Meeting of Berkeley County Council held on February 22, 2016, the following individual was nominated for **re-appointment** to serve on the Berkeley County Mental Health Board:

Ms. Deborah McQuillin
755 Bounty Square Drive
Charleston, SC 29492

Ms. McQuillin was nominated by Berkeley County Council Member Dennis Fish, and will continue to serve as an At-Large member. Her completed application for Board membership is being forwarded to Ms. Katie Philpott for processing.

If additional information is required, please do not hesitate to contact our office.

With kind regards,

Catherine R. Windham
Clerk to Council

cc: Ms. Deborah McQuillin
Mr. Dennis Fish, Council Member, District No. 5
Mr. John O. Williams, Berkeley County Attorney
Ms. Debbie Calcote, Executive Director, Berkeley Community Mental Health Center, P.O. Box 1030, Moncks Corner, SC 29461
✓ Ms. Katie Philpott, Office of the Governor Boards and Commissions, 1205 Pendleton Street, Columbia, SC 29201