

SENATE CONFIRMATION
CONFIDENTIAL PERSONAL DATA QUESTIONNAIRE

NOTICE: The information requested herein is needed to assist the Senate in its screening of candidates. This document is made available to and used by the appropriate Committee of jurisdiction and is not made public. Since this questionnaire is the initial step in the appointment and confirmation process, it should be returned to the Governor's Office as soon as possible. Please use additional sheets as necessary to complete this document.

Office or Seat to which you are being appointed: SC Department of Disabilities and Special Needs, 3rd Congressional District

1. NAME: Mr.
Ms. Vicki Thompson

HOME ADDRESS: 10010 Clovis Drive, Seneca, SC 29672

BUSINESS ADDRESS: 210 South Oak St., Seneca, SC 29678

TELEPHONE NUMBER: (home): 864-710-3387
(office): 864-888-4825

RESIDE IN SENATE DISTRICT#: 1 CONGRESSIONAL DISTRICT#: 3

2. Date and Place of Birth: 06/19/1956, Greenville, SC Social Security #: 250-13-1898

3. Are you a citizen of South Carolina? Yes Have you been a resident of this state for at least the immediate past 5 years? Yes

4. SCDL# or SCHD#: 4785986 Voter Registration Number: 371497080

5. Family Status: Are you
single ();
married (X);
widowed (); or
divorced ()?

(a) If married, state the date of your marriage and your spouse's full name.
February 14, 1987, Lamar F. Thompson

(b) If you have ever been divorced, state the date, name of the moving party, court, and grounds.
May 14, 1985 - I, Vicki Thompson petitioned - irreconcilable differences.

- (c) State the names of your children and their ages. If your children are old enough to work, include the occupation of each child.

No children

6. Have you ever served in the military? If so, give the dates, branch of service, highest rank attained, serial number, present status, and the character of your discharge or release.

No

7. List each college and graduate or professional school you attended, including the dates of your attendance, the degrees you received, and if you left an institution without receiving a degree, the reason for your departure.

Clemson University Nursing Program: 1975 to 1977 - left to attend Southern Illinois University at Carbondale to pursue a degree in Health Care Management

Southern Illinois University 1977 to 1980: BS Degree in Health Care Management

8. List the states in which you have been licensed and/or admitted to a professional practice and the year of each license and/or admission. Also, list any states in which you took a professional license exam, but were never admitted to the practice. If you took an exam more than once in any of the states listed please indicate the number of times you took the exam in each state.

South Carolina - Licensed Long Term Care Administrator - 1980 - took exam one time

South Carolina - Licensed Realtor - 1993 - took exam one time

South Carolina - Licensed Residential Builder - 1995 - took exam two times.

9. List the significant activities in which you took part during your attendance at college, graduate, and/or professional school. Give the dates you were involved in these activities and list any leadership positions you held.

n/a

10. Briefly describe any continuing education during the past five years.

Computer technology, Human Resources, Non-Profit Board Training, Risk Management

11. List all published books and articles you have written and give citations and dates of publication for each.

n/a

12. If an attorney, list all courts in which you have been admitted to practice and list the dates of your admission. Give the same information for administrative bodies which require a special admission to practice.

n/a

13. Have you ever held public office? If so, list the periods of your service, the office or offices involved, and whether you were elected or appointed.

No

14. Have you ever been an unsuccessful candidate for elective, judicial, or other public office? If so, give details, including dates.

No

15. Since completing your education, list any occupation, business, or profession in which you have been engaged other than holding public office. Give details, including a description of your occupation, business, or profession, the dates of your employment, and the name of your business or employer.

November, 2004 To Present: Executive Director for the Rosa Clark Free Medical Clinic Association, Inc. : Reopened the Clinic and re-established the funding stream, completed a needs assessment, developed policies and procedures and began strategic planning. Increased funding by 250%, and the number of patient visits increased by 436%. Provide primary care, pharmacy services, referral services and patient education to over 3,700 individuals who have low income and no insurance. Operate the clinic on a day-to-day basis and secure approximately \$500,000 a year in operating funds through grants

and donations. Established the first Hybrid Clinic in the state, working with SCDHHS to assist other clinics in converting to the Hybrid model.

May, 1993 To November, 2004: Licensed Residential Builder and Realtor: Established a Real Estate and Construction business. Using marketing strategies, built homes in the million dollar plus range. Assisted in the development of a subdivision, participating in site development and landscape planning.

July, 1981 To May, 1993 : Executive Director, Oconee County Developmental Disabilities Board
Responsible for the development of programs and procurement of a budget of approximately two million dollars a year from state and local government. Maintained the highest percent in the state per capita for local contributions from Oconee County Council, Seneca Sertoma Club, Seneca Lions Club, Grant Writing, and other fund raising activities. With staff of eighty-five and clientele of over two hundred, operated programs ranging from day care to residential, serving all ages.

Evaluated needs of the county, established long-range goals and operating policies, prepared budget requests, and participated in all aspects of management of the facilities and programs.

Worked for a seven-member, Governor appointed, Non-profit Board, and was responsible for public relations, fiscal management, personnel, and client services.

Developed many new programs that were adopted by the state, including:

- A certification and training program for Developmentally Disabled Assistants in coordination with Tri-County Technical College
- A Quality Assurance Program based on measurable outcomes of performance
- A Supported Living Program to promote inclusion in the community for people with disabilities
- Development of a Long Range Planning system that was adopted for use by the state, and continues to be used as the model for Counties throughout the state.

August, 1980 To July, 1984: Licensed Long Term Care Administrator, Oconee Community Residence
Opened the facility, hiring and training all new staff, and producing facility and documentation requirements to meet DHEC licensing and certification requirements. Maintained excellent record on DHEC reviews. Served as State Membership Chairman for the SC Association for The Developmentally Disabled, traveling to counties and assisting in the establishment of five new local Associations.

16. Are you now an officer or director or involved in the management of any business enterprise? Explain the nature of the business, your duties, and the term of your service.

May, 1993 To Present: Health Care Consultant and In-Service Training Provider: Previously qualified as a provider of continuing education for Long Term Care Home Administrator credits, Social Worker credits, and Certified RN credits. Provided seminars in South Carolina, North Carolina, and Georgia. Also provided training through videos and online for continuing education credits. Currently provide quality assurance services through surveys, data compilation, and development of system compliance strategies.

17. Provide a complete, current financial net worth statement that itemizes in detail:

- a) the identity and value of all financial assets held, directly or indirectly, including, but not limited to, bank accounts, real estate, trusts, investments, and other financial holdings

Checking Account: \$3,614
Checking Account: \$2,818
Money Market Account: \$19,836
CD: \$35,892

Real Estate: Primary Residence: 10010 Clovis Drive, Seneca, SC 29672 \$577,000

Cash Value Life Insurance: \$15,000

Personal Property: \$125,000

Total Assets: \$779,160

- b) the identity and amount of each liability owed, directly or indirectly, which is in excess of \$1,000, including, but not limited to, debts, mortgages, loans, and other financial obligations.

Real Estate Mortgage: \$318,000
Car Loan: \$5,210

Total Liabilities: \$323,210

A sample net worth statement is provided with this questionnaire for your convenience. You may use any other comparable form if it was prepared within the past six months.

18. Describe any financial arrangements or business relationships which you have, or have had in the past, that could constitute or result in a possible conflict of interest in the position you seek. Explain how you would resolve any potential conflict of interest.

None

19. Have you ever been arrested, charged, or held by federal, state, or other law enforcement authorities for violation or for suspicion of violation of any federal law or regulation, state law or regulation or county or municipal law, regulation or ordinance? If so give details but do not include traffic violations for which a fine of \$125 or less was imposed.

No

20. Have federal, state, or local authorities ever instituted a tax lien or other collection procedure against you? Have you ever defaulted on a student loan? Have you ever filed for bankruptcy? If so, give details.
- No
21. Have you ever been sued, personally or professionally? If so, give details.
- No
22. Have you ever been disciplined or sited for unprofessional conduct or a breach of ethics by any court, administrative agency, bar association, disciplinary committee, or other professional group? Have you ever been the subject of a formal complaint, or is there a complaint pending against you before such a group? If so, give the details and describe any final disposition.
- No
23. Are you now or have you ever been employed as a "lobbyist," as defined by S.C. Code §2-17-10(14)? If so, give the dates of your employment or activity in such capacity and specify by whom you were directed or employed.
- No
24. Since being notified of your possible appointment, have you accepted lodging, transportation, entertainment, food, meals, beverages, money, or any other thing of value as defined by S.C. Code §2-17-10(1) from a lobbyist or lobbyist's principal? If so, please specify the item or items you received, the date of receipt, and the lobbyist or lobbyist's principal involved.
- No
25. Itemize (by amount, type, and date) all expenditures, other than those for travel and room and board, made by you, or on your behalf, in furtherance of your candidacy for the position you seek.

None

26. List the amount and recipient of all contributions made by you or on your behalf to the appointing authority or members of the General Assembly within six months of the filing of this questionnaire.

None

27. Have you directly or indirectly requested the pledge of any member of the General Assembly as to your confirmation for the position for which you are being appointed?

No

28. Have you requested a friend or colleague to contact members of the General Assembly on your behalf? If so, give details.

No

29. Have you or has anyone on your behalf solicited or collected funds to aid in the promotion of your candidacy? If so, please specify the amount, solicitor, donor, and date of the solicitation.

No

30. List all professional organizations of which you are a member and give the titles and dates of any offices you have held in such groups.

Member of the SC Free Clinic Association, Immediate Past Chairman

31. List all civic, charitable, educational, social, and fraternal organizations of which you are or have been a member during the past five years and include any offices held in such a group, any professional honors, awards, or other forms of recognition received and not listed elsewhere.

None

32. List any local, county or statewide board, commission, council or other body on which you currently serve which constitutes the holding of an office under the provisions of Article VI, Section 3 of the South Carolina Constitution, to wit:

None

No person may hold two offices of honor or profit at the same time. This limitation does not apply to officers in the militia, notaries public, members of lawfully and regularly organized fire departments, constables, or delegates to a constitutional convention.

None

33. Provide any other information which may reflect positively or negatively on your candidacy, or which you believe should be disclosed in connection with consideration of appointment to the position that you seek.

n/a

34. List the **names**, **addresses** and **telephone numbers** of five persons, including your banker, who will provide letters of reference. Letters should be *addressed* the South Carolina Senate and **must be mailed with your completed application to: Office of the Governor, ATTN: Katie Philpott, 1205 Pendleton Street, Columbia, SC 29201.**

- (a) Ken Nix, 316 Brewer Rd., Walhalla, SC 29691, 864-364-5070
- (b) Ham Hudson, 161 Radisson Rd., Seneca, SC 29678, 864-710-1515
- (c) Barbara Logan, Ph.D., 1520 West Little River Dr., Seneca, SC 29672 864-888-0709
- (d) Jerry Mize, 143 Holiday Lane, Westminster, SC 29693 864-882-6056

(e) Brian McGhee, Bank of America, 1313 Sandifer Blvd., Seneca, SC 29678, 864 882-0032

YOUR SIGNATURE WILL BE HELD TO CONSTITUTE A WAIVER OF THE
CONFIDENTIALITY OF ANY PROCEEDING BEFORE ANY PROFESSIONAL GRIEVANCE
COMMITTEE OR ANY INFORMATION CONCERNING YOUR CREDIT.

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

Vicki A. Thompson

Date: 02/05/2015

Signature: _____

Addendum to Question 34 of the Senate Personal Data Questionnaire

Question 34 asks for a list of five individuals willing to provide letters of reference. These letters are required by the Senate before they will consider a nomination. It is the responsibility of the nominee to contact and request a letter of reference from each individual and include the letters with the application materials when they are mailed.

Tips and Guidelines for Letters of Reference:

1. *It is required by the Senate that one letter come from your banker.* This requirement is somewhat outdated in that, in an era of ATM's and online banking, a good number of people do not have a direct personal relationship with a bank employee anymore. A letter from a branch manager or account manager stating that the banking relationship is sound and that accounts are in good standing will suffice.
2. *Try to get letters from as many different perspectives as possible.* Avoid requesting letters from the same type of individual. For example, letters from a colleague from work, a pastor or fellow church member, a fellow member of a civic or community organization, and a longtime neighbor would give a well rounded perspective of a nominee's involvement in the community. Letters from a nominee's attorney, insurance agent, doctor, or personal friends are also acceptable— anyone with whom the nominee has a longstanding relationship. It is even better if they are a prominent member of the community.
3. *Letters should be addressed to the South Carolina Senate in the following manner:*

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate,
4. *Length and content.* Letters should be brief – one page or shorter. Letters should let the Senate know who the author is, the author's relationship with the nominee, how long the author has known the nominee, and any other relevant information necessary to provide a good reference.
5. *Nominees are responsible for collecting letters of reference.* Nominees should ask that letters of reference be mailed or delivered directly to them. Once all letters are collected, they should be mailed to the Governor's Office with the rest of the application materials.

*****Please note: Letters need to be included in your complete application packet, which is returned to the Governor's office. *****

Confidential Financial Statement
Net Worth

Provide a complete, current financial net worth statement which itemizes in detail all assets (including bank accounts, real estate, securities, trusts, investments, and other financial holdings) and all liabilities (including debts, mortgages, loans, and other financial obligations).

ASSETS

Cash on hand in banks	62,160
U. S. Government securities—add schedule	
Listed securities—add schedule	
Accounts and notes receivable:	
Due from relatives and friends	
Due from others	
Doubtful	
Real estate owned—add schedule*	577,000
Real estate mortgages receivable	
Cash value—life insurance	15,000
Other assets—itemize:	
_____ Personal Property _____	125,000

Total assets	779,160

Real Estate Owned, Personal Home, 10010 Clovis Drive, Seneca, SC 29672

LIABILITIES

Notes payable to banks—secured	
Notes payable to banks—unsecured	
Notes payable to relatives	
Notes payable to others	
Accounts and bills due	
Unpaid income tax	
Other unpaid tax and interest	
Real estate mortgages payable—add schedule	318,000
Chattel mortgages and other liens payable	
Other debts—itemize:	
____ Car Loan _____	5,210

Total liabilities	<u>323,210</u>
Net worth	455,950

CONTINGENT LIABILITIES

As endorser, comaker or guarantor	
On leases or contracts	0
Legal claims	
Provision for Federal Income Tax	
Other special debt	

GENERAL INFORMATION

Are any assets pledged? No

(Add schedule)

Are you defendant in any suits or legal actions? No

Have you ever taken bankruptcy? No

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE
BEST OF MY KNOWLEDGE.

Neichi A. Thompson

Date: 02/05/2015 Signature: _____

STATE ETHICS COMMISSION
STATEMENT OF ECONOMIC INTERESTS FORMName of Candidate or Filer: *Last Name, First Name, Middle Initial* Mr. () Mrs. (☒) Ms. ()

T H O M P S O N V I C K I A

Mailing Address: 1 0 0 1 0 C L O V I S D R I V E

City: S E N E C A

State: S C

Zip: 2 9 6 7 2 Phone: 8 6 4 - 7 1 0 - 3 3 8 7

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

2 5 0 1 3 1 8 9 8

NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN **BLUE** OR **BLACK** INK, OR **TYPE**.**DO NOT USE PENCIL****KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE**

SEC STATEMENT OF ECONOMIC INTERESTS

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E5A.2**(ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEARS)****13. INCOME AND BENEFITS FROM STATE AND LOCAL AGENCIES IN SOUTH CAROLINA (Check if none ☐)**

Source	Type	Amount/Value

14. REGULATED BUSINESS ASSOCIATIONS (Check if none ☐)

Name of Business	Relationship	Source of Regulatory Involvement

15. REAL OR PERSONAL PROPERTY INTERESTS (Check if none ☐)

Description	Value	Location

Nature and Value of Improvements _____

Nature of Potential Conflict of Interest _____

Agency Purchasing, Leasing, or Renting the Property*

*A copy of the contract, lease, or rental agreement must be attached to this form.

16. BUSINESS INTERESTS (Check if none ☐)

Name of Business	Relationship

SEC STATEMENT OF ECONOMIC INTERESTS

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E5A.3

17. CREDITORS (Check if none ☒)

Name and Address of Creditor	Rate of Interest	Original Amount	Outstanding Amount

18. LOBBYISTS (Check if none ☒)

(a) Name of Lobbyist	Relationship or Association

(b) Name of Lobbyist	Goods/Service Purchased	Amount	Purchased From	Relationship

19. GOVERNMENT CONTRACTS (Check if none ☒)

Contractor Name and Address	Relationship	Nature of Business	Amount	Agency

20. GIFTS (Check if none ☒)

Nature of Gift	Value	Donor	Relationship

21. MEMBERS OF AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY (Check if none ☒)

Person Represented	Services Rendered	Nature Contact w/Gov. Agency	Fees Earned

**W. H. HUDSON
161 RADISSON ROAD
SENECA, SC 29678**

February 12, 2015

**Governor Nikki Haley
1205 Pendleton Street
Columbia, SC 29201**

Dear Governor Haley:

I am pleased to recommend Vicki Thompson for appointment to the Department of Disabilities and Special Needs Commission. Vicki currently serves as the Executive Director of the Rosa Clark Free Medical Clinic Association in Seneca. In her ten years in that position, she literally reopened the Clinic, increased funding by 250%, increased patient visits 436%, and now provides services to over 3,700 individuals who have low income and no insurance. She established the first Hybrid Clinic in the state, and worked with SCDHHS to assist other clinics in converting to the Hybrid model.

Among her prior accomplishments she has served as a consultant and in-service training provider, as Executive Director, Oconee Developmental Disabilities Board, and as a Licensed Long Term Care Administrator.


Among her activities she has served as a Governor appointed member of the Oconee County Developmental Disabilities and Special Needs Board, as President of the S.C. Human Service Providers, and as Chairman of the S.C. Free Clinic Association.

Vicki's professionalism, integrity and sincerity would only be enhanced by the enthusiastic level of energy she would bring to the Commission. It has been a real privilege to witness the many changes and accomplishments she has made during her tenure at Rosa Clark.

I encourage you to review her resume' to see the many achievements in the broad field of meeting the needs and providing services to others.

It is an honor to recommend Vicki for this position. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. H. Hudson', with a long horizontal flourish extending to the right.

W. H. Hudson

February 9, 2015

Governor Nikki Haley
Members of the South Carolina Senate

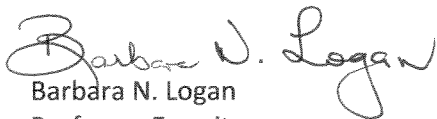
It is with great pleasure that I write this letter of recommendation for Mrs. Vicki Thompson to serve on South Carolina Developmental Disabilities and Special Needs Commission. I met Mrs. Thompson five years ago when I became a board member at Rosa Clark Free Medical Clinic where she serves as Executive Director.

As the clinic's Executive Director, Mrs. Thompson demonstrates exceptional abilities. She embraces the clinic's mission to serve vulnerable populations with great zeal. She is dedicated to providing exceptional service to the clients and she demonstrates a high degree of integrity. She is perceptive and insightful in understanding the needs of the overall facility, as well as executing its' components to optimize and insure its overall high quality operation. She provides excellent oversight in areas of patient care delivery, fiscal management, physical plant management, personnel management, fund-raising, public relations, and overall community affairs at local and state levels.

Mrs. Thompson's compassion to serve people is evident in many other key roles she has assumed. These include the following: health care consultant, Chairman, South Carolina Free Clinic Association; President, South Carolina Human Service Providers; and a Governor appointee to Oconee County Developmental Disabilities and Special Needs Board.

Personally, Mrs. Thompson is a warm, sensitive and caring person who enjoys helping people help themselves. Again, it is with great pleasure that I recommend Mrs. Vicki Thompson. I strongly believe that she will be a tremendous asset to the South Carolina Developmental Disabilities and Special Needs Commission.

Respectfully,

A handwritten signature in cursive script that reads "Barbara N. Logan". The signature is written in dark ink and is positioned above the printed name.

Barbara N. Logan
Professor Emeritus
Clemson University

February 9, 2015

Senator Thomas C. Alexander
PO Box 142
Columbia, SC 29202-0142

Dear Senator Alexander,

It is with great pleasure that I recommend the appointment of Vicki Thompson as a commission member of the S.C. Disabilities and Special Needs Board. Mrs. Thompson will bring to the Board invaluable experience and commitment.

Mrs. Thompson is currently Executive Director for the Rosa Clark Free Medical Clinic Association, Inc. In this position, she has developed the policies and procedures that make the clinic what it is today. The clinic provides primary care for those who qualify, prescription medications, referral services and patient education to more than 3,700 patients. She has directed the clinic daily while also securing operating funds through grants and donations. She has established the first Hybrid Clinic in South Carolina, while working with SCDHHS to assist other clinics in converting to the Hybrid model. She works tirelessly to continually improve all aspects of the clinic's daily operations, especially healthcare delivery to the patients.

Mrs. Thompson has extensive prior experience as the Executive Director of the Oconee County Developmental Disabilities Board. As director, she worked with a large staff, clientele of over 200 individuals, and operated programs ranging from day care to residential. She has expertise in public relations, long-range planning, delivery of training programs, public speaking, budgeting, and fund raising.

I have personally known Mrs. Thompson for many years, in my work as the benefits administrator for the School District of Oconee County (we assisted the Tribble Center in administering the state's benefits programs), and as a board member for the Rosa Clark Medical Clinic for the past 8 years. Additionally, I am the proud grandmother of Max Quirk, who is a special needs child currently attending school at Northside Elementary, Seneca, SC. Max, who is 8 years old, was provided many years of therapy services under the state's waiver program. He currently has a personal aide while attending school, as he is developmentally delayed and needs assistance. The work and goals of the S.C. Disabilities and Special Needs Board is extremely important to my family and to all families with members who qualify for its vital services.

I can think of no one better qualified than Mrs. Thompson to serve as a commission member of the S.C. Disabilities and Special Needs Board. She will bring to the position invaluable prior experience, energy and enthusiasm, and the gift of creative vision. She works tirelessly for others by developing the best possible services and programs, and thus, the best possible outcomes. She is totally committed in all she does in service to others.

Sincerely,

A handwritten signature in cursive script that reads "Maeve Binder". The signature is written in a dark ink and is positioned above the printed name and address.

Maeve Binder
PO Box 122
West Union, SC 29696-0122
864-638-6078

**Oconee County
Auditor**

February 9, 2015

Re: Vicki Thompson, Seneca, SC - Nominee for the SC Department of
Developmental Disabilities and Special Needs Commission for the 3rd
Congressional District

**Kenneth E. Nix
Auditor**

The Honorable Nikki Haley,
Members of the South Carolina State Senate

Oconee County Tax Center
415 South Pine Street
Walhalla, SC 29691

Phone: 864-364-5070
Fax: 864-718-1015
E-mail:
knix@oconeesc.com

Dear Governor Haley and Members of Senate:

Please be advised that I have known Mrs. Thompson for the past nine years through association with Oconee County's free medical clinic, Rosa Clark Medical Clinic, Seneca, SC. I would without any reservations recommend Mrs. Thompson for an appointment with the DDSN Commission. Her desire and dedication to help those in need and less fortunate is overwhelming and she has a history as well as hands on experience dealing with persons with disabilities and special needs. She in my opinion would be a tremendous asset to the organization should she be appointed.

Please feel free to contact me with any questions.

Sincerely,


Kenneth E. Nix





February 5, 2015

To whom it may concern:

This letter is to state that the accounts that Vicki Thompson currently holds with Bank of America are in good standing as of February 5, 2015. Several of the accounts have been with Bank of America since 1987. If you have any questions please feel free to reach out to me at 864-885-7065.

Thank you,

A handwritten signature in black ink, appearing to read "B. McGhee", written over the printed name.

Brian McGhee
Financial Center Manager

**Bank of America, N.A.
Seneca Banking Center
1313 Sandifer Blvd.
Seneca, SC 29678**

Tel: 864.882.0032 • Fax: 864.885.7081

Bank of America, SC2-582-01-01
1313 Sandifer Boulevard, Seneca, SC 29678