

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. Mr. McNutt Samuel Hal Jr.
Last First Middle

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

Board of Nursing Your Congressional District: 5

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

5909 Hwy 321 South
Winnabro, SC. 29180

4] Home Telephone: 803 635 8191 5] Office Telephone: 803 296 2276 6] Fax: 803 296 8808

7] Mobile Telephone: 803 917-9393 8] Email Address: THUTH SC @ AOL.COM.

9] Drivers License # SC 4992057 10] Social Security #: 411 76 2678.

11] Voter Registration # 5 286 449 12] Date of Birth: 1/27/1960

13] Race: W 14] Sex: Male / Female

15] Level of Educational Background Completed:

- Some High School _____
- High School graduate or equivalence (G.E.D.) Lexington High
- Some College _____
- College graduate Clayton BSN.
- Professional degree (please specify) MHSA CRNA.

16] Present Employer PALMATEO Health

Address Taylor at Marion.

Current Position Chief CRNA.

17] Years of residence in South Carolina: 29 yr.

18] Have you ever been arrested for a crime other than a minor traffic violation? N. 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? Yes
Were you honorably discharged? _____ If not, give details.*
General Discharge 1986
- 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? _____ If so, give details.*
UNKNOWN Since Palmetto Health is a large organization.
- 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.*
SC. Board of Nursing
- 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? Yes If so, give details.*
Father Retired from DHEC
- 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? Yes If so, give details.*
Palmetto Health is my employer. As it works in Health Care & Health providers. I have Recused myself in those cases
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? _____ If yes, give details.* See Above.

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, Samuel Hal McMillan Jr, agree that, if I am appointed to the SC Board of Nursing, 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.

Samuel Hal McMillan Jr
Applicant's Signature

Sworn and subscribed before me this 11 day of March, Two Thousand and 15.

Cletha Jackson
Notary Public for South Carolina

My commission expires September 16, 2018
My Commission Expires
September 16, 2018

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:

1. NAME: Mr Samuel H. McNUTT Jr.
Ms.

HOME ADDRESS: 5909 Hwy 321 South
Windsboro, S.C. 29180

BUSINESS ADDRESS: Dept of Anesthesia
Palmetto Health Baptist
Columbia, S.C. 29220

TELEPHONE NUMBER: (home): 803 635 8195
(office): 803 296 2276

RESIDE IN SENATE DISTRICT#: ^{SC} 17 CONGRESSIONAL DISTRICT#: ^{Federal} 5
SC STATE House - District 41

2. Date and Place of Birth: 1/27/1960 Social Security #: 411 76 26 78

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

4. SCDL# or SCHD#: 004992057 Voter Registration Number: 5 286 449

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

(a) If married, state the date of your marriage and your spouse's full name.

NA

(b) If you have ever been divorced, state the date, name of the moving party, court, and grounds.

NA

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

NA

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.

US Army Nurse Corps.
2LT Oct 83 - April 86 General

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 1978-83 BSN
MUSC Aug 86 - Aug 88 Certification in Nurse Anesthesia
Webster University

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.

SC 1983 - current

Texas 1984-86

NO other states

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.

Clemson University Ambulance Service various roles while
President 1978-81
State Student Nurses Association State Secretary 1982

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

My specialty requires 40 CE hrs. every 2 years. I just completed recertification with over 69 hrs. I always well exceed the minimal requirement. I have attended long national annual meetings of the American Association of Nurse Anesthetists since 1984.

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

NA

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.

NA

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.

NA

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

NA.

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.

I have been employed as a CRNA since 10 Jan 2001 at Palmetto Health System. I have served as Director of Anesthesia Services and Chief CRNA. Prior to that I worked as a Staff CRNA for Central Health Service 1988 - Jan 9, 2001.

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.

*SC associate of Nurse Anesthetists
Bylaws Chair 1991
Government Relations Chair 1991
District Director 1992-4
State Secretary Treasurer 1994-96
President-elect 1996-7
President 1997-8
State FPD 1998-2002
Government Relations 2009
AANA Resolution Committee 2000
AANA Nominations Committee 2001*

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

See attached

- 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.

See attached

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.

Currently unaware of any financial or business relationships that would create a conflict of interest. If there was one I would recuse myself. on any issue w discussion of it.

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.

none

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 cited 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.

as S.C.A.N.A. surely-treasurer + president 1994-98, I acted as a lobbyist principal in pay + signing contracts for the S.C. Association of Nurse Anesthetists with Munson and associates.

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.

American Association of Nurse Anesthetists member since 1986.

<i>SCANA</i>	<i>President elect 1996-7</i>	<i>ANA Resolution Committee 2000</i>
<i>Bylaws chair 1991</i>	<i>President 1997-8</i>	<i>ANA Nursing Committee 2001</i>
<i>Mr. Nelson's Chair 1992</i>	<i>State FPD 1998-2002</i>	
<i>Interim Trustee 1992-4</i>	<i>SCANA Governor 2005-11</i>	
<i>Editor-Treasurer 1994-6</i>		

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.

Nelson Award Award 2000 for SCANA.

Spahn Palmetto Award 2007 for Palmetto Health

March 5, 2015

South Carolina Senate

State House

Columbia, South Carolina

Dear Ladies and Gentleman of the Senate,

Samuel H. McNutt, Jr. CRNA is an excellent candidate for a position on the South Carolina State Board of Nursing. He served as President of the SC Board of nursing for three years, 2012 through 2014. Mr. McNutt has worked on various committees with the South Carolina State Board of Nursing over the past nine years. His term on the Practice Advisory Committee began in 2006 and he served as Vice Chairman of the committee during 2007-2008. He was the Chairman of APC Committee 2008-2009 and is presently serving on the Practice and Standards Committee. His most recent appointment is as a nursing representative on the Governor's Domestic Violence Task Force. Mr. McNutt is an advocate for excellent patient care and for the nursing profession. His dedication as an outstanding Advanced Practice Nurse is evidenced by his 25 years of membership in the American Association of Nurse Anesthetists (AANA) and in his willingness to serve in various roles of leadership for the organization, locally and nationally.

In his role as Director of Anesthesia Services at Palmetto Health Baptist, Mr. McNutt manages a staff of 44 professional and non-professional employees. His responsibilities include budget management, integrating administration's and physician's concerns into practice, teaching anesthesia students and maintaining quality anesthesia practice for himself and his staff.

He is an active participant in the University Of South Carolina School Of Nurse Anesthesia. He has served on the Interview and Admissions Committee of the school for several years and provides educational support as a frequent guest lecturer. Mr. McNutt has developed a tremendous network of colleagues throughout the nursing profession and is viewed as a mentor by many fellow nurse anesthetists and other advanced practice nurses.

As a nursing colleague of Mr. McNutt I have observed his ability to work with interdisciplinary committees to solve difficult problems and issues in order to ensure the highest quality of practice. I feel that Mr. McNutt's work with physicians, advanced practice nurses, including nurse anesthetists, nursing directors and managers, administrators, students and the AANA makes him an excellent candidate for the South Carolina State Board of Nursing. I highly recommend him for this position.

Sincerely,



Linda M. Wells, MA, RN, FAAN, PHR



Rachel Snyder

Taylor at Marion Street

Columbia, SC 29201

March 6, 2015

To the Honorable Members of SC Senate,

I have had the pleasure of knowing Samuel McNutt, Jr. since 2002. I have always known him to be hard working, virtuous and professional. He has served as the Director of the Palmetto Health Baptist Anesthesia Department since 2001 and he has been entrusted with a great deal of responsibility and decision making. He has been outstanding in this role. I first met Sam as a student nurse anesthetist and have been an employee of his since 2003.

I took the role as manager of our department in December of 2008 and have had the opportunity to learn many leadership skills and traits from Mr. McNutt. I feel incredibly fortunate to have such a stellar role model.

He has been an advocate for nursing his entire career and will be an enormous asset to the SC Board of Nursing.

Respectfully Yours,

A handwritten signature in black ink that reads "Rachel C. Snyder". The signature is written in a cursive style with a large, looping "R" and "S".

Rachel Snyder

CRNA Manager

Palmetto Health Baptist

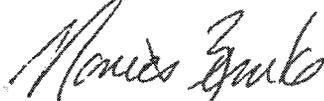
1837 Oak Ridge Club Road
Windsor, SC 29856

To the Honorable Members of the SC Senate:

I have known Sam McNutt Jr. since 2004. We have worked together in areas as diverse as recruitment and retention of RNs to the standardization and purchasing of equipment and supplies for Palmetto Health. Sam has always demonstrated his concern for the safety and welfare of those we provide care for. He is an advocate for the nurse and the safe practice of the nursing profession. He has always been willing to listen and willing to work to solve the problem. I would like to recommend him to serve on the SC Board of Nursing.

Please contact me if you have any other questions, 803 296 2295.

Sincerely,

A handwritten signature in cursive script that reads "Monica Zemke".

Monica Zemke, RN, BSN

Director, Clinical Standardization and Contracts

March 3, 2015

South Carolina Senate
State House
Columbia, South Carolina
Letter of Reference for Samuel McNutt re: State Board of Nursing

This is a letter of recommendation for Samuel McNutt, Certified Registered Nurse Anesthetist Master of Science in Health Service Administration, who I am recommending for the vacant seat on the State Board of Nursing.

Sam has been the Director of the Anesthesia Department located at the Palmetto Health campus for the past eleven years. Prior to being the Director of the Anesthesia services he worked as the Chief Anesthetist at Palmetto Health from 1988 until assuming the Director position. It has been a pleasure to work with him as he has provided guidance during a period of rapid growth for our institution. He has utilized his past thirty years of clinical experience to provide leadership and direction to our anesthesia department. Sam has demonstrated excellent organizational skills and ability to strategically plan for future growth.

As Director of the Palmetto Health Baptist Anesthesia Department, he has been responsible for the day to day management of a Certified Nurse Anesthesia Department serving a large hospital system as well as multiple employee groups. As Director his responsibilities includes daily staffing, communication with multiple team members, and budgetary planning along with a number of other activities. He has demonstrated exceptional written and verbal communication skills as well as leadership abilities.

During his recent tenure with the State Board of Nursing he has is been an advocate for the nurse and the safe practice of the nursing profession. I believe that Sam will continue to be an asset to the State Board of Nursing and will focus his energies toward being an active participant and an engaged representative. I believe that not only will he will bring an interesting and diverse background to the group but will do so in a respectful manner.

I will support him in his efforts and believe that he will serve in this position with integrity and professionalism. Since I am currently serving as the Director of the Women's and Neonatal Departments at Palmetto Health Baptist, I can attest to these characteristics personally as we have worked side by side for the last eleven years.

Thank you for considering Sam for this honor.
Please feel free to contact me for further information.

Sincerely,

Alice Renfrow, R.N., M.S. *Alice Renfrow*
Director of Nursing, Women and Neonatal Services
Palmetto Health Baptist
Alice.Renfrow@PalmettoHealth.org
(803) 296-4258

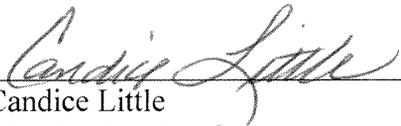
March 2, 2015

To: SC Senate
Columbia, SC 29201

I am pleased to write this letter of recommendation for Sam McNutt to continue to serve as a member of the South Carolina Board of Nursing. For the past fourteen (14) years I have had the pleasure of working for Sam at Palmetto Health Baptist. Sam values his employees and is very approachable. He is well respected throughout the organization due to his proven leadership skills, integrity and teamwork mentality. With Sam's dedication and work ethic he will continue to be a great asset to this committee.

Feel free to contact me if I can be of further assistance.

Respectfully,



Candice Little
2602 McRae Road
Camden, SC 29020
803-432-4085



MEMBER FDIC

860 Knox Abbott Drive
Cayce, SC 29033

Donna McCarter
Branch Officer
Licensed Personal Banker

February 25, 2015

**Samuel H. McNutt Jr.
5909 US Highway 321 S
Winnsboro, SC 29180**

To Whom It May Concern:

The above referenced customer has been with First Citizens Bank since March of 1997 and his accounts have always been handled satisfactorily.

Should you need additional information, please call me at 803-748-4880.

Thank you,

Donna McCarter

**Donna McCarter
Branch Officer
Licensed Personal Banker**

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:

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.

*Currently on SC BON as V.P.
 President 2012, 2013, 2014.
 ex-officio to SC BON Ad Hoc Review Committee.
 Dr. Test Case on Prescription Drug Abuse, 2014
 Dr. Test Case on Public Health Emergency Plan 2014
 Dr. Test Case on Domestic Violence 2015.*

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.

NA.

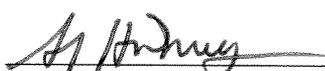
34. List the **names, addresses** and **telephone numbers** of five persons, including your banker, who will provide letters of reference. Letters should be *addressed* the South Carolina Senate and **must be mailed with your completed application to: Office of the Governor, ATTN: Katie Philpott, 1205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

- (a) Mrs. Linda Wells, USC College Nursing 1601 ~~Greene~~ ^{Greene} Street. 29208
803-777-5916
- (b) Mrs Rachel Snyder, Palmetto Health Baptist dept Anesthesia Taylor & Marion, SC
Columbia, SC. 29201 803 296-3810
- (c) Miss Monica Zanke 1837 Oak Ridge Club Rd Windsor, SC. 29856
803 296-2291
- (d) Mrs. Alice Rowland, Palmetto Health Baptist Women's & Neonatal Services
Taylor & Marion Columbia SC. 29220 803 246-5937
- (e) Mrs Candice Little, 2602 McRae Rd Columbia, SC. 29020
803-432-4085
- (f) Mrs DONNA McCarter First Citizens Bank 860 Knox Abbott Drive
Columbia City Ce, SC. 29033

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.

Date: 3/11/2015

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. *****

STATEMENT OF ECONOMIC INTERESTS
GENERAL INSTRUCTIONS

ADDITIONAL INFORMATION - Candidates must provide the completed form to the election official, or other person designated to receive the declaration of candidacy or petition to appear on the election ballot. Within five (5) days after the filing books close, the election official must send an original and one copy, along with a candidate's roster, to the appropriate supervisory office. Upon receipt of the copies, the appropriate supervisory office will certify to the election official that the candidate has met the filing requirement and may properly have his name appear on the election ballot.

Annual reports must be filed with the appropriate supervisory office.

A copy of the completed form is provided by the supervisory office to the Clerk of Court in the county of the candidate's residence. In the Clerk of Court's office, as well as in the supervisory office, the filing becomes a matter of public record, open to public inspection upon request.

Faxed copies of this form will not be accepted. The originals must be received no later than 5:00 p.m. on the date of the established deadline.

Keep a copy of this form for four (4) years. A late filing penalty of **\$100 per day WILL** be assessed if the form is not received within five (5) days of the established deadline.

If more than one category in the filing information chart applies, a completed Statement of Economic Interests Form must be filed with each appropriate filing office.

Please type or print all responses. Incomplete or illegible statements may be returned for resubmission. Additional information concerning any section of this statement may be included by attaching supplemental sheets. Number and date all supplemental attachments. Each statement requires information to be reported for the prior calendar year, regardless of when the form is completed. All disclosure statements are a matter of public record, open to public inspection upon request.

CANDIDATES ONLY:

NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM.

A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING \$500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).

IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF \$100 PER DAY, WILL BE LEVIED.

ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

INSTRUCTIONS FOR PAGE 1

SOCIAL SECURITY NUMBER - This information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 2

1. Indicate whether you have ever filed a Statement of Economic Interests Form: yes or no
2. NAME - Indicate your full name. If you are commonly known by some other name, please indicate the name or nickname.
3. COUNTY OF RESIDENCE - Identify the name of the county where you legally reside. A copy of this form will be provided to the Clerk of Court in the county of residence.
4. ADDRESS - Indicate your full mailing address.
5. PHONE - Indicate a daytime telephone number where you can be reached.
- 6 & 7 - STATUS - Current and sought - Enter as many status numbers as apply to all position(s) currently held or sought.
POSITION TITLE(S) AND AGENCY(S) - Identify the title of each position which you presently hold with public agencies in South Carolina at the time of filing. Incumbent officeholders indicate the name of the position and agency on line (a). If a second position is held, indicate that position and agency on line (b). Candidates indicate the name of the position and agency which is being sought.
TERM(S) OF OFFICE - Enter the month and year of both the beginning and ending dates of the term if you are presently elected. Enter the month and year of the beginning and ending of the term that you are seeking if you are a candidate for elective office. Complete both sections if you are both an elected official and a candidate, whether for the same or a different office.
8. DATE OF HIRE OR DATE OF APPOINTMENT - (Employees and Appointed Officials Only) - Indicate the month and year of hire or appointment by the agency(s) with which you are currently serving.
9. CANDIDATES ONLY: DATE FILED AS A CANDIDATE - Indicate the month, day, and year when you filed the declaration of candidacy or petition to appear on the election ballot.
10. ELECTION DATE - Indicate the month, day, and year of the primary, general, and/or other election for the office for which you are a candidate.

11. A SEPARATE CAMPAIGN DISCLOSURE FORM MUST BE FILED BY ALL CANDIDATES WITHIN 10 DAYS AFTER SPENDING OR RECEIVING \$500, 15 DAYS PRIOR TO EACH ELECTION, AND 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

CERTIFICATION - Sign and date the form, verifying that the information that you have provided is true, complete and correct to the best of your knowledge.

NOTE: Items 13-21 must indicate a response. If the item applies, complete according to instructions. If the item does not apply to you, check the "None" block. If these items are not completed, the form will be returned for completion. All responses must be for the prior calendar year, regardless of when the form is completed.

Name of Candidate or Filer: Last Name, First Name, Middle Initial Mr. Mrs. () Ms. ()

M. C. NUTT Samuel H Jr

Mailing Address: 5909 Hwy 321 South

City: Winnsboro State: SC

Zip: 29180 Phone: 803-635-8195

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:

411-76-2678

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

PRINT IN BLACK OR BLUE INK, OR TYPE (DO NOT USE PENCIL)

1. Have you previously filed this form? Yes No

2. County of Residence: Fairfax

3. Name: (Last-First-Middle Initial) M C N W T T S A M U E L H J R

4. Mailing Address: 5909 Hawthorn South

City: Williamsport State: NC

Zip: 27180 5. Phone: 803-635-8155

*Status	Position, Title, and Agency (If House or Senate, include District #)	Term of Office (mo/yr)
6. Current <u>1</u>	(a) <u>Board of Nursing LLC</u>	From <u>July 11</u> To <u>Current</u>
7. Sought <u>1</u>	(b) <u>Board of Nursing LLC</u>	From <u>Current</u> To _____

*Status: 1. Appointed 2. Candidate 3. Employee 4. Elected 5. Employee/Regulated Business Association

8. Date of Hire or Appointment (mo-yr): July 2011

CANDIDATES ONLY

9. Date filed as a candidate (mo/da/yr)
 10. Election Date(s) (mo/da/yr) Primary _____ General _____ Special _____
 11. **NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM. A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING \$500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).**
IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF \$100 PER DAY, WILL BE LEVIED.
ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

12. CERTIFICATION: I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty will be levied.

Date 3/3/2015 Signature [Signature]

FOR OFFICE USE ONLY: <input type="checkbox"/> COMPLETE _____ <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ENTERED _____ <input type="checkbox"/> SCANNED	FAXED COPIES WILL NOT BE ACCEPTED The original must be received no later than 5:00 p.m. on the date of the established deadline.
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NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

SEC STATEMENT OF ECONOMIC INTERESTS

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
None.		

14. REGULATED BUSINESS ASSOCIATIONS (Check if none)

Name of Business	Relationship	Source of Regulatory Involvement
Palmetto Health	Employer.	They employ Nurses in health care.

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

Description	Value	Location
NA		

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
NA	

STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 3

13. **INCOME AND BENEFITS** - Indicate the source, type, amount and/or value of income received by you or a member of your immediate family from state and local agencies in South Carolina during the prior calendar year. Generally, this amount is the same as the gross amount reported on your W-2 form. Any benefits not available to all employees or officials must be disclosed. Source refers to the public agency providing the income, compensation, or benefit. Type indicates the nature of the income or benefit (i.e., compensation, use of publicly-owned vehicle, residence, travel allowance, insurance, etc.) The amount, when known, should be disclosed. An amount does not need to be disclosed concerning permanent assignment of a vehicle or residence. State retirement does not need to be disclosed.

14. **REGULATED BUSINESS ASSOCIATION(S)** - Employees of regulatory agencies associated with businesses regulated by the agency must indicate the name(s) of all such businesses and how they are associated with that business. Disclose how that business is regulated by the regulatory agency.

15. **REAL OR PERSONAL PROPERTY INTERESTS** - Real estate interests held by you or a member of your immediate family in South Carolina must be disclosed (a) if the interest can be reasonably expected to be a conflict of interest with your public position, (b) if there have been public improvements (i.e., addition of sidewalks, road paving, water and/or sewer service, etc.) of more than \$200 on this or adjoining property, or (c) if the property has been sold, leased, or rented to a state or local public agency in South Carolina. Describe the nature of the property (i.e., residence, farm acreage, beach house), its physical location, and its market value. Identify the nature of the potential conflict of interest. Describe the nature and value of any public improvements. Identify the agency(s) which purchased, leased, or rented property from you. A copy of the sales contract or lease or rental agreement must be attached to this form.

Identify any personal property sold, leased, or rented by you or a member of your immediate family to a state or local public agency in South Carolina. Identify the type of property and the name of the agency(s) involved in the transaction(s) as well as the amount of value of the transaction(s). A copy of the sale contract, lease, or rental agreement must be attached to this form.

16. **BUSINESS INTERESTS** - Identify every business or entity in which you or a member of your immediate family held or controlled, in the aggregate, securities or interests constituting five percent or more of the total issued and outstanding securities and interests which constitute a value of \$100,000 or more. Identify your relationship to that business (officer, stockholder of more than \$100,000).

STATEMENT OF ECONOMIC INTERESTS
INSTRUCTIONS FOR PAGE 4

17. CREDITORS - List by name and address, each creditor to whom you or any member of your immediate family owed a debt in excess of \$500 at any time during the reporting period if the credit or loan is from some person which is regulated by the agency with which you are associated or from some person which is seeking a business or financial relationship with the agency with which you are associated. Disclose the original amount of the debt and the amount outstanding as of the end of the reporting period. Do not disclose amounts on credit cards or retail installment contracts. Also, do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution which loans money in the ordinary course of business and on terms and interest rates generally available to a member of the general public, without regard to status as a public official, public member, or public employee. Debt promised or loaned by a family member is not disclosed, if the person who promises or makes the loan is not acting as your agent or intermediary to a financial institution. Disclose the rate of interest charged on any reportable debt, the original amount and the outstanding balance.

18. LOBBYISTS - Identify the name and relationship of any lobbyist who is an immediate member of your family or an individual or business with which you or a member of your immediate family is associated. Identify any lobbyist or lobbyist's principal who has purchased goods or services of more than \$200 from you, a member of your immediate family, or an individual or business with which you are associated. Identify the type of goods or services purchased, the amount, from whom the material was purchased and your relationship to that person or business.

19. GOVERNMENT CONTRACTS - Identify each individual or business from which you receive compensation, if that individual or business also contracts with the governmental entity with which you serve or which employs you. Report the name and address of that individual or business and the amount of compensation paid to you by that individual or business. Identify further your relationship to that individual or business, the nature and amount of the contract, and the public agency involved in the contract.

20. GIFTS - The source and a brief description of any gifts, including transportation, lodging, food, or entertainment, received during the preceding calendar year from: (a) a person, if there is reason to believe the donor would not give the gift, gratuity, or favor but for your office or position; or (b) a person, or from an officer or director of a person, if you have reason to believe the person: (i) has or is seeking to obtain contractual or other business or financial relationship with your agency; or (ii) conducts operations or activities which are regulated by your agency if the value of the gift is \$25 or more in a day or if the value totals, in the aggregate, \$200 or more in a calendar year. Identify the type of gift, its value, as well as the donor and your relationship to that donor. Use this space to disclose travel expenses paid or reimbursed pursuant to Section 8-13-715.

21. MEMBERS OF THE GENERAL ASSEMBLY AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY- Identify any person represented for compensation, before any governmental entity by you, an individual with whom you are associated, or a business with which you are associated. Disclose the nature of the services rendered in such representation and the nature of any contacts made with governmental agencies regarding such representation. Fees earned for such representations must be fully disclosed. Matters of representation required by law or before courts in the unified judicial system do not require disclosure.

NOTE: You are not required to disclose economic interest information concerning:

- (1) a spouse separated from you by court order;
- (2) a former spouse;
- (3) a campaign contribution that is permitted and reported under Article 13; or
- (4) matters determined to require confidentiality pursuant to Section 2-17-90 (E).

SEC STATEMENT OF ECONOMIC INTERESTS

E5A.3

17. CREDITORS (Check if none)

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

18. LOBBYISTS (Check if none)

(a) Name of Lobbyist	Relationship or Association
NA	

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

19. GOVERNMENT CONTRACTS (Check if none)

Contractor Name and Address	Relationship	Nature of Business	Amount	Agency
NA				

20. GIFTS (Check if none)

Nature of Gift	Value	Donor	Relationship
NA			

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

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

CONTACT NUMBERS

For questions, call: 803/253-4192

or

**Visit the State Ethics Commission
or copy additional forms at:**

<http://www.state.sc.us/ethics>

State Ethics Commission Commissioners

Gregory P. Harris, Chairman
Kenneth C. Krawcheck, Member at Large, Vice-Chairman
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Duane G. Hansen, 5th District
Vacant, 6th District
Flynn T. Harrell, Member at Large

*Executive Director, Herbert R. Hayden, Jr.
Publication Editor, Marjorie A. DeLee*

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
Chattel mortgages and other liens payable
Other debts—itemize:

Total liabilities
Net worth

CONTINGENT LIABILITIES

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

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
- 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
 - Real estate mortgages receivable
 - Cash value—life insurance
 - Other assets—itemize:

Total assets

ASSETS

Cash:

CD	\$19,000
Checking	\$47,047
Rental house	\$15,247
Savings	\$16,310
Total	\$97,604

IRAs:

Personal	\$1,800
Nephew Ed	\$8,000
Total	\$9,800

Retirement:

401k	\$210,111
403b	\$452,020
457b	\$247,644
Roleover	\$24,644
Total	\$1,245,715

House \$400,000

Rental house \$ 50,000

Total \$450,000

Grand total \$1,803,119

LIABILITIES

Mortgage: \$205,000 monthly payment \$2,143.00

No others except monthly bills

GENERAL INFORMATION

Are any assets pledged?

(Add schedule)

Are you defendant in any suits or legal actions?

Have you ever taken bankruptcy?

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

Date: 3/11/2015

Signature: 



Samuel H. McNutt Jr
5909 Hwy 321 S
Winnsboro, SC 29180
803-635-8195 cell 917-9393

- Experience:** Palmetto Health Baptist Columbia, South Carolina
Chief Anesthetist 10 June 2001 to current
Responsible for the management of the Anesthesia Department at Palmetto Health Baptist. The department consists of 44 professional, nonprofessional and temporary staff. Responsibilities include budget management, scheduling of staff, hiring and disciplinary matters, integrating administration's and physician's concerns into practice, teaching of anesthesia students, maintaining the quality of anesthesia practice and some clinical practice.
- Critical Health Systems Columbia, South Carolina
CRNA August 1988 to June 2001
Provided anesthesia care to all age groups and for most types of surgical cases using most anesthesia techniques.
- Roper Hospital Charleston, South Carolina
Staff Nurse ICU June 1986 to August 1988
- US Army Fort Hood, Texas
Army Nurse Corps 1983 to April 1986
- Education:** Webster University Columbia, South Carolina
Master Health Services Administration May 2005
- Medical University of South Carolina Charleston, South Carolina
Certification in Nurse Anesthesia August 1988
- Clemson University Clemson, South Carolina
BSN May 1983
- Lexington High School Lexington, South Carolina
June 1978
- Highlights:** Governor's Domestic Violence Task Force 2015, South Carolina Board of Nursing VP 2015, South Carolina Public Health Emergency Plan, South Carolina Prescription Drug Abuse Prevention Council 2014, South Carolina Board of Nursing President 2012, 2013 and 2014, South Carolina BON Rep to the Advanced Practice Committee July 2011-current, South Carolina Board of Nursing July 2011-current, South Carolina Medicare Carrier Advisory Committee 2009-current, Practice and Standards

Committee to SC Board of Nursing 2010-2012, Advanced Practice Committee to SC Board of Nursing 2006-2011, Vice Chair of Advance Practice Committee 2007-8, Chair of Advanced Practice Committee 2008-9, USC School of Nurse Anesthesia Interview and Admissions Committee 2003-2009, American Association of Nurse Anesthetists Nominating Committee 2001, American Association of Nurse Anesthetists Resolutions Committee 2000, South Carolina Association of Nurse Anesthetists(SCANA) Federal Political Director 1998-2002, President 1997-1998, President-elect 1996-1997, State Secretary Treasurer 1994-1996, District Director 1992-1994, Bylaws Chairman 1991 and AANA member since 1986.

Honors: Helen Arhdt Award South Carolina Association of Nurse Anesthetists 2000 and Golden Palmetto Award 2007 from Palmetto Health.

Presentations: Classes on Health Care Finances and Medicare and Ethics and Practice issues for the USC Nurse Anesthesia School 2006-current.

8725 W. Higgins Rd.
Suite 525
Chicago, IL 60631



855-285-4658
www.NBCRNA.com
708-669-7636 :: fax

Promoting patient safety by enhancing provider quality.

Samuel H McNutt Jr, CRNA
5909 US Highway 321 S
Winnsboro, SC 29180-6690

Congratulations!

By earning your recertification, you have proven both your commitment to continued competence as a professional in the field of nurse anesthesia and your dedication to ensuring the health and safety of your patients.

What You Need to Know

Proof of Recertification. This official card issued by the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) is authorized proof of your recertification. Reproduction, distribution, alteration, or use of a fraudulent or otherwise unauthorized card will result in the revocation, suspension or probation of your recertification.

Expiration and Renewal. Your recertification is effective through the expiration date noted on your card. It is your responsibility to renew your recertification by the expiration date by visiting www.NBCRNA.com/recertification.

Personal Information Changes. It is your responsibility to notify the NBCRNA of any change in your name or contact information. Failure to receive your recertification information because of an address change, or for any other reason, will not exempt you from the assessment of a reinstatement fee or from non-recertification.

Your Current Recertification Card

 <p>The National Board of Certification & Recertification for Nurse Anesthetists verifies that this individual has met the requirements for recertification of the credential, Certified Registered Nurse Anesthetist (CRNA).</p>		
NAME	Samuel H McNutt Jr, CRNA	
ID #	EFFECTIVE DATE	EXPIRATION DATE
40459	2013-08-01	2015-07-31
Official Documentation of Recertification		

Your Next Recertification Card

 <p>The National Board of Certification & Recertification for Nurse Anesthetists verifies that this individual has met the requirements for recertification of the credential, Certified Registered Nurse Anesthetist (CRNA).</p>		
NAME	Samuel H McNutt Jr, CRNA	
ID #	EFFECTIVE DATE	EXPIRATION DATE
40459	2015-08-01	2017-07-31
Official Documentation of Recertification		