



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. SHARP MARSHA JANE
Last First Middle

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

SC Panel for Dietetics

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

Your Congressional District: #04

103 STONINGTON WAY, TAYLORS, 29687,
GREENVILLE COUNTY

4] Home Telephone: _____ 5] Office Telephone: _____ 6] Fax: _____

7] Mobile Telephone: 864-915-6210 8] Email Address: sharp-mj@bellsouth.net

9] Drivers License # 003108718 (SC) 10] Social Security #: 267-96-5766

11] Voter Registration # 5 526 267 12] Date of Birth: 9-5-48

13] Race: Cauc 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 ✓ UF 1980

Professional degree (please specify) _____

16] Present Employer Retired

Address _____

Current Position _____

17] Years of residence in South Carolina: 34+

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? N/A If not, give details.*
- 25] Have you ever been terminated from employment for cause? NO If so, give details.*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? NO If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? 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? NO If so, list.*
- 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.* Husband is public school teacher for Greenville County - NORTHWOOD MIDDLE
- 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, MARSHA J SHARP, agree that, if I am appointed to the SC Panel for Dietetics, 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.

Marsha Sharp
Applicant's Signature

Sworn and subscribed before me this 16th day of February, Two Thousand and 2015.

Katie M. Currier
Notary Public for South Carolina

My commission expires

KATIE M. CURRIER
MY COMMISSION
EXPIRES 4-3-2018

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. Ms. MARSHAJ SHARP

HOME ADDRESS: 103 STONINGTON WAY
TAYLORS, SC 29687

BUSINESS ADDRESS: N/A

TELEPHONE NUMBER: (home): 864-915-6210
(office):

RESIDE IN SENATE DISTRICT#: 06 CONGRESSIONAL DISTRICT#: 04

2. Date and Place of Birth: 9-5-48 Social Security #: 267-96-5766
Pensacola, Florida

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 - SINCE 1980

4. SCDL# or SCHD#: 003108718 Voter Registration Number: 5 526 267

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. 5-22-1998
Edwin Glenn Sharp

(b) If you have ever been divorced, state the date, name of the moving party, court, and grounds.
October 1972, Harold Leon Garrett, Denton, Texas
no fault divorce

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

Jeffrey Alan Garrett, 46 - Medical Physicist

Christopher Michael Garrett, 44 - Greens Superintendant

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.

Pensacola Jr College - attended 1976-78, AA

University of Florida - attended 1978-1980
Bach in Clinical + Community Dietetics

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 #181 2008

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.

I was a single parent of 2 children at the time and worked full time as well. I was a member of the student dietetic assn while at UF.

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

I have completed all required CE hours prior to retirement. Attended SCDA annual meeting in Greenville in 2012 and the Nat'l meeting in Atlanta in 2010. I also completed numerous web based CE options.

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.

N/A

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

N/A

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.

Clinical Dietitian → Chief Clinical Dietitian → Asst Director -
SELF MEMORIAL HOSPITAL, GREENWOOD, SC 1980-1990
DIRECTOR FNS - ST FRANCIS HOSPITAL, GREENVILLE, SC 1990-1996
BAPTIST EASLEY HOSPITAL, DIRECTOR FNS, 1997-2012

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.

NO - Retired November 2012

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

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.

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.

N/A

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.

N/A

Financial Net Worth Statement
for Marsha and Edwin Sharp

Amount \$

Assets

Real estate at 103 Stonington Way Taylors, SC	135,000
Automobile, 2015 Jeep Cherokee	31,000
Retirement annuity	124,000
Savings, checking, etc	31,000
Retirement annuity for Edwin	85,800
2000 Nissan Truck	3,500

Liabilities

		Monthly Amt
Mortgage on above real estate	26,640	\$1,236.34
Chrysler Corp on 2014 Jeep Patriot	11,224	\$201.34
Student loan for Edwin Sharp	6,581	\$63.00

No assets pledged.

Not a defendant in any suits or actions.

No bankruptcy.

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

DATE:

SIGNATURE:

2/10/15 

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.

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.

No longer member since retirement

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.

I serve on the Women's Ministry Team @ Taylors First Baptist Church and am in the process of applying to volunteer for Operation Christmas Child. I also sing with the Greenville Chamber Singers.

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: *N/A*

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.

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.

The occupation I chose 35 years ago, has been very good to me. I enjoyed all aspects - Clinical, clinical management and leadership. It will be an honor to give back to my profession through this volunteer opportunity.

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) *Roddey Gettys 197 Stewart Gin Rd Liberty, SC 29657
1-864-270-2150*
- (b) *Kathy Tomashiti's 109 Bradford Ct, Lexington, SC 29072
1-803-312-3969*
- (c) *Cathy Schwartz 317 Stonebrook Farm Way, Greenville, SC 29615
864-414-3365*
- (d) *Mike Smith 211 Fairfax Rd, Easley, SC 29642
864-607-2322*
- (e) *Palmetto Health Credit Union - Darlene Alexander
200 Fleetwood Dr, Easley, SC 29640 864-442-7200*

February 9, 2015

Roddey E Gettys, III
197 Stewart Gin Road
Liberty, SC 29657

Re: Marsha Sharp

Dear Ladies and Gentlemen of the Senate:

I am Roddey E. Gettys, III recently retired hospital CEO. I recently won The Order of Palmetto (Nov 2014) and also was awarded The Silver Crescent in 2002. My hospital, Baptist Easley, was recognized for excellence many times. We were "the best" in the Country in 2009, 2010 and 2011 for patient, physician and employee satisfaction by Press Ganey Corporation, the largest measurement company in the world. We were the only hospital in South Carolina to be honored by The Leapfrog Group for patient safety and quality outcomes. I am presently working with the Department of Health and Human Services to develop a management excellence initiative. I am volunteering my time and energy for now.

Marsha Sharp was a highly skilled, motivated member of my management team who was admired and respected by her team mates. She retired in 2012. She led our satisfaction initiatives and was very successful. She is a hard worker, dedicated, honest, and enthusiastic. I know she will give this opportunity her best. I will be surprised if this board does not select her at some time to a leadership position once they get to know her.

She is energetic and will work tirelessly to achieve excellence for our State. She was a valuable member of my leadership team where she and her teammates were empowered to hire and fire, if necessary, each other if desired results were not being achieved. It was a dynamic leadership model and I would want Marsha on my team today if I made the decision to return to the workforce. I am available and willing to provide more if you desire and can be reached at 864-270-2150.

Sincerely,

A handwritten signature in dark ink, appearing to read "Roddey", with a stylized flourish extending from the end.

Roddey E. Gettys, III

January 31, 2015

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate,

I have had the privilege to know Mrs. Marsha Sharp since 1983. She was my first supervisor and mentor when I began work as a Registered Dietitian at Self Regional Healthcare in Greenwood. I could not have started my career under a more talented and innovative person! Under Mrs. Sharp's leadership, Self Regional Healthcare started one of the first interdisciplinary nutrition support teams in South Carolina, ensuring that patients at highest nutritional risk received the specialized care needed for healing. She also encouraged each of the dietitians under her supervision to pursue specialty interests. That encouragement led me to develop expertise in inborn errors of metabolism and genetics, knowledge that I still use daily in my role as program manager for newborn screening. I owe the upward trajectory of my career in part to the guidance and support I received from Mrs. Sharp as a new dietitian.

Over the years, I have maintained a warm friendship with Mrs. Sharp. I have seen her rise through the ranks of hospital dietetics and management from chief clinical dietitian to assistant food service director to multi-departmental management. Her strong work ethic and leadership skills are a key to her success. She has been active in many healthcare and dietetics focused groups. Mrs. Sharp has also used her talents in civic and church related activities. She is a well rounded individual and a wonderful example of public service.

I heartily recommend Mrs. Sharp as member of the Board of Dietetics for South Carolina. You could not find someone more knowledgeable about all aspects of nutrition practice. More importantly, you could not find someone more ethical in her approach to provision of quality health care.

Sincerely,

A handwritten signature in cursive script, reading "Kathy Tomashitis". The signature is written in dark ink and is positioned below the word "Sincerely,".

Kathy Tomashitis, MNS, RD, LD

February 9, 2015

South Carolina Senate
State House
Columbia, S.C.

Dear Ladies and Gentlemen of the Senate,

My name is Cathy Schwartz and I am pleased to have been asked to write a letter of reference for my dear friend, Marsha Sharp.

Marsha and I have known each other for a little over 5 years and she is one of those folks that, when you meet them, you instantly connect. I met her through our Sunday School Class at church and we enjoy participating in many different roles there. We share a love of music and sing in the Legacy Choir (even did a duet together for a talent show one year). Our church is blessed with a strong and vibrant women's ministry and Marsha is on the leadership team. She also serves on the Media Team.

My husband and I love to have friends that are spontaneous and enjoy having fun and Marsha and her husband are those kind of friends. We have had them in our home for meals and we have enjoyed being in their home as well.

Marsha is compassionate and very intentional about helping others in need. Our choir is going on a retreat soon and 2 weeks ago she reached out to a member of our choir who was having some physical challenges and offered to drive her to the retreat and be there for her should she have any needs. This compassion also comes out in our Sunday School Class where she is our Social Chairman.

I wholeheartedly feel that Marsha would be a valuable addition to the S.C. Panel for Dietetics!

Sincerely,

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

Cathy Schwartz

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate,

I am writing to recommend Marsha Sharp, whom I have known for seventeen years, as a candidate for the South Carolina Board of Dietetics. Marsha and I worked together for fifteen years at Baptist Easley Hospital. We worked very closely together and have maintained our friendship since her retirement two years ago. During this time, I have gotten to know Marsha quite well and can vouch for her character and her abilities.

During our time at Baptist, we worked in self managed leadership teams. Marsha was always very prepared, professional and supportive of the team and her teammates. She is a person of integrity and is willing to take a stand for doing what is right. Marsha sought to create educational opportunities for her staff and for our patients. She has been involved in various dietetic associations and promoted the importance of her profession.

With her motivation, willingness to serve and knowledge, Marsha would bring a wealth of skills to the Board of Dietetics. I know that she would be an excellent fit for the board.

Sincerely,

A handwritten signature in dark ink, appearing to read "Michael S. Smith". The signature is fluid and cursive, with a large, stylized "S" and "M".

Michael S. Smith



February 5, 2015

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate,

I have known Marsha Sharp for almost 18 years as a business associate as well as a friend.

Furthermore, I can confirm that she is a woman of great integrity, is extremely dedicated to her family, friends and work.

For your information, I am Branch Manager and Loan Officer at Palmetto Health Credit Union in Easley, South Carolina. Ms. Sharp has been a member with PHCU for 18 years, in which her financial relationship is sound and all of her accounts are in good standing.

Yours faithfully,

A handwritten signature in black ink that reads "Darlene Alexander". The signature is fluid and cursive, with the first name "Darlene" being more prominent than the last name "Alexander".

Darlene Alexander
Branch Manager/Loan Officer

Palmetto Health Credit Union
PO Box 2129
Easley, SC 29641
864-442-7604
764-442-7447 Fax

dalexander@phcu.org

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: 1-28-15

Signature: Maisha Sharp

STATE ETHICS COMMISSION
STATEMENT OF ECONOMIC INTERESTS FORM

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

SHARP MARSHA J

Mailing Address:

103 STONINGTON WAY

City:

TAYLORS

State:

SC

Zip:

29687

Phone:

864-915-6210

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:

267-96-5766

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: | G | R | E | E | N | V | I | L | L | E | | | | |

3. Name: (Last-First-Middle Initial) | S | H | A | R | P | | M | A | R | S | H | A | | J | | | | |

4. Mailing Address: | 1 | 1 | 0 | 3 | | S | T | O | N | I | N | G | T | O | N | | W | A | Y | | | | |

City: | T | A | Y | L | O | R | S | | | | | | | | | | | | | | | | State: | S | C |

Zip: | 2 | 9 | 6 | 8 | 7 |

5. Phone: | 8 | 6 | 4 | - | 9 | 1 | 5 | - | 6 | 2 | 1 | 0 |

*Status Position, Title, and Agency (If House or Senate, include District #)

Term of Office (mo/yr)

6. Current _____ (a) _____

From _____ To _____

From _____ To _____

7. Sought 1 (b) Member, Panel for DieteticsFrom 2015 To 2017

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

8. Date of Hire or Appointment (mo-yr): 2 - 2015**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 2/4/2015

Signature

Maisha J. Sharp

FOR OFFICE USE ONLY:

☐ COMPLETE ☐ INCOMPLETE
☐ ENTERED ☐ 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.

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

pg. 3 of 4

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
Greenville Co Schools	Compensation	\$ 44,015

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

pg. 4 of 4

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

STATE ETHICS COMMISSION
STATEMENT OF ECONOMIC INTERESTS FORM

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

SHARP MARSHA J

Mailing Address:

103 STONINGTON WAY

City:

TAYLORS

State:

SC

Zip:

29687

Phone:

864-915-6210

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267-96-5766

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

1. Have you previously filed this form?	✓ Yes	No	X
---	-------	----	---

2. County of Residence: | G | R | E | E | N | V | I | L | L | E | | | | | |

3. Name: (Last-First-Middle Initial) | S | H | A | R | P | | M | A | R | S | H | A | | J | | | | | | | | | |

4. Mailing Address: 103 STONINGTON WAY

City: TAYLORS State: SC

Zip: 29687 5. Phone: 864 - 915 - 6210

*Status	Position, Title, and Agency (If House or Senate, include District #)	Term of Office (mo/yr)
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6. Current _____ (a) _____ From _____ To _____

From _____ To _____

7. Sought 1 (b) Member, Panel for Dietetics From 2015 To 2017

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

8. Date of Hire or Appointment (mo-yr): 2-2015

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 2/4/2015

Signature _____

Maisha J. Sharp

FOR OFFICE USE ONLY:

☐ COMPLETE _____ ☐ INCOMPLETE
☐ ENTERED ☐ SCANNED

☐ ENTERED ☐ 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.

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

pg. 3 of 4

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
Greenville Co Schools	Compensation	\$ 44,015

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

pg. 4 of 4

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