

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

B u c h a n a n C a t h e r i n e M

Mailing Address: 2 0 8 R o c k m o u n t D r.

City: West Columbia

State: S C

Zip: 29169 Phone: 803 - 240 - 5906

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 6 9 2 8 0 3

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: Lexington

3. Name: (Last-First-Middle Initial) Blanchard Clatfelter M.

4. Mailing Address: 2081 Rockmount Dr.

City: Wesley State: NC

Zip: 27916 5. Phone: 803-240-5906

*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 (b) Board of Social Work Examiners From 11/14 To 11/18

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

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

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 12/10/14 Signature Cathy M. Buchanan, Esq. SW-C?

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
(ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEARS)

E5A.2

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

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