

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/FOIA</i>	DATE <i>7-9-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000007</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Stensland cleared 7/10/12, info attached.</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input checked="" type="checkbox"/> FOIA DATE DUE <i>7-24-12</i>
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

The McDaniel Corporation

The Retirement Planning Specialists

6156 St. Andrews Rd., Suite 108
Columbia, SC 29212

CRAIG M. McDANIEL
Certified Financial Planner

JUSTIN CHADWICK
Financial Advisor

803-750-4848
Fax: 803-750-4928

Dept of Health and Human Services
PO Box 8206
Columbia SC 29202

RECEIVED

JUL 09 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

To whom it may concern:

Pursuant to the South Carolina Freedom of Information Act (FOIA), I am respectfully requesting the following information that may be contained in your agency's records.

According to the general provisions of the Act I would like to be provided with the name, date of hire and salary, if above fifty thousand dollars annually, of any and all full-time employees, as of June 1, 2012, currently in your department who reside or stationed in Richland, Lexington or Newberry counties South Carolina.

If you are unable to comply with my request, or portions there of, please advise why and how you would suggest I can obtain the information. Please advise me if I can receive the data in an electronic format and if there is a cost associated with my request. If you have any questions please contact

Randall Bryant, a member of my staff, at
803.315.1907 or rbryant@mcdanielcorp.com

A handwritten signature in black ink, appearing to read "Craig McDaniel". The signature is fluid and cursive, with the first name "Craig" written in a larger, more prominent script than the last name "McDaniel".

Craig McDaniel

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Craig McDaniel



TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour _____ Hours \$ _____

Pages copied at \$.10 per page _____ Pages \$ _____

Pages faxed at \$.20 per page _____ Pages \$ _____

Shipping and Handling Costs \$ _____

Other costs associated with the FOIA request: _____ \$ _____

Total Amount Due SCDHHS: \$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature

Date: