

Greenville County Legislative Delegation



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Executive Secretary

July 27, 2016

The Honorable Nikki R. Haley
Governor, State of South Carolina
1205 Pendleton Street
Columbia, South Carolina 29211

Dear Governor Haley:

The Greenville County Legislative Delegation at their meeting on Monday, July 11, 2016, voted unanimously to nominate the following candidate for reappointment to the Greenville County Medical Examiners Commission, with terms as provided by law:

Thomas J. Moran (Reappointment) 167 Ingleoak Lane, Greenville, SC 29615. Term to expire June 30, 2020.

Enclosed is Mr. Moran's "Application for Boards, Commissions, and Committees," as requested by your office.

Thank you for your consideration making this reappointment.

Sincerely,

Wendy Nanney ¹²⁶
Wendy Nanney, Chairman
Greenville County Legislative Delegation

WN:rs

Enclosure

cc: Dr. Michael Ward
710 Grove Road
Greenville, SC 29605



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 with the Governor's Office. Please refer to your nominating authority (County Legislative Delegation, County Council, City Council, etc.) for instructions on how to properly submit this form.

1] Your Name:

Prefix _____
Last Moran First Thomas Middle J.

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

Medical Examiner's Commission

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

Your Congressional District: 22

167 Ingleoak Lane Greenville SC County: Greenville
29615

4] Home Telephone: (864) 918-6480 5] Office Telephone: (864) 220-7292 6] Fax: (864) 220-2014

7] Mobile Telephone: (864) 918-6480 8] Email Address: T Moran@GHS.ORG

9] Drivers License # 003260984 10] Social Security #: 016-42-2573

11] Voter Registration # 5-465-681 12] Date of Birth: 07-19-1952

13] Race: Cauc

14] Sex: Select Male

15] Level of Educational Background Completed:

- Some High School []
High School graduate or equivalence (G.E.D.) []
Some College []
College graduate []
Professional degree (please specify) [x] Masters

16] Present Employer Greenville Health System

Address 20 Medical Ridge Dr. Greenville, S.C. 29605

Current Position Director Greenville Health System Clinics

17] Years of residence in South Carolina: 33

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? ✓ 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? _____ 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? yes If so, list.*
Greenville Co. medical Examiner
- 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.* *my brother is on the faculty of the medical University - Charleston*
- 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.*

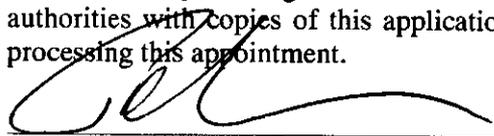
- 34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? NO If so, please identify *:
- the type of property,
 - the name of the agency(s) involved,
 - the value of the transaction(s).
- 35] Do you or any member 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 *:
- the individual or business,
 - the amount of compensation paid to you,
 - the nature and amount of the contract,
 - the governmental entity involved.

38] I, Thomas S. Mowbray, agree that, if I am appointed to the Gravely Medical Expense Commission 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.



Applicant's Signature

Sworn and subscribed before me this 26th day of May, Two Thousand and sixteen.

Bennie Hyder
Notary Public for South Carolina

My commission expires February 4, 2024