



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. McCoy Andrea Denise
Last First Middle

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

State Foster Care Review Board

3] Your Current Address, City, Zip Code and County: Your Congressional District: 6th

334 Teague Park Court
Columbia, SC 29209 Richland County

4] Home Telephone: (803) 776-1074 5] Office Telephone: (803) 647-5157 6] Fax: (803) 776-0224

7] Mobile Telephone: (803) 917-4653 8] Email Address: amccoy@bwcar.org

9] Drivers License # 008599620 10] Social Security #: 248-57-6571

11] Voter Registration # 406629095 12] Date of Birth: 9/14/68

13] Race: Black 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 X
Professional degree (please specify)

16] Present Employer Bible Way Church Atlas Road

Address PO Box 90309 2440 Atlas Road Columbia, SC 29290

Current Position Executive Assistant & Public Relations Director

17] Years of residence in South Carolina: 46

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? _____ 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.*
Richland County Foster Care Review Board 5D
- 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? No If so, give details.*
- 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, Andrea McCoy, agree that, if I am appointed to the State Foster Care Review Board, 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.

Andrea McCoy
 Applicant's Signature

Sworn and subscribed before me this 5 day of January, Two Thousand and 15.

Theresa J. Leiggett
 Notary Public for South Carolina

My commission expires 08-08-22



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

Alexis Danielle McCoy

26 years old

Full-time Student pursuing a Ph.D in Special Education at the University of Texas at Austin

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.

University of South Carolina - BS Management Science & HR Management

Year: 2004

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 License# 615518 Life, Health, Accident, Property & Casualty

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.

N/A

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

128325 Ethic Laws & Contracts

116149 Long Term Care Partnerships

126705 P&C Coverage for Personal & Commercial

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.

No

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

No

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.

My current occupation has been working for Bible Way Church as the Executive Administrator for the Senior Pastor and for the past three years as the Public Relations & Outreach Director. In addition, I work part-time as the Business Manager for a Public Relations firm. Although I am licensed to market insurance, I rarely engage in this business.

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

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

 - 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.

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, If a potential conflict presents itself, certainly I would disclose any and all information to the appropriate persons. Even when unsure or in doubt, it will never hurt to simply ask for clarification.

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.

No

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 sited 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.
- N/A

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.

N/A

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.

Society for Human Resource Management

Public Relations Society of America

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.

Board of Directors for SisterCare - Current Secretary

Affordable Housing Resources Board of Directors - Executive Committee

The ARC of SC Board of Directors - Former Member

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.

Richland County Foster Care Review Board 5D

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.

N/A

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) Wells Fargo Bank - T.J. Wilson, Branch Manager (803) 776-1037
6700 Garners Ferry Road Columbia, SC 29209
- (b) Allstate Insurance - Bill Tindall (803) 783-1037
795 Greenlawn Drive Columbia, SC 29209
- (c) Sistercare - Nancy Barton, Executive Director (803) 926-0505
PO Box 1029 Columbia, SC 29202
- (d) Aaron Bishop - Richland County School District One Board Chair (803) 231-7000
1616 Richland Street Columbia, SC 29201
- (e) Randell Jackson - Bible Way Church Assistant Pastor (803) 776-1238
2440 Atlas Road Columbia, SC 29209

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: 11/5/15

Signature: Andrea McG

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.*****

PERSONAL FINANCIAL STATEMENT

Andrea McCoy

December 29, 2014

ASSETS:

Cash & Cash Equivalents	\$58,000.00
Real Estate:	
Residence - 334 Teague Park Court	\$260,000.00
Rental Home - 213 Curlew Avenue	\$100,000.00
Land - 1112 Union Avenue, Florence	\$15,000.00
Total Real Estate	\$375,000.00
Personal Property:	
Automobiles (3)	\$25,000.00
Jewelry	\$8,000.00
Total Personal Property	\$33,000.00
Cash Value - Life Insurance	\$15,000.00
Other Assets:	
Brokerage Account - Wells Fargo	\$29,000.00
Retirement (401K)	\$200,000.00
IRA - Wells Fargo	\$3,788.00
Total Other Assets	\$232,788.00
Total Assets	\$655,788.00

PERSONAL FINANCIAL STATEMENT

Andrea McCoy
December 29, 2014

LIABILITIES:

Notes payable to banks - Secured	
Home Mortgage	\$240,000.00
Rental Property Mortgage	\$33,000.00
 Total Secured Notes	 \$273,000.00
 Notes Payable to banks - Unsecured	
Home Equity Line of Credit Balance	\$23,000.00
Allsouth Visa Balance	\$5,000.00
Citibank Visa Balance	\$6,000.00
 Total Unsecured Notes	 \$34,000.00
 Automobile Loan Balance	 \$5,000.00

Total Liabilities **\$312,000.00**

NET WORTH **\$343,788.00**



December 19, 2014

South Carolina Senate

State House

Columbia, SC

Dear Ladies and Gentlemen of the Senate,

On behalf of Wells Fargo, I would like to provide a reference for Andrea McCoy. Ms. McCoy has been a valued customer with Wells Fargo since 1988. In her tenure with us, her accounts have always been in good status. Please feel free to contact me with any questions that you may have at (803)776-1037.

Sincerely,

A handwritten signature in black ink that reads "T.J. Wilson". The signature is written in a cursive, flowing style.

T.J. Wilson

Wells Fargo Store Manager

6700 Garners Ferry Road

Columbia, SC 29209

TJW/cfh

ALLSTATE INSURANCE
BILL TINDALL
795 GREEN LAWN DRIVE
COLUMBIA, SC 29209
(803) 783-1037

DECEMBER 4, 2014

DEAR LADIES AND GENTLEMEN OF THE SENATE,

ANDREA MCCOY HAS HAD HER AUTO, HOME, LANDLORD POLICIES AND LIFE INSURANCE WITH BILL TINDALL'S ALLSTATE OFFICE SINCE 1988 LOCATED AT 795 GREENLAWN DRIVE. SHE HAS HAD NO LAPSE IN COVERAGE AND HAS ALWAYS MADE HER PAYMENTS IN A TIMELY MANNER.

SINCERELY,

A handwritten signature in cursive script, appearing to read "Cynthia Price". The signature is written in black ink and is positioned above the printed name and title.

CYNTHIA PRICE
CERTIFIED PROFESSIONAL REPRESENTATIVE



PO Box 1029

Columbia, SC 29202

803 926-0505

Fax 803 794-0098

South Carolina Senate
State House
Columbia, South Carolina

December 9, 2014

Dear Lady and Gentlemen of the Senate;

Please accept this letter of strong recommendation to select Mrs. Andrea McCoy for a position on the State Foster Care Review Board. I have known Mrs. McCoy for approximately five years through her involvement and participation as a member of the Sistercare Board of Directors where she has served as an officer of the board and a member of the executive committee.

Sistercare is a private nonprofit organization that provides services and advocacy for survivors of domestic violence in the metropolitan Columbia, South Carolina area and surrounding counties. As executive director of Sistercare, I have worked with Mrs. McCoy on a regular basis concerning the business of Sistercare.

Mrs. McCoy is a conscientious, task-centered, responsible individual who offers her time and skills for endeavors of importance to her. Her integrity is unsurpassed and her values fit well with the needs of the State Foster Care Review Board. She can be called upon for service and wisdom in approaching the many serious matters encountered by the Foster Care Review Board. Mrs. McCoy is concerned about children and adolescents and the options available to them to help them succeed in life.

I highly recommend Mrs. McCoy for a position on the State Foster Care Review Board and ask for your favorable consideration to select her for a board position.

Sincerely,

Nancy Barton
Executive Director



Aaron Bishop
Chairman

Vince Ford
Vice Chairman

Cheryl Harris
Secretary-Treasurer



Beatrice King
Parliamentarian

Jamie Devine

Susie Dibble

Pamela Adams

December 10, 2014

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate:

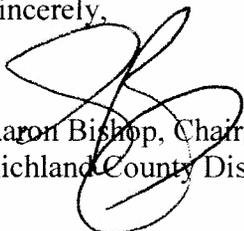
It gives me great pleasure to recommend Mrs. Andrea McCoy for a position on the State Foster Care Review Board. I have known Andrea for more than ten years both on a professional and personal level. She and I have worked together on several projects in the community, where she demonstrated a sincere care and concern for children.

As Chairman of Richland County District One School Board, I see firsthand the needs of our children, particularly those in Foster Care and know that Andrea would be a great asset to the State Foster Care Review Board. In working with her, I have found her to be sensitive and passionate, while exercising sound judgment.

Andrea is committed to service as she gives of herself wholeheartedly in any endeavor. Although she is internally motivated, Andrea works extremely well with others as a dedicated team player fulfilling her assigned responsibilities.

I strongly recommend Andrea McCoy for a position on the State Foster Care Review Board and believe she will be a valuable addition to the efforts of this Board. If I can be of further assistance on behalf of Andrea, please feel free to contact me. Thank you for your time and consideration.

Sincerely,



Aaron Bishop, Chairman
Richland County District One School Board

BIBLE WAY CHURCH

OF ATLAS ROAD

The logo for Bible Way Church of Atlas Road features a stylized, dark-colored cross or star shape with a white outline, centered between the words "BIBLE" and "WAY" in the main title. Below the main title, the words "OF ATLAS ROAD" are written in a smaller, all-caps font.

To know God, to love and to serve

December 10, 2014

South Carolina Senate
State House
Columbia, SC

Dear Ladies and Gentleman of the Senate:

It is with great pleasure that I provide this correspondence of reference for Ms. Andrea McCoy to be appointed as a member of the South Carolina State Foster Care Review Board. I have had the opportunity to work with Ms. McCoy for over 15 years and have known her for more than 20 years, and I have found her to be a woman of sound character and keen perception.

As the Executive Assistant to the Senior Pastor and the Director of Public Relations at the Bible Way Church of Atlas Road, Ms. McCoy's acumen in the church setting has always engendered a gregarious spirit. She has sensitivity for the concerns of others, the leadership abilities to make corrective actions, the creative abilities to change and modify current situations, and the foresight to plan for change.

Ms. McCoy is efficient, proficient and effective. She has initiative, is honest, and maintains the highest integrity. Academically, she is astute and exemplifies the epitome of professionalism and she attends to details with painstaking care. Ms. McCoy is a multi-task oriented individual, therefore, she finds ways to solve problems rather than becoming a part of the problem. She is a "team player" in every sense of the word.

I would like to recommend without any hesitation that Ms. McCoy be appointed by the South Carolina Senate as a member of the South Carolina State Foster Care Review Board. Please feel free to contact me at (803) 647-5154 or via email at RJackson@bwcar.org if you have any additional questions or concerns.

Sincerely,

R.M. Jackson

Randall "Mack" Jackson

Assistant Pastor, Bible Way Church of Atlas Road

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	\$58,000.00
U. S. Government securities—add schedule	0.00
Listed securities—add schedule	0.00
Accounts and notes receivable:	
Due from relatives and friends	0.00
Due from others	0.00
Doubtful	0.00
Real estate owned—add schedule	\$375,000.00
Real estate mortgages receivable	0.00
Cash value—life insurance	\$15,000.00
Other assets—itemize:	
<u>Brokerage Account</u>	<u>\$29,000</u>
<u>401K Retirement</u>	<u>\$200,000</u>
<u>IRA</u>	<u>\$3,788</u>
<u>Automobiles (3)</u>	<u>\$25,000</u>
<u>Jewelry</u>	<u>\$8,000</u>
 Total assets	 \$655,788.00

LIABILITIES

Notes payable to banks—secured	0.00
Notes payable to banks—unsecured	\$34,000.00
Notes payable to relatives	0.00
Notes payable to others	0.00
Accounts and bills due	\$5,000.00
Unpaid income tax	0.00
Other unpaid tax and interest	0.00
Real estate mortgages payable—add schedule	\$273,000.00
Chattel mortgages and other liens payable	0.00
Other debts—itemize:	
<u>Automobile Loan</u>	\$5,000.00

Total liabilities	\$312,000.00
Net worth	\$343,788.00

CONTINGENT LIABILITIES

As endorser, comaker or guarantor	
On leases or contracts	0.00
Legal claims	
Provision for Federal Income Tax	0.00
Other special debt	0.00

GENERAL INFORMATION

Are any assets pledged? No

(Add schedule)

Are you defendant in any suits or legal actions? No

Have you ever taken bankruptcy? No

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

Date: 1/5/15

Signature: Cendra McCoy

Search | Sales | Banker Toolbox | Administration | Main | Sign Off

Quick Profile | Customer List (0) |

 Clear List

cci-al-app15/prod_svp_258.1_f

Account

Prime Equity Line [68117106991998](#)

Bank HE ROANOKE (681)

[Detail](#) | [Address](#) | [History](#) | [Recommendations](#)

Home Equity Line Of Credit Detail

Insurance Repair Check Procedure

Primary Customer [STEPHFON F MCCOY](#)
 Additional Customers [ANDREA D MCCOY](#)
 Statement/Mailing Name [STEPHFON F MCCOY](#)
[ANDREA D MCCOY](#)

Primary Borrower
 Secondary Borrower

Basic

Date Opened 09/13/2004
 Status Open
 Restriction None
 Approved Line of Credit \$31,500.00
 End of Draw Date 09/12/2024
 EOD Payment Method Variable Rate
 Maturity Date 09/12/2044
 Remaining Term (months)
 Payoff Amount See Help for payoff details
 Available Credit \$7,725.69
 Interest Rate 3.350%
 Lifetime Rate Cap 18.000%
 Late Payment Fee None
 Statement Delivery Options Online
 Location 9379
 PO BOX 4233
 PORTLAND, OR 97208-4233
 L9379 DFLT OFFICER GATEWAY



Officer/Portfolio

Features

Rewards ID None
 Automatic Payment None
 Home Equity Access Credit Card No
 Home Asset Management Account Features None
 Fixed Rate Advance None
 Escrow Insurance No

Protection Plans

Wells Fargo Smart Payment Plan None
 Insurance
 Credit Life No
 Accident and Health No

Payments and Balances

Payments

Payment Due \$0.00 on 12/30/2014

Balances

Last Statement Date 12/05/2014

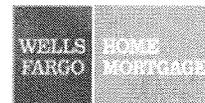
Property

Property Address 213 CURLEW AVE

Search | Sales | Banker Toolbox | Administration | Main | Sign Off

cci-al-app15/prod_svp_258.1_f
 ad.homeEquityLcDetail

Correspondence Address
PO Box 10355
Des Moines, IA 50306



January 05, 2015

Andrea Mccoy
Stephfon F Mccoy
334 Teague Park Ct
Columbia, SC 29209-3175

Loan Number: 0006942361 Client: 708

Subject: Amortization schedule request

Property Address :
334 Teague Park Ct
Columbia, SC 29209-3175

Dear Andrea Mccoy & Stephfon F Mccoy:

We're writing to provide you with an amortization schedule per your request.

This schedule provides a monthly breakdown of principal payments, interest payments and remaining balance. An amortization schedule does not include escrow payments.

If you have any questions or need further assistance after reviewing this schedule, please call us at 1-866-234-8271 Monday through Friday from 6:00 a.m. to 10:00 p.m. and Saturday, 8:00 a.m. to 2:00 p.m. Central Time.

Sincerely,

Customer Service
Wells Fargo Home Mortgage

Enclosure

Search | Sales | Banker Toolbox | Administration | Main | Sign Off

Quick Profile | Customer List (0) |

 Clear List

cci-al-app15/prod_svp_258.1_f

Account

Mortgage Loan [7080006942361](#)

Bank (528)

[Detail](#) | [Address](#) | [History](#) | [Recommendations](#)

Mortgage Loan Detail

[Insurance Repair Check Procedure](#)

Primary Customer	ANDREA D MCCOY	Primary Borrower
Additional Customers	STEPHFON F MCCOY	Secondary Borrower
Statement/Mailing Name	ANDREA MCCOY	
	STEPHFON F MCCOY	

Basic

Date Opened	09/13/2004
Status	Open
Mortgage Amount	\$63,500.00
Maturity Date	10/2024
Interest Rate	5.50%
Interest Type	Fixed
Loan Balance	\$33,787.90
Escrow Balance	\$838.36
Last Tax Disbursement	\$620.03 on 12/09/2014
Last Insurance Disbursement	\$620.53 on 02/04/2014
Statement Option	Online and Paper
Home Asset Equity Line	No

Rewards ID None



Payments

Next Payment	\$558.36 due on 01/01/2015
Unpaid Late Charge	\$0.00
Other Fees	\$0.00
Total Amount to Make Current	\$558.36
Last Payment	\$558.36 on 12/07/2014
Automatic Payment	No

Property

Appraised Value at Purchase	\$95,000.00
Property Address	213 CURLEW AVENUE COLUMBIA SC 29061-0000

Important: If customers have additional questions about their account, call Gateway to Team Member Support or ask them to call the phone number on their statement

Search | Sales | Banker Toolbox | Administration | Main | Sign Off

cci-al-app15/prod_svp_258.1_f
ad.mortgageDetail



Amortization Schedule

Loan Number: 0006942361

Borrower: Andrea Mccoy

Co-Borrower: Stephfon F Mccoy

Original Term (in months): 240

Original Loan Amount: \$63,500.00

Outstanding Balance: \$33,787.90

Remaining Term (in months): 96

Current Payment Amount: \$558.36

Pmt#	Payment Date	Interest Rate	P&I Payment	Interest Paid	Principal Paid	Additional Principal	Remaining Balance
123	01/01/2015	5.5	\$436.81	\$154.86	\$281.95	\$0.00	\$33,505.95
124	02/01/2015	5.5	\$436.81	\$153.57	\$283.24	\$0.00	\$33,222.71
125	03/01/2015	5.5	\$436.81	\$152.27	\$284.54	\$0.00	\$32,938.17
126	04/01/2015	5.5	\$436.81	\$150.97	\$285.84	\$0.00	\$32,652.33
127	05/01/2015	5.5	\$436.81	\$149.66	\$287.15	\$0.00	\$32,365.18
128	06/01/2015	5.5	\$436.81	\$148.34	\$288.47	\$0.00	\$32,076.71
129	07/01/2015	5.5	\$436.81	\$147.02	\$289.79	\$0.00	\$31,786.92
130	08/01/2015	5.5	\$436.81	\$145.69	\$291.12	\$0.00	\$31,495.80
131	09/01/2015	5.5	\$436.81	\$144.36	\$292.45	\$0.00	\$31,203.35
132	10/01/2015	5.5	\$436.81	\$143.02	\$293.79	\$0.00	\$30,909.56
133	11/01/2015	5.5	\$436.81	\$141.67	\$295.14	\$0.00	\$30,614.42
134	12/01/2015	5.5	\$436.81	\$140.32	\$296.49	\$0.00	\$30,317.93
Total for 2015:				\$1,771.75	\$3,469.97	\$0.00	
135	01/01/2016	5.5	\$436.81	\$138.96	\$297.85	\$0.00	\$30,020.08
136	02/01/2016	5.5	\$436.81	\$137.59	\$299.22	\$0.00	\$29,720.86
137	03/01/2016	5.5	\$436.81	\$136.22	\$300.59	\$0.00	\$29,420.27
138	04/01/2016	5.5	\$436.81	\$134.84	\$301.97	\$0.00	\$29,118.30
139	05/01/2016	5.5	\$436.81	\$133.46	\$303.35	\$0.00	\$28,814.95
140	06/01/2016	5.5	\$436.81	\$132.07	\$304.74	\$0.00	\$28,510.21
141	07/01/2016	5.5	\$436.81	\$130.67	\$306.14	\$0.00	\$28,204.07
142	08/01/2016	5.5	\$436.81	\$129.27	\$307.54	\$0.00	\$27,896.53
143	09/01/2016	5.5	\$436.81	\$127.86	\$308.95	\$0.00	\$27,587.58
144	10/01/2016	5.5	\$436.81	\$126.44	\$310.37	\$0.00	\$27,277.21
145	11/01/2016	5.5	\$436.81	\$125.02	\$311.79	\$0.00	\$26,965.42
146	12/01/2016	5.5	\$436.81	\$123.59	\$313.22	\$0.00	\$26,652.20
Total for 2016:				\$1,575.99	\$3,665.73	\$0.00	

These figures, while not guaranteed, should serve as an estimate based on present loan information. Actual figures will vary based on any applicable changes in loan data such as: Payment amount changes, interest rate changes, escrow adjustments, and the timing and amount of any additional payments.



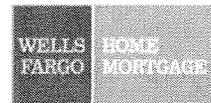
Pmt#	Payment Date	Interest Rate	P&I Payment	Interest Paid	Principal Paid	Additional Principal	Remaining Balance
147	01/01/2017	5.5	\$436.81	\$122.16	\$314.65	\$0.00	\$26,337.55
148	02/01/2017	5.5	\$436.81	\$120.71	\$316.10	\$0.00	\$26,021.45
149	03/01/2017	5.5	\$436.81	\$119.26	\$317.55	\$0.00	\$25,703.90
150	04/01/2017	5.5	\$436.81	\$117.81	\$319.00	\$0.00	\$25,384.90
151	05/01/2017	5.5	\$436.81	\$116.35	\$320.46	\$0.00	\$25,064.44
152	06/01/2017	5.5	\$436.81	\$114.88	\$321.93	\$0.00	\$24,742.51
153	07/01/2017	5.5	\$436.81	\$113.40	\$323.41	\$0.00	\$24,419.10
154	08/01/2017	5.5	\$436.81	\$111.92	\$324.89	\$0.00	\$24,094.21
155	09/01/2017	5.5	\$436.81	\$110.43	\$326.38	\$0.00	\$23,767.83
156	10/01/2017	5.5	\$436.81	\$108.94	\$327.87	\$0.00	\$23,439.96
157	11/01/2017	5.5	\$436.81	\$107.43	\$329.38	\$0.00	\$23,110.58
158	12/01/2017	5.5	\$436.81	\$105.92	\$330.89	\$0.00	\$22,779.69
Total for 2017:				\$1,369.21	\$3,872.51	\$0.00	
159	01/01/2018	5.5	\$436.81	\$104.41	\$332.40	\$0.00	\$22,447.29
160	02/01/2018	5.5	\$436.81	\$102.88	\$333.93	\$0.00	\$22,113.36
161	03/01/2018	5.5	\$436.81	\$101.35	\$335.46	\$0.00	\$21,777.90
162	04/01/2018	5.5	\$436.81	\$99.82	\$336.99	\$0.00	\$21,440.91
163	05/01/2018	5.5	\$436.81	\$98.27	\$338.54	\$0.00	\$21,102.37
164	06/01/2018	5.5	\$436.81	\$96.72	\$340.09	\$0.00	\$20,762.28
165	07/01/2018	5.5	\$436.81	\$95.16	\$341.65	\$0.00	\$20,420.63
166	08/01/2018	5.5	\$436.81	\$93.59	\$343.22	\$0.00	\$20,077.41
167	09/01/2018	5.5	\$436.81	\$92.02	\$344.79	\$0.00	\$19,732.62
168	10/01/2018	5.5	\$436.81	\$90.44	\$346.37	\$0.00	\$19,386.25
169	11/01/2018	5.5	\$436.81	\$88.85	\$347.96	\$0.00	\$19,038.29
170	12/01/2018	5.5	\$436.81	\$87.26	\$349.55	\$0.00	\$18,688.74
Total for 2018:				\$1,150.77	\$4,090.95	\$0.00	
171	01/01/2019	5.5	\$436.81	\$85.66	\$351.15	\$0.00	\$18,337.59
172	02/01/2019	5.5	\$436.81	\$84.05	\$352.76	\$0.00	\$17,984.83
173	03/01/2019	5.5	\$436.81	\$82.43	\$354.38	\$0.00	\$17,630.45
174	04/01/2019	5.5	\$436.81	\$80.81	\$356.00	\$0.00	\$17,274.45
175	05/01/2019	5.5	\$436.81	\$79.17	\$357.64	\$0.00	\$16,916.81
176	06/01/2019	5.5	\$436.81	\$77.54	\$359.27	\$0.00	\$16,557.54
177	07/01/2019	5.5	\$436.81	\$75.89	\$360.92	\$0.00	\$16,196.62
178	08/01/2019	5.5	\$436.81	\$74.23	\$362.58	\$0.00	\$15,834.04
179	09/01/2019	5.5	\$436.81	\$72.57	\$364.24	\$0.00	\$15,469.80
180	10/01/2019	5.5	\$436.81	\$70.90	\$365.91	\$0.00	\$15,103.89
181	11/01/2019	5.5	\$436.81	\$69.23	\$367.58	\$0.00	\$14,736.31
182	12/01/2019	5.5	\$436.81	\$67.54	\$369.27	\$0.00	\$14,367.04
Total for 2019:				\$920.02	\$4,321.70	\$0.00	

These figures, while not guaranteed, should serve as an estimate based on present loan information. Actual figures will vary based on any applicable changes in loan data such as: Payment amount changes, interest rate changes, escrow adjustments, and the timing and amount of any additional payments.



Pmt#	Payment Date	Interest Rate	P&I Payment	Interest Paid	Principal Paid	Additional Principal	Remaining Balance
171	01/01/2019	5.5	\$436.81	\$85.66	\$351.15	\$0.00	\$18,337.59
172	02/01/2019	5.5	\$436.81	\$84.05	\$352.76	\$0.00	\$17,984.83
173	03/01/2019	5.5	\$436.81	\$82.43	\$354.38	\$0.00	\$17,630.45
174	04/01/2019	5.5	\$436.81	\$80.81	\$356.00	\$0.00	\$17,274.45
175	05/01/2019	5.5	\$436.81	\$79.17	\$357.64	\$0.00	\$16,916.81
176	06/01/2019	5.5	\$436.81	\$77.54	\$359.27	\$0.00	\$16,557.54
177	07/01/2019	5.5	\$436.81	\$75.89	\$360.92	\$0.00	\$16,196.62
178	08/01/2019	5.5	\$436.81	\$74.23	\$362.58	\$0.00	\$15,834.04
179	09/01/2019	5.5	\$436.81	\$72.57	\$364.24	\$0.00	\$15,469.80
180	10/01/2019	5.5	\$436.81	\$70.90	\$365.91	\$0.00	\$15,103.89
181	11/01/2019	5.5	\$436.81	\$69.23	\$367.58	\$0.00	\$14,736.31
182	12/01/2019	5.5	\$436.81	\$67.54	\$369.27	\$0.00	\$14,367.04
Total for 2019:				\$920.02	\$4,321.70	\$0.00	
183	01/01/2020	5.5	\$436.81	\$65.85	\$370.96	\$0.00	\$13,996.08
184	02/01/2020	5.5	\$436.81	\$64.15	\$372.66	\$0.00	\$13,623.42
185	03/01/2020	5.5	\$436.81	\$62.44	\$374.37	\$0.00	\$13,249.05
186	04/01/2020	5.5	\$436.81	\$60.72	\$376.09	\$0.00	\$12,872.96
187	05/01/2020	5.5	\$436.81	\$59.00	\$377.81	\$0.00	\$12,495.15
188	06/01/2020	5.5	\$436.81	\$57.27	\$379.54	\$0.00	\$12,115.61
189	07/01/2020	5.5	\$436.81	\$55.53	\$381.28	\$0.00	\$11,734.33
190	08/01/2020	5.5	\$436.81	\$53.78	\$383.03	\$0.00	\$11,351.30
191	09/01/2020	5.5	\$436.81	\$52.03	\$384.78	\$0.00	\$10,966.52
192	10/01/2020	5.5	\$436.81	\$50.26	\$386.55	\$0.00	\$10,579.97
193	11/01/2020	5.5	\$436.81	\$48.49	\$388.32	\$0.00	\$10,191.65
194	12/01/2020	5.5	\$436.81	\$46.71	\$390.10	\$0.00	\$9,801.55
Total for 2020:				\$676.23	\$4,565.49	\$0.00	
195	01/01/2021	5.5	\$436.81	\$44.92	\$391.89	\$0.00	\$9,409.66
196	02/01/2021	5.5	\$436.81	\$43.13	\$393.68	\$0.00	\$9,015.98
197	03/01/2021	5.5	\$436.81	\$41.32	\$395.49	\$0.00	\$8,620.49
198	04/01/2021	5.5	\$436.81	\$39.51	\$397.30	\$0.00	\$8,223.19
199	05/01/2021	5.5	\$436.81	\$37.69	\$399.12	\$0.00	\$7,824.07
200	06/01/2021	5.5	\$436.81	\$35.86	\$400.95	\$0.00	\$7,423.12
201	07/01/2021	5.5	\$436.81	\$34.02	\$402.79	\$0.00	\$7,020.33
202	08/01/2021	5.5	\$436.81	\$32.18	\$404.63	\$0.00	\$6,615.70
203	09/01/2021	5.5	\$436.81	\$30.32	\$406.49	\$0.00	\$6,209.21
204	10/01/2021	5.5	\$436.81	\$28.46	\$408.35	\$0.00	\$5,800.86
205	11/01/2021	5.5	\$436.81	\$26.59	\$410.22	\$0.00	\$5,390.64
206	12/01/2021	5.5	\$436.81	\$24.71	\$412.10	\$0.00	\$4,978.54
Total for 2021:				\$418.71	\$4,823.01	\$0.00	

These figures, while not guaranteed, should serve as an estimate based on present loan information. Actual figures will vary based on any applicable changes in loan data such as: Payment amount changes, interest rate changes, escrow adjustments, and the timing and amount of any additional payments.



Pmt#	Payment Date	Interest Rate	P&I Payment	Interest Paid	Principal Paid	Additional Principal	Remaining Balance
207	01/01/2022	5.5	\$436.81	\$22.82	\$413.99	\$0.00	\$4,564.55
208	02/01/2022	5.5	\$436.81	\$20.92	\$415.89	\$0.00	\$4,148.66
209	03/01/2022	5.5	\$436.81	\$19.01	\$417.80	\$0.00	\$3,730.86
210	04/01/2022	5.5	\$436.81	\$17.10	\$419.71	\$0.00	\$3,311.15
211	05/01/2022	5.5	\$436.81	\$15.18	\$421.63	\$0.00	\$2,889.52
212	06/01/2022	5.5	\$436.81	\$13.24	\$423.57	\$0.00	\$2,465.95
213	07/01/2022	5.5	\$436.81	\$11.30	\$425.51	\$0.00	\$2,040.44
214	08/01/2022	5.5	\$436.81	\$9.35	\$427.46	\$0.00	\$1,612.98
215	09/01/2022	5.5	\$436.81	\$7.39	\$429.42	\$0.00	\$1,183.56
216	10/01/2022	5.5	\$436.81	\$5.42	\$431.39	\$0.00	\$752.17
217	11/01/2022	5.5	\$436.81	\$3.45	\$433.36	\$0.00	\$318.81
218	12/01/2022	5.5	\$320.27	\$1.46	\$318.81	\$0.00	\$0.00
Total for 2022:				\$146.64	\$4,978.54	\$0.00	
Grand Total:				\$8,029.32	\$33,787.90	\$0.00	

These figures, while not guaranteed, should serve as an estimate based on present loan information. Actual figures will vary based on any applicable changes in loan data such as: Payment amount changes, interest rate changes, escrow adjustments, and the timing and amount of any additional payments.

ANDREA MCCOY - Windows Internet Explorer

Interact ANDREA MCCOY Bank of America LOGOFF

Session: One | Two | Three | **Research**

ANDREA MCCOY

SEARCH END

Accounts: -2190 MTG \$238,103.23

Top Opportunities: [NEW BOFA INTEREST CHECKI](#)

Options:

- Key Links
 - [Associate Verification System](#)
 - [Commit](#)
 - [Complaint Tracking](#)
 - [Refresh Profile](#)
 - [Smart Lobby](#)
- Maintenance
- Appointments
- Sales Tools
- Inquiry/General Tools
- Opportunities Management
- Recent Customers

0851592190 | MTG

General | Payment Info | Event History

Customer Information		Balance Information	
Title/Address: ANDREA MCCOY 334 Teague Park Ct COLUMBIA SC 29209-3175 UNITED STATES		Principal Balance:	\$238,103.23
TIN 248-57-6571		Escrow Balance:	\$826.09
		Interest Paid YTD:	\$0.00
		Interest Paid Last Yr.:	\$11,743.24
		Taxes Paid YTD:	\$0.00
		Taxes Paid Last Yr.:	\$1,950.03
Account Information		PAYOFF	
Loan Type: IML	Opened Date: 2/26/2010	Property Address	
Number: 0851592190	Status: Open	Address: 334 TEAGUE PARK COURT COLUMBIA SC 29209-0000	
Rate Type: FIX	COST CENTER 0000001		
Curr. Int. Rate: 4.875%	Investor Number: 0		
Orig. Amt.: 260,200.00	Curr. Term: 360		
Orig. Prop. Val: 270,000.00	Payments per Yr.: 12		
Closed Date:	Last Maint. Date:		
Maturity Date: 3/1/2040			
Account Owners/Authorizations			
Customer Name	Ownership	TIN	Party ID

Banking Center Manager - Interact Location System

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STATE ETHICS COMMISSION
STATEMENT OF ECONOMIC INTERESTS FORM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

THE STATEMENT OF ECONOMIC INTERESTS FORM IS TO BE FILED:

- (1) PRIOR TO TAKING THE OATH OF OFFICE OR ENTERING UPON THE RESPONSIBILITIES OF THE POSITION
- (2) CANDIDATES FILE AT THE TIME OF BECOMING A CANDIDATE
- (3) ANNUALLY, THEREAFTER, PRIOR TO APRIL 15

STATE SENATORS AND CANDIDATES FOR STATE SENATE

SENATE ETHICS COMMITTEE
P. O. Box 142
Columbia, SC 29202

STATE REPRESENTATIVES AND CANDIDATES FOR STATE REPRESENTATIVE

HOUSE ETHICS COMMITTEE
P. O. Box 11867
Columbia, SC 29211

ALL OTHER ELECTED OFFICIALS (including Probate Judges)
PUBLIC MEMBERS AND PUBLIC EMPLOYEES

STATE ETHICS COMMISSION
5000 Thurmond Mall, Suite 250
Columbia, SC 29201

CANDIDATES FOR PUBLIC OFFICE

NOTE: All Candidates must also file a Campaign Disclosure Form.

With the party official or other designated official authorized to receive a notice of candidacy or petition to appear on the election ballot

THE FOLLOWING DESIGNATED OFFICIALS, MEMBERS OR EMPLOYEES, BY WHATEVER TITLE:

1. A person appointed to fill the unexpired term of an elective office;
2. Employees of regulatory agencies who are associated with a regulated business;
3. A member of a state board, commission, or agency;
4. A compensated member of a local board, commission, or agency;
5. The chief administrative official or employee and deputy or assistant administrative official or employee or director of a division, institution, or facility of any agency or department of state government;
6. The city administrator, city manager, or chief municipal administrative official or employee, by whatever title;
7. The county manager, county administrator, county supervisor, or chief county administrative official or employee, by whatever title;
8. The chief administrative official or employee of each political subdivision including, but not limited to, school districts, libraries, regional councils, airport commissions, hospitals, community action agencies, water and sewer districts, and development commissions;
9. A school district and county superintendent of education;
10. A school district board member and a county board of education member;
11. The chief finance official or employee and the chief purchasing official or employee of each agency, institution, or facility of state government, and of each county, municipality, or other political subdivision including, but not limited to, those named in Item (7).
12. All Public Officials.

NOTE: KEEP A COPY OF THIS FORM FOR FOUR (4) YEARS.

**\$100 PER DAY PENALTY IF
FILED LATE**

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.

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

M	C	C	O	Y	A	N	D	R	E	A	D									
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Mailing Address:	3	3	4	T	E	A	G	U	E	P	A	R	K	C	O	U	R	T
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City:	C	O	L	U	M	B	I	A	State:	S	C
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Zip:	2	9	2	0	9	Phone:	8	0	3	-	9	1	7	-	4	6	5	3
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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	4	8	-	5	7	-	6	5	7	1
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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

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.

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).

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: | R | I | C | H | L | A | N | D | | | | | | | | |

3. Name: (Last-First-Middle Initial) | M | C | C | O | Y | | A | N | D | R | E | A | | D | | | | | | | | |

4. Mailing Address: | 3 | 3 | 4 | | T | E | A | G | U | E | | P | A | R | K | | C | O | U | R | T | | | | |

City: | C | O | L | U | M | B | I | A | | | | | | | | | | | | | | | State: | S | C | |

Zip: | 2 | 9 | 2 | 0 | 9 | | 5. Phone: | 8 | 0 | 3 | - | 9 | 1 | 7 | - | 4 | 6 | 5 | 3 |

	*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)	_____	From _____ To _____

*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: 1/5/15 Signature: Andrea McElroy

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 <i>The original must be received no later than 5:00 p.m. on the date of the established deadline.</i>
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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

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

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

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

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>

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