



## *Jasper County Legislative Delegation Office*

Mary Gordon Ellis Executive Building Highway 278  
Ridgeland, South Carolina 29936  
P.O. Box 2433 Ridgeland, South Carolina 29936  
Phone: (843)726-6019 Fax: (843)726-5068 Cell: (843)816-8027  
jcdelegation@jaspercountysc.gov

**Senator Tom Davis**  
District No. 46  
**Chairman**  
**Rep. Bill Bowers**  
District N. 122  
**Vice Chairman**

**Rep. Bill Herbkersman**  
District No. 118  
**Senator Clementa C. Pinckney**  
District No. 45  
deceased friend and colleague  
**Rep. Weston Newton**  
District No. 120

The Honorable Nikki Haley  
Governor, South Carolina  
Post Office Box 12267  
Columbia, SC 29211

August 19, 2015

Dear Governor Haley;

The Jasper County Legislative Delegation has enclosed recommendations and application for your consideration for an appointment commissioner of the **Coastal Empire Mental Health Board reappointment Linus Wright** weighted voting is indicated in the minutes of the August 13, 2015 meeting.

Should you need additional information please contact the Jasper County Delegation Officer, Helen M. Dills-Pittman at the above contact information.

Thank you for your kind attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Helen M. Dills-Pittman", written over a horizontal line.

Helen M. Dills-Pittman  
Jasper County Delegation Officer

Enclosures  
e-mailed to Katie Philpott



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**Rep Bill Herbkersman**  
District No. 118  
**Delegation Chairman**  
**Rep. Bill Bowers**  
District No. 122  
**Vice Chairman**

**Sen. Tom Davis**  
District No. 46  
**Sen. Clementa C. Pinckney**  
District No. 45  
**Rep. Weston Newton**  
District No. 120

### **RESOLUTION OF THE JASPER COUNTY DELEGATION**

**BE IT RESOLVED** by the Jasper County Legislative Delegation that the Delegation has meet in joint session for the purpose of selecting a candidate **Linus Wright** to be recommended by the Delegation for appointment to the Empire Coastal Mental Health Board as set forth in the minutes for the Delegation meeting held August 13, 2015

**BE IT RESOLVED** that, if at any time during the course of the balloting, a candidate receives sufficient votes to be selected, he/she shall be so considered as selected in accordance with the Rule of the Joint Delegation.

#### **APPROVED:**

A handwritten signature in black ink, appearing to be "Bill Herbkersman", written over a horizontal line.

**Rep. Bill Herbkersman, Chairman**  
**Joint Delegation**

#### **ATTESTED:**

A large, stylized handwritten signature in blue ink, appearing to be "Helen M. Dills-Pittman", written over a horizontal line.

**Helen M. Dills-Pittman**  
**Jasper County Delegation Officer**

Weighted votes present

A handwritten signature in black ink, appearing to be "Bill Herbkersman", written over a horizontal line.

**Chairman Rep. Herbkersman 7,033 14.19%**  
**HD 118**

**Sen. Pinckney 21,856 44.11%**  
**SD 45 Deceased friend and colleague**

A handwritten signature in blue ink, appearing to be "Weston Newton", written over a horizontal line.

**Rep Weston Newton 2,338 4.72%**

A handwritten signature in black ink, appearing to be "Bill Bowers", written over a horizontal line.

**V. Chairman Bill Bowers 15,406 31.09%**  
**HD122**

A handwritten signature in blue ink, appearing to be "Tom Davis", written over a horizontal line.

**Sen. Tom Davis 2,921 5.89%**  
**SD 46**



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 Office of the Governor,  
Attn: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr. ☒ Mr. ☐ Mrs. ☐ Ms.

Wright  
Last

Link  
First

Keith  
Middle

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

Coastal Empire Mental Health Board.

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

Your Congressional District: \_\_\_\_\_

Mailing: P.O. Box 11643 Ridgeland SC 29936

Home: 953 Cohen Rd. Pineland SC 29934

4] Home Telephone: 843-726-4723 5] Office Telephone: 843-717-3300 6] Fax: \_\_\_\_\_

7] Mobile Telephone: 843-263-5129

8] Email Address: r1tepath@centurylink.net

9] Drivers License # SC 008082597

10] Social Security #: 247-23-6894

11] Voter Registration # \_\_\_\_\_

12] Date of Birth: 05-25-61

13] Race: BLACK

14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School Diploma

High School graduate or equivalence (G.E.D.) Graduate

Some College ☒

College graduate \_\_\_\_\_

Professional degree (please specify) \_\_\_\_\_

16] Present Employer Jasper County Detention Center

Address 12008 N. Jacob Smart Blvd. Ridgeland SC 29936

Current Position Detention Officer

17] Years of residence in South Carolina: 50

18] Have you ever been arrested for a crime other than a minor traffic violation? No If so, give details.\*

*Coastal Empire Community Mental Health Center*  
*Board of Directors*

July 23, 2013

Members of the  
Board

Thomas S. Miller  
**Chair (Beaufort Co.)**

Theodore C. Cooley  
**Vice-Chair (Beaufort Co.)**

Mary I. Mack  
**Treasurer (Beaufort Co.)**

J. Bernard Credle  
**(Beaufort Co.)**

Guyla Hurst Daley  
**(Beaufort Co.)**

Carola H. Eldridge  
**(Beaufort Co.)**

Antoni L. Hardy  
**(Beaufort Co.)**

Mary A. "Tucky"  
Samsen  
**(Beaufort Co.)**

Cherimie Weatherford  
**(Beaufort Co.)**

Genora J. Kennedy  
**(Colleton Co.)**

Margaret Maner  
**(Allendale Co.)**

Victoria R. Reynolds  
**(Hampton Co.)**

Linus K. Wright  
**(Jasper Co)**

The Honorable Clementa Pinckney  
Jasper County Legislative Delegation  
P O Box 507  
Ridgeland, SC 29936

RE: Board Reappointment

Dear Senator Pinckney:

Our Board of Directors would like to request that you submit Linus K. Wright's name for reappointment to our Board of Directors. His term expired January 1, 2012. His name was submitted last year, but there has been no action. He has served faithfully and is aware of the many facets of serving as a community mental health center board member, and we wish to retain him and his valuable experience.

Attached is the required application.

Sincerely,



Thomas S. Miller, DPM, Board Chair

Attachment: 1

xc: Linus K. Wright  
Ramon D. Norris

- 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? Yes  
Were you honorably discharged? yes 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.\*  
Coastal Empire Mental Health Board.
- 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.\* Work for Jasper County Detention Center.
- 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, Linus K. Wright, agree that, if I am appointed to the Coastal Empire Mental Health 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.

Linus K. Wright  
Applicant's Signature

Sworn and subscribed before me this 12 day of July, Two Thousand and 13.

James S. Snell  
Notary Public for South Carolina

My commission expires 12/20/2015

