



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. Swisher Wilma Kay
Last First Middle

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

South Carolina State Board of Nursing

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

Your Congressional District: 3

110 Cedar Court, Laurens, SC 29360
Laurens County

4] Home Telephone: 864-681-1117 5] Office Telephone: 864-833-9141 6] Fax: _____

7] Mobile Telephone: 864-300-9699 8] Email Address: Kay-Swisher@hotmail.com

9] Drivers License # 101288205 SC 10] Social Security #: 233-82-8916

11] Voter Registration # 6029766 12] Date of Birth: 10/03/1950

13] Race: Caucasian 14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School _____
High School graduate or equivalence (G.E.D.) May 1968

Some College _____
College graduate December 2004 - Graduate undergraduate school
Professional degree (please specify) Nursing May 1971
May 1995

16] Present Employer Greenville Health System - Laurens County Campus

Address 22725 Hwy 76 E., Clinton, SC 29325

Current Position Chief Nursing Officer

17] Years of residence in South Carolina: 8 1/2 years

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.*
Upstate Area Health Education Center (AHEC) - Vice Chair
Hospice of Laurens County Board; South Carolina State Board of Nursing
- 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.*
SC State Board of Nursing - Travel Reimbursement
- 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, Wilma Kay Scuishek agree that, if I am appointed to the SC State Board of Nursing 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.

Wilma Kay Scuishek
Applicant's Signature

Sworn and subscribed before me this 4th day of March, Two Thousand and Fifteen.

Lindsay Black
Notary Public for South Carolina

My commission expires 4/15/24

SENATE CONFIRMATION
CONFIDENTIAL PERSONAL DATA QUESTIONNAIRE

NOTICE: The information requested herein is needed to assist the Senate in its screening of candidates. This document is made available to and used by the appropriate Committee of jurisdiction and is not made public. Since this questionnaire is the initial step in the appointment and confirmation process, it should be returned to the Governor's Office as soon as possible. Please use additional sheets as necessary to complete this document.

Office or Seat to which you are being appointed: *South Carolina State Board of Nursing*

1. NAME: Mr. Ms. *Wilma Kay Suister*

HOME ADDRESS: *110 Cedar Court
Aurens, SC 29360*

BUSINESS ADDRESS: *22725 Hwy 76 E.
Clinton, SC 29325*

TELEPHONE NUMBER: (home): *864-681-1117*
(office): *864-833-9141*

RESIDE IN SENATE DISTRICT#: 9 CONGRESSIONAL DISTRICT#: 3

2. Date and Place of Birth: *10/03/1950* Social Security #: *233-82-8916*
Parkersburg, WV

3. Are you a citizen of South Carolina? Have you been a resident of this state for at least the immediate past 5 years? *yes*

4. SCDL# or SCHD#: *101288205 SC* Voter Registration Number: *6029766*

5. Family Status: Are you
single ;
married ;
widowed ; or
divorced ?

(a) If married, state the date of your marriage and your spouse's full name. *4/14/1972*
Ronald Lee Suister

(b) If you have ever been divorced, state the date, name of the moving party, court, and grounds. *No*

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

Jennifer Lynn Murrie
Age: 41

Married

Occupation: Assistant Director of Communication

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.

1. University of North Carolina - Chapel Hill (UNC) - 8/2002 - 8/2004
Master's of Science - Nursing (MSN)

2. Old Dominion University - 8/1992 - 5/1995
Bachelor's of Science - Nursing (BSN)

3. West Virginia University - Parkersburg Branch 8/1968 - 5/1971
Associate Degree - Nursing (ADN)

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.

1. South Carolina 2006 - Nursing license

2. North Carolina 1995 - Nursing license

3. Virginia - 1984 - Nursing license

4. West Virginia - 1971 - Nursing license: took exam twice

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.

North Carolina Organization Nursing Leadership (NCONL) 1996-2006

Association of Women's Health and Neonatal Nursing (AWHONN) - 1989 - present

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

National Certification Maintenance for Inpatient Obstetrics

Lean Health Care - Instructor Certification

South Carolina Hospital Association - Continuing Education Programs

Continuing Education - Nursing Licensure Requirements

Just Culture - Instructor Certification

11. List all published books and articles you have written and give citations and dates of publication for each. *None*
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. *NA*
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. *South Carolina Board of Nursing 2011-present*
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.
1. *Greenville Medical Center, Oxford, NC 1995-2006 Administration - Chief Nursing Officer*
 2. *Laurens County Health Care System 2006-2013 Administration - Chief Nursing Officer; Chief Operating Officer*
 3. *Greenville Health System - Laurens Campus 2013-Present Administration - Chief Nursing Officer*
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. *yes*
1. *Greenville Health System Chief Nursing Officer - 2013 + ongoing. Oversight for all patient care services at Laurens Co. Memorial Hospital*
 2. *Laurens County Chamber of Commerce - Board Member - Expire 2016*
 3. *Upstate Area Health Education Center (AHEC) - Board Member - Expire 2017. Vice Chair - Expire 2015.*
- see next page*

Senate Confirmation
Confidential Personal Data Questionnaire

page 3

16. cont.

4. Hospice of Laurens County - Board Member - Expires 2017
5. SC Board of Nursing - Board member - Expires: 2015 - seeking Reappointment

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

see next page

- 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.

see next page

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. *NONE*

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. *NONE*

NET WORTH STATEMENT

Date: March 9, 2015

Provide a complete, current financial net worth statement detailing all assets and all liabilities.

ASSETS

Cash and Savings

Cash and checking accounts \$63,489.41
Savings accounts \$12,472.62
Certificates of deposit 0
U.S. savings bonds 0
Money market accounts 0

Other 0
Total \$75,962.03

Investment Assets

Stocks 0
Bonds 0
Mutual funds 0
Government securities 0
Employee stock options 0
Cash value of life insurance \$25,424.00
Surrender value of annuities \$119,773.47
Income-producing real estate 0
Total \$145,197.47

Retirement Assets

Pension or profit sharing plans 0
IRA's/Keogh accounts \$36,071.01
Employee savings plans, 401 k's \$290,350.44
Other 0
Total \$326,421.45

LIABILITIES

Home mortgage \$198,791.26
Other Mortgage or notes 0
Installment debts 0
Credit card and charge accounts 0
Other loans 0
Taxes not withheld 0
Past due rent, interest 0
Amount borrowed on Life Insurance 0
Other 0
Total Liabilities \$198,791.26

NET WORTH STATEMENT

Date: March 9, 2015

ASSETS cont.

Non-income Earning Assets

Home (market value)	<u>\$250,000</u>
Other non-income real estate	<u>0</u>
Furniture	<u>\$400,000</u>
Autos	<u>\$16,000</u>
Recreational Vehicle, boat, etc.	<u>0</u>
Collectibles	<u>0</u>
Jewelry	<u>0</u>
Other	<u>0</u>
Total	<u>\$366,000</u>

Total Assets \$913,580.95

Net Worth \$714,789.69
(assets minus liabilities)

I hereby certify my answers are true and complete to the best of my knowledge.

Date: 03/09/15

Signature: Milma Kay Sevishew

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 to all questions*
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. *none*

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.
none
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. *no offices*
Association of Women's Health and Neonatal Nursing (AWHONN)
South Carolina Organization Nurse Leaders (SCONL)
South Carolina Hospital Association
National Certification Corporation - Inpatient Obstetrics
Sigma Theta Tau - Honor Society of Nursing
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.
March of Dimes - Fund Raising Committee
Upstate AHEC Board of Directors - Vice Chairman
Hospice of Laurens County Board of Directors -
United Way
American Heart Association

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: *None to my knowledge*

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.

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. *None*

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.** * *Letters attached*

- (a) *David Ramage* Phone: *864-923-0188 (cell)*
2214 Old Milton Road
Clinton, SC 29325
- (b) *Richard D'Alberto* Phone: *864-833-9100 ext. 150*
22725 Hwy 76 E.
Clinton, SC 29325
- (c) *Jay Brown* Phone: *864-349-1160*
104 S. Venture Drive
Greenville, SC 29615
- (d) *Lyn Self - The Palmetto Bank* Phone: *864-984-8373*
507 Church Street
Laurens, SC 29360
- (e) *Rickey Laury - BOAT* Phone: *864-228-6450*
713 S. E. Main St.
Simpsonville, SC 29681

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: March 4, 2015

Signature: Milma Kay Swicker



South Carolina Senate
State House
Columbia, SC 29201

March 4, 2015

Dear Ladies and Gentlemen of the Senate:

It is my pleasure to recommend Kay Swisher, RNC, BSN, MSN for reappointment to the South Carolina Board of Nursing. I have known Kay since 2006 when she joined the Laurens County Healthcare System as Chief Nursing Officer. From 2006-2014 I worked closely with Kay as a Board Member and Board Chair.

During this period LCHC had a management contract change and subsequently entered into an affiliation agreement with Greenville Health System. Kay's leadership helped provide stability during a crucial time for our organization.

Kay is focused on quality. She was very instrumental in establishing our Quality Committee and ensuring continuous quality improvement at our facility. Kay is very much in tune with health care at the local and national level.

I strongly recommend Kay's reappointment to the South Carolina Board of Nursing. Kay is an excellent representative of the health care industry and does not hesitate to express herself.

Sincerely,

David Ramage
Managing Director
SwaimBrown Wealth Management LLC
301 North Broad St.
Clinton, SC 29325



**GREENVILLE
HEALTH SYSTEM**

Administration

22725 Highway 76 East
Post Office Drawer 976
Clinton, SC 29325
(864) 833-9151 P
(864) 833-9357 F

ghs.org

March 9, 2015

South Carolina Senate
State House
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate:

Kay Swisher, MS, RN, has asked that I submit a letter of support for her nomination to serve on the State Nursing Board for South Carolina. I am most pleased to do so.

Since 2007, Kay has held the position of Laurens County Memorial Hospital's (previously Laurens County Health Care System's) Chief Nursing Officer or Chief Operating Officer. She has superior knowledge of the Nurse Practice Act and the State Health Plan and has served with distinction for the State Board of Nursing on a workgroup in reviewing and revising the Minimum Standards for Licensing Hospitals.

Kay has the highest integrity and always does what is right for the patient above all else.

She will continue to serve with distinction if reappointed to the State Board of Nursing. She comes to you with my highest recommendation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rich D'Alberto', is written over a white background.

Rich D'Alberto
President
Laurens County Memorial Hospital



March 3, 2015

South Carolina Senate
State House
Columbia, South Carolina

RE: Wilma Kay Swisher
110 Cedar Court
Laurens, SC 29360

Dear Ladies and Gentleman of the Senate,

This letter is to inform you that Wilma Kay Swisher is a client of The Palmetto Bank and all accounts are in good standing and handled as agreed.

Sincerely,

Liz Self
Branch Manager/Loan Officer
501 Church Street
Laurens, SC 29360



March 2, 2015

Mailcode: 900-09-01-00
713 S E Main St
Simpsonville, SC 29681
Branch (864) 228-6450
Fax (864) 228-6459

South Carolina Senate
State House
Columbia, SC

Dear Ladies and Gentlemen of the Senate:

I am writing you on behalf of Wilma Kay Swisher and her banking relationship with BB&T. Mrs. Swisher has banked with BB&T for 19 years through both deposit and credit products of which have all been handled satisfactorily. BB&T appreciates the relationship and confidence Mrs. Swisher has placed with BB&T to assist with her banking needs.

If you have any questions or additional needs associated with this matter, do not hesitate to contact me at BB&T in Simpsonville, SC.

Sincerely,



Richey Causey
Vice President
864-228-6452



104 South Venture Drive • Greenville, SC 29615 • Phone (864) 349-1160 • Fax (864) 349-1179

March 5, 2015

South Carolina Senate
State House
Columbia, SC

Dear Ladies and Gentleman of the Senate:

Please accept this letter as my highest recommendation of Kay Swisher of Laurens to the South Carolina Board of Nursing. As Executive Director of Upstate Area Health Education Center (AHEC), I work very closely with Ms. Swisher, who serves as vice chair of the board of directors of Upstate AHEC, an organization that provides continuing education to nurses in eleven Upstate counties.

Ms. Swisher's experience, education, knowledge and expertise in the nursing field greatly enhance the ability of AHEC to provide relevant and quality continuing education to more than 3,500 nurses annually in the Upstate region. Her insights in the nursing profession, both clinical and administrative, provide invaluable guidance to Upstate AHEC as we plan programs and explore the future needs of nurses.

Ms. Swisher consistently exhibits sound judgment and wisdom based on many years' experience as a nursing administrator. Her contribution to the Board of Nursing will be outstanding and exemplary. Additionally, Ms. Swisher brings a high level of professional ethics and personal character to any organization.

I can think of no better candidate than Kay Swisher as a member our state's Board of Nursing. She receives the strongest endorsement possible from Upstate AHEC .

Thank you,

A handwritten signature in cursive script that reads 'Fay D. Brown'.

Fay D. Brown
Executive Director

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

S W I S H E R W I L M A K.

Mailing Address:

1 1 0 C E D A R C O U R T

City:

L A U R E N S

State:

S C

Zip:

2 9 3 6 0

Phone:

8 6 4 - 6 8 1 - 1 1 1 7

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 3 3 . 8 2 . 8 9 1 6

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: | L | A | U | R | E | N | S | | | | | | | | | | | | | |

3. Name: (Last-First-Middle Initial) | S | W | I | S | H | E | R | | W | I | L | M | A | | K | | "K | A | Y | | | | | | | | | | | | | |

4. Mailing Address: | 1 | 1 | 0 | | C | E | D | A | R | | C | O | U | R | T | | | | | | | | | | | | | |

City: | L | A | U | R | E | N | S | | | | | | | | | | | | | | State: | S | C |

Zip: | 2 | 9 | 3 | 6 | 0 | | | | | | | | | | | | | | 5. Phone: | 8 | 6 | 4 | | - | 2 | 0 | 0 | | - | 9 | 6 | 9 | 9 | | C | E | L |

	*Status	Position, Title, and Agency (If House or Senate, include District #)	Term of Office (mo/yr)
6. Current	<u>1</u>	(a) <u>SC State Board of Nursing</u>	From <u>12/31/2011</u> To <u>12/31/2015</u>
7. Sought		(b) <u>SC State Board of Nursing - District 3</u>	From _____ To _____

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

8. Date of Hire or Appointment (mo-yr): 2015

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 March 5, 2015 Signature Wilma Kay Sweitzer

FOR OFFICE USE ONLY: <input type="checkbox"/> COMPLETE _____ <input type="checkbox"/> ENTERED _____	<input type="checkbox"/> INCOMPLETE <input type="checkbox"/> 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.
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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
Greenville Health System	2014 W-2 (Tps, Wages, etc.)	\$ 150681.15
Benefits	2014 Report	\$ 32581.63
SC Board of Nursing	Travel Reimbursement	\$ 1644.96

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 NA

Nature of Potential Conflict of Interest NA

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