



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: Madison Walker, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms. Cooper III, Lynn Walden "Chip"
Last First Middle

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

Board of Laurens County Memorial Hospital

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

707 Calvret Ave Clinton, SC 29325

Laurens County

4] Home Telephone: (864)833-4603 5] Office Telephone: (864)833-1741 6] Fax: (864)833-0854

7] Mobile Telephone: (864)923-3056 8] Email Address: chipcooper@lynncooper.com

9] Drivers License # 008657666 10] Social Security #: 247-04-3188

11] Voter Registration # 6 001 443 12] Date of Birth: 01/28/1970

13] Race: Caucasian 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 Appalachian State
Professional degree (please specify)

16] Present Employer Lynn Cooper Incorporation

Address 305 East Main Street Clinton, SC 29325

Current Position President/Owner

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.*
-Clinton Economic Development Corporation
- 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.*
-Cooper Motor Company- State contract for sale of vehicles to state agencies.
- 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? Yes 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 *:

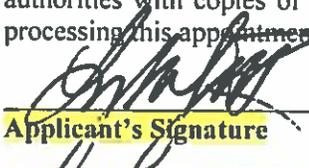
- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Lynn Walden "Chip" Cooper III, agree that, if I am appointed to the Board of Laurens County Memorial Hospital, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

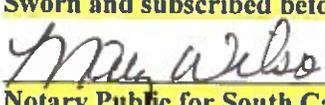
*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.


Applicant's Signature

Sworn and subscribed before me this 20 day of July, Two Thousand and 16.


Notary Public for South Carolina

My commission expires 1-19-2024