

March 10, 2015

TO: The South Carolina Senate
State House
Columbia, South Carolina

FROM: Sallie and Robert Oswald
201 Georgia Lane, Lexington, SC 29072

Dear Ladies and Gentlemen of the South Carolina Senate:

We are Bob and Sallie Oswald of Lexington, South Carolina and we are writing this letter in behalf of our dear friend, Edwin Barnes.

We have had the pleasure of knowing Edwin Barnes for more than 48 years. It is with great pleasure that we write this letter of recommendation to you requesting that he continue to serve on the Barber Board for the State of South Carolina.

Without hesitation, Edwin is one of the finest and most hard-working, dedicated individuals that we have ever known. He is a man who possesses great character, integrity and trustworthiness. He also has high moral standards.

I strongly urge you to renew Edwin's position on the Barber Board. Please feel free to contact either one of us at (803) 359-4612 or (803) 331-0847 if you have any questions.

Sincerely,



Sallie Mace Oswald



Robert W. (Bob) Oswald

/smo

March 13, 2015

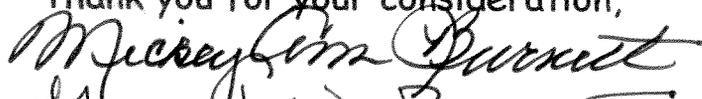
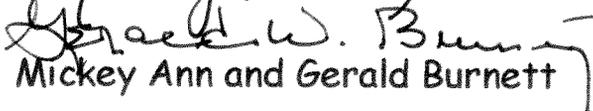
South Carolina Senate
State House
Columbia, S.C.

Dear Members of the Senate:

We are writing to recommend that Edwin C. Barnes be reappointed as a member of the South Carolina Barber Board.

We have known Edwin for more than fifty (50) years; we feel that he is an honest, conscientious man and would be an asset to our state to continue as a member.

Thank you for your consideration,



Mickey Ann and Gerald Burnett



Bank

America's Most Convenient Bank®

3/11/2015

TD Bank, N.A.
1940 Blossom Street
Columbia, SC 29205
T: 803-255-0172 F: 803-255-7224
www.tdbank.com

South Carolina Senate

State House

Columbia, SC 29201

Dear Ladies and Gentlemen of the Senate:

Edwin Barnes has been a loyal and valued customer of Carolina First/ TD Bank since 2007. In those 8 years, Edwin has remained in good standing with the bank. He holds both business and personal accounts with us.

Regards,

C. John Perkins, Store Manager TD Bank



MT. HOREB UNITED METHODIST CHURCH

1205 OLD CHEROKEE ROAD (PO BOX 131)

LEXINGTON, SOUTH CAROLINA 29072

Jeff Kersey, Pastor

Office: (803)359-3495

Email: jeff@mthorebumc.com

March 13th , 2015

Dear Ladies and Gentlemen of the South Carolina State Senate,

Ed Barnes has been an active member of Mt Horeb United Methodist Church for over 30 years. He regularly attends and has been involved in several leadership positions over these years. I believe he is trustworthy leader in our community and state. I fully endorse him for the Examiners position on the State Board of Barbers.

Blessings,

Reverend Jeff Kersey

March 11, 2015

To: The South Carolina Senate
State House
Columbia, South Carolina

From: Brittany Burkett
308 Dean Hall Lane Columbia, SC 29209
(803) 507-8342

Dear ladies and gentlemen of the South
Carolina Senate:

I am Brittany Burkett and I am writing
this letter on behalf of Edwin Barnes.

I've had the pleasure of knowing Edwin Barnes
for a few years now. I'm writing this
letter of recommendation to you requesting that
he continue to serve on the Barber Board.

Edwin is one of the most caring, hard-working
individuals that I know. He has an amazing
character and very high expectations.

I strongly urge you to renew Edwin Barnes
position on Barber Board.

Sincerely,
Brittany Burkett

March 10, 2015

TO: The South Carolina Senate
State House
Columbia, South Carolina

FROM: Sallie and Robert Oswald
201 Georgia Lane, Lexington, SC 29072

Dear Ladies and Gentlemen of the South Carolina Senate:

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I strongly urge you to renew Edwin's position on the Barber Board. Please feel free to contact either one of us at (803) 359-4612 or (803) 331-0847 if you have any questions.

Sincerely,



Sallie Mace Oswald



Robert W. (Bob) Oswald

/smo

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:

1. NAME: Mr. Edwin Barnes
Ms.

HOME ADDRESS: 393A Park Road
Lexington, SC 29072

BUSINESS ADDRESS: 630 Harden Street
Columbia, SC 29205

TELEPHONE NUMBER: (home): 803-359-2616
(office): 803-799-0600

RESIDE IN SENATE DISTRICT#: 18 CONGRESSIONAL DISTRICT#: 2

2. Date and Place of Birth: 9/10/1947 Columbia, SC Social Security #: 248-76-2202

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#: 001549651 Voter Registration Number:

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.

8/26/1967 Eva Sue Havird Barnes

(b) If you have ever been divorced, state the date, name of the moving party, court, and grounds.

N/A

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

Paige Alison Barnes - 39 - law enforcement
Andrew Steven Barnes - 42 - Grounds Keeper Supervisor

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.

National Guard - 1966 - 1972 - E5 - honorable discharge

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.

Captiol Barber College - graduated 1966
Midlands Tech 1965 - left for barber College

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.

N/A

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.

N/A

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.
N/A
14. Have you ever been an unsuccessful candidate for elective, judicial, or other public office? If so, give details, including dates.
N/A
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.
Barber since 1966
owner of King's Row since 1970
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.
N/A

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

Home - \$ 350,000.00
Vehicles - \$ 75,000.00
bank/investments - \$15,000.00
Barber Shop - \$60,000.00

- 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.

Home - \$220,000.00
vehicles - \$55,000.00
personal loan - \$6,000.00

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

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.

N/A

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.
N/A
21. Have you ever been sued, personally or professionally? If so, give details.
N/A
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.
N/A
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.
N/A
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.

National Board of Barbers- 5th Vice President - 1997
President of NBB- 2003 4th Vice President - 1998
Hall of Fame - 2010 3rd Vice President - 1999
2nd Vice President 2000
1st Vice President 2001

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.

N/A

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.

State Barber Board of South Carolina

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.

- Served on the South Carolina State Barber Board for over 30 years.
- Inducted into the National Board of Barbers Hall of Fame in 2010

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) Mickey Ann & Gerald Burnett 803 359-2820
389 Park Road
Lexington, SC 29072

(b) John Perkins 803 255 7224
TD Bank
1940 Blossom Street, Columbia, SC 29205

(c) Rev. Jeff Kersey 803 359 3495
Mt Horeb United Methodist Church

(d) 1205 Old Cherokee Road, Lexington, SC 29072

(e) Brittany Burkett 803 507 8342
308 Dean Hall Lane
Columbia, SC 29209

Sallie & Robert Oswald 803 359-4612
201 Georgia Lane
Lexington, SC 29072

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: 3-16-15

Signature: 

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. *****

**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 \$6,000.00
U. S. Government securities—add schedule N/A
Listed securities—add schedule N/A
 Accounts and notes receivable: N/A
 Due from relatives and friends N/A
 Due from others N/A
 Doubtful N/A
Real estate owned—add schedule \$220,000.00
Real estate mortgages receivable N/A
Cash value—life insurance \$400,000.00
Other assets—itemize:
Vehicles - \$75,000.00
bank investments, \$15,000.00
Barber Shop - \$60,000.00

Total assets

LIABILITIES

Notes payable to banks—secured \$6,000.00

Notes payable to banks—unsecured N/A

Notes payable to relatives - N/A

Notes payable to others - N/A

Accounts and bills due - N/A

Unpaid income tax - N/A

Other unpaid tax and interest - N/A

Real estate mortgages payable—add schedule

Chattel mortgages and other liens payable

Other debts—itemize:

Total liabilities \$6,000.00

Net worth \$ 274,000.00

CONTINGENT LIABILITIES

As endorser, comaker or guarantor N/A

On leases or contracts N/A

Legal claims

Provision for Federal Income Tax N/A

Other special debt N/A

GENERAL INFORMATION

Are any assets pledged? N/A

(Add schedule)

Are you defendant in any suits or legal actions? N/A

Have you ever taken bankruptcy? N/A

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

Date: 3-16-15

Signature: 



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. Barnes Edwin Clarence
Last First Middle

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

Barber

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

Your Congressional District: Lexington

393 A Park Road Lexington, SC 29072

4] Home Telephone: 803-359-2616 5] Office Telephone: 803-799-0600 6] Fax: _____

7] Mobile Telephone: 803-467-2398 8] Email Address: edwinbarnes10@yahoo.com

9] Drivers License # 001549651 10] Social Security #: 248-76-2202

11] Voter Registration # N/A 12] Date of Birth: 9/10/1947

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

15] Level of Educational Background Completed:
Some High School _____

High School graduate or equivalence (G.E.D.) Batesburg-Lecsville H.S.

Some College Barber College

College graduate _____

Professional degree (please specify) _____

16] Present Employer King's Row

Address 630 Harden Street Columbia, SC 29205

Current Position Barber/owner

17] Years of residence in South Carolina: 67 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? 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.*
South Carolina Barber 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? 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, Edwin Barnes, agree that, if I am appointed to the SC Barber 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.

Edwin Barnes
Applicant's Signature

Sworn and subscribed before me this 19th day of March, Two Thousand and fifteen.
[Signature]
Notary Public for South Carolina

My commission expires 5-1-2016

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>

State Ethics Commission Commissioners

Gregory P. Harris, Chairman
Kenneth C. Krawcheck, Member at Large, Vice-Chairman
Marvin Infinger, 1st District
Edward Duryea, 2nd District
John L. Cannon, 3rd District
Pete G. Diamaduros, 4th District
Duane G. Hansen, 5th District
Vacant, 6th District
Flynn T. Harrell, Member at Large

*Executive Director, Herbert R. Hayden, Jr.
Publication Editor, Marjorie A. DeLee*

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
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).

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).

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.

STATE ETHICS COMMISSION
STATEMENT OF ECONOMIC INTERESTS FORM

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

B A R N E S E D W I N C

Mailing Address: 3 9 3 A P A R K R O A D

City: L E X I N G T O N State: S C

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

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 . 7 6 . 2 2 0 2

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.
Edwin Clarence Barnes
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.
Lexington County
4. ADDRESS - Indicate your full mailing address. 393A Park Road
Lexington, SC 29072
5. PHONE - Indicate a daytime telephone number where you can be reached.
803-799-0600
- 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. Barber Board
- 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. N/A
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. January 2011
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. N/A
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. N/A
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.

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 | E | X | I | N | G | T | O | N | | | | | | | | | |

3. Name: (Last-First-Middle Initial) | B | A | R | N | E | S | | E | D | W | I | N | | C | | | | | | | | | |

4. Mailing Address: | 3 | 9 | 3 | A | | P | A | R | K | | R | O | A | D | | | | | | | | | |

City: | L | E | X | I | N | G | T | O | N | | | | | | | | | | | | | | | | State: | S | C |

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

*Status	Position, Title, and Agency (If House or Senate, include District #)	Term of Office (mo/yr)
6. Current	1 (a) <u>State Barber Board, Board Member</u>	From <u>01</u> To <u>2011</u>
7. Sought	1 (b) <u>State Barber Board, Board Member</u>	From <u>2011</u> To <u>2015</u>
		From <u>2015</u> To <u>2019</u>

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

8. Date of Hire or Appointment (mo-yr): January 2011

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 3-16-15 Signature

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
 (ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEARS)

E5A.2

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

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