

Staff Use Only:

Council District 24

This application is a

Reappointment

New Appointment

Attendance Record: _____

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Chanticleer Community Commission

An individual may only apply to serve on one board or commission during any election cycle.

In order for your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.

Mr Mrs Ms Miss

Peter L Schwartz

Home Address 192 Chapman Rd

City Greenville

Occupation Wealth Manager

Employer Aspiriant

Employer Address

201 E. Fifth St.

#1430

Volunteer Experience

Current member of the Chanticleer Community Commission.

Current President of the Pur-DU Educational Foundation.

Describe your understanding of the role of a member of the board or commission to which you are applying

Act as a fiduciary for the residents in the Chanticleer Community as it relates to allocating and spending the budget derived from tax revenue. This includes short-term planning as well as long-term planning. Additionally, we understand that from time-to-time we may seek to ask for an increase in the millage rate as conditions warrant.

What specific skills do you believe you could contribute as a member of this board or commission?

As a current fiduciary for families as it relates to their personal wealth, I feel confident that my skills in my career transition well to the Chanticleer Community Tax Commission. Also, as the President of a non-profit (I take no salary, all volunteer) I am experienced in what it takes to serve in rolls such as this.

Have you ever been convicted of a crime other than a minor traffic violation?

Yes

No

If so, please give details

Do you currently hold any elected or appointed office or commission?

Yes

No

If yes, list

Have you ever been fined for any ethics violations?

Yes

No

If so, please comment

Have you ever been subject to penalty relating to a violation of State ethics standards?

Yes

No

If so, please explain

Do you, any member of your immediate family or a business with which you or a member of your family is associated, provide goods and/or services to this board for payment?

Yes

No

If so, please explain

Statement

By my signature, I state that all information contained in this application is true and accurate to the best of my knowledge.

I understand it is my responsibility to insure my application is submitted within the application period and that it has been received by the County Council Office.

I understand my appointment to the board for which I am applying will not result in me receiving any compensation for my service.

I understand my lack of attendance resulting in three consecutive meetings or 25% of all meetings within a year may result in my removal from the board.

Signature _____

Date _____

Please return completed form by mail, fax or email to:

**Greenville County Council
301 University Ridge, Suite 2400
Greenville, SC 29601-3665**

Fax: (864) 467-7358

rmccaskill@greenvillecounty.org

If you have questions, please call 467-7115 or check the www.greenvillecounty.org website.