

CAPITAL PROJECTS SALES TAX COMMISSION APPLICATION

Name: John P Edwards

Occupation: Retired Employer: _____
Employer Address: _____

Describe your understanding of the position for which you are applying. The commission shall consider proposals for funding capital projects in the county and for future referendums question

Volunteer Experience (Please list and describe): Past Chairman SCDOT. Past Chairman DHEC OORN. Also served on The Greenville Delegation GLDTC committee

What specific skills do you believe you could contribute as a member of this board? Since being on the SCDOT and the GLDTC im very knowledgeable of our road and bridge needs in Greenville County

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
If yes, please give details: _____

Do you currently hold any elected or appointed office or commission? Yes No
If yes, please list _____

Are you an employee of the State of South Carolina, Greenville County or a municipality? Yes No
If yes, name entity and job title: _____

Have you ever been fined for an ethics violation? Yes No
If yes, please comment: _____

Have you ever been subject to penalties relating to a violation of State ethics standards? Yes No
If yes, please explain: _____

Would you, any member of your immediate family, or any business with which you or a family member is associated, benefit financially due to the actions of this board? Yes No
If yes, please explain: _____

Would you be willing to submit to a criminal background check and/or credit check? Yes No

Are you aware this is not a compensated position? Yes No

Statement of Agreement and Understanding

By my signature, I attest to the following:

Electronic Signature Agreement. By selecting the "Submit" button, you are signing this Application electronically (e-signature), you agree your "e-signature" is the legal equivalent of your manual signature on this Application. Additionally, you agree to and attest to the following:

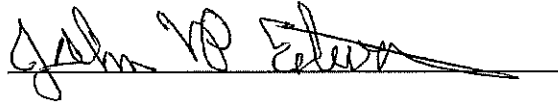
All information contained in this application is true and accurate to the best of my knowledge.

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 that I serve at the pleasure of County Council and all appointments are subject to the Ethics, Government Accountability, and Campaign Reform Act, S.C. Code Ann. Section 8-13-100 et. seq., and any member appointed to a board or commission whose action is inconsistent or may be perceived to be inconsistent with the spirit or intent of the Act may be subject for removal.

I understand that information provided in this application may be subject to South Carolina Freedom of Information disclosure.

* Type Full Name to Sign:



Date 3-12-24

For Additional Information Contact:

Regina McCaskill
Clerk to Council
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Greenville, SC 29601
864-467-7118
rmccaskill@greenvillecounty.org

Submit By Email