

CAPITAL PROJECTS SALES TAX COMMISSION APPLICATION

Name: Darlene Gary-Pace

Occupation: Retired School Teacher Employer: N/A
Employer Address: _____

Describe your understanding of the position for which you are applying. I'm applying for a seat on the Commission to help compile a list of projects for the proposed capital peany sales taxes that could be on the November ballot, if approved by voters.

Volunteer Experience (Please list and describe): Miracle Hill: Answering phone at the front desk, meeting donor and assisting clients. Monthly Homeless Ministry: Preparing food and clothing

What specific skills do you believe you could contribute as a member of this board? The ability to listen, respect others viewpoint, collaboration with others. The desire to make a decision on fact not opinions, for the greater good of all.

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

5/14/2024

For Additional Information Contact:

Regina McCaskill
Clerk to Council
301 University Ridge, Suite N-1100
Greenville, SC 29601
864-467-7118
rmccaskill@greenvillecounty.org

Email completed application to:

rmccaskill@greenvillecounty.org