Staff Use Only:								
Council District	20	This application is a	X Reappointment	New Appointment				
			Attendance Record:					

		TY SPECIAL TAX DIS Linkside		
	An individual may only apply	/ to serve on one board or commiss	sion during any election c	ycle.
In ord	ler for your application to be give	en consideration, it is critical that yo as completely as possible.	ou answer all of the follow	ving questions
X Mr	Mrs Ms Miss	David Armstrong		
Home Address	123 Linkside Drive	City Tay	ylors	
Occupation	Retired			
Employer				
Employer Addre	SS			
Volunteer Experi Republican Party	rience / precinct president.			
Multiple church fu	unctions/positions.			
-	-	mber of the board or commission to		
I have served on our subdivision.	this board for a short time but have	e not had any activity on it. I do knov	v that it deals with the stree	et lighting in
our subdivision.				
What specific sk	rills do you believe you could cor	ntribute as a member of this board	or commission?	
I am capable of w	vorking as a team member and have	ve administrative skills learned in pub	olic education administration	n.
Have you ever be	een convicted of a crime other the	nan a minor traffic violation?	Yes	X No

Do you <u>currently</u> hold any elected or appointed office If yes, list	or commission?	Yes	X No	
you, not				
Have you ever been fined for any ethics violations? If so, please comment	Yes	X No		
Have you ever been subject to penalty relating to a vi	olation of State ethics s	standards?	Yes	X No
Do you, any member of your immediate family or a buyou or a member of your family is associated, providentices to this board for payment? If so, please explain		Yes	X No	
	Statement			
By my signature, I state that all information cobest of my knowledge.		cation is true and ac	ccurate to the	
I understand it is my responsibility to insure and that it has been received by the County C		mitted within the ap	plication period	
I understand my appointment to the board for compensation for my service.	which I am applying	will not result in me	e receiving any	
I understand my lack of attendance resulting within a year may result in my removal from to		meetings or 25% of	all meetings	
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.