

PAUL,

HERE IS THE APPLICATION.

REGARDS.

SUSAN.



STATE UNIVERSITY SYSTEM of FLORIDA Board of Governors

Application Form University Board of Trustees Position State University System of Florida

Name: CAMERON SUSAN M. Date Completed: 5/17/11
Last First Middle and/or Maiden

INSTRUCTIONS

The information submitted will be used by the Board of Governors in considering action on your application. If appointed, please be advised that your appointment is subject to confirmation by the Florida Senate and you will be required to file an annual financial disclosure statement with the Florida Commission on Ethics.

Please type or print clearly. Please do not leave any questions blank - answer "none" or "not applicable" where appropriate.

All applications must be signed and witnessed by a Notary. Submit the original completed application via mail, email, or facsimile by the posted deadline to:

State University System of Florida, Board of Governors
325 W. Gaines Street, Suite 1614
Tallahassee, FL 32399-0400
Fax 850.245.9685 Chancellor@flbog.edu

PLEASE NOTE: any application submitted by facsimile or email must be received by the posted deadline and followed by the original signed application to above address.

11 MAY 18 AM 10:29
STATE UNIVERSITY SYSTEM OF FLORIDA

EXCLUSIONS

The following conditions exclude eligibility for appointment as a University Board of Trustee member.

Registered Lobbyist: (No) Yes Dual Office Holding: (No) Yes

Authority: Section 112.313(17), Florida Statutes, prohibits any citizen member of a university board of trustees from having any employment or contractual relationship as a legislative lobbyist requiring annual registration under section 11.045, Florida Statutes.

Article II, section 5(a) of the Florida Constitution prohibits any person from holding more than one office under the government of the state, counties, and municipalities at the same time, except for certain exclusions stated therein (notary public, military officer, member of a statutory body having only advisory powers, etc.)

**EXEMPTION FROM PUBLIC RECORDS**

**AS A GENERAL MATTER, APPLICATIONS FOR ALL POSITIONS WITHIN STATE GOVERNMENT ARE PUBLIC RECORDS THAT MAY BE VIEWED UPON REQUEST. HOWEVER, THERE ARE SOME EXEMPTIONS FROM THE PUBLIC RECORDS LAW FOR CERTAIN IDENTIFYING INFORMATION RELATING TO PAST AND PRESENT LAW ENFORCEMENT OFFICERS AND THEIR FAMILIES, VICTIMS OF CERTAIN CRIMES, ETC. IF YOU BELIEVE AN EXEMPTION FROM THE PUBLIC RECORDS LAW APPLIES TO YOUR SUBMISSION, PLEASE CHECK THIS BOX.**

**Yes, I assert that identifying information provided in this application should be excluded from inspection under the Public Records Law.**

**IF YOU NEED ADDITIONAL GUIDANCE AS TO THE APPLICABILITY OF ANY PUBLIC RECORDS LAW EXEMPTION TO YOUR SITUATION, PLEASE CONTACT THE GENERAL COUNSEL FOR THE BOARD OF GOVERNORS.**

Vikki R. Shirley  
General Counsel  
State University System of Florida, Board of Governors  
325 W. Gaines Street, Suite 1614  
Tallahassee, FL 32399-0400  
(850) 245-0466

**PERSONAL INFORMATION**

Name: CAMERON SUSAN MARIE Date Completed: 5/17/11  
Last First Middle and/or Maiden

(LIVE)

1. University Board of Interest: Are you applying for reappointment? Yes  No

FAMU FAU FGCU FIU FSU NCF UCF  UNF USF UWF BROWARD

2. Residence Address: [REDACTED] FT LAUD, FL 33304

Street City State County Zip Code

954-565-2868 954-235-6355

Area Code/Phone Cell Phone

3. Current Employer or Occupation: RETIRED

Business Address: N/A

Street Office City State

Post Office Box Suite Zip Code Area Code/Phone Number

E-mail Address

4. Specify the preferred mailing address: Business  Home  Fax # N/A

5. List all places of residence for the past five (5) years.

Address City and State From To

900 ARBOR RD WINSTON-SALEM NC 2007 2011

2025 BKENA VISTA RD " " 2004 - 2007

6. List all former and current residences outside of Florida that you have maintained at any time during adulthood.

Address City and State From To

ABOVE  
34A ELIZABETH ST. LONDON, UK 2003 TO PRESENT

7. Date of Birth: [REDACTED] \* Place of Birth: SCENECTADY, NY \*

8. Social Security No.: [REDACTED] \*

9. Driver License No.: [REDACTED] Issuing State: FLORIDA \*\*

\*ALL INFORMATION MARKED WITH AN ASTERIK IS REQUIRED FOR CONDUCTING BACKGROUND SCREENING AND WILL BE REDACTED PRIOR TO DISTRIBUTION OF THE APPLICATION TO THE TRUSTEE NOMINATING COMMITTEE MEMBERS. REFER TO ATTACHED NOTICE ON USE OF SOCIAL SECURITY NUMBERS.

10. Have you ever been known by any other legal name?  Yes No If "Yes" explain.

MARRIAGE - TREBILCOCK  
OSBORNE  
IVEY  
NICKOK - MAIDEN

11. Are you a United States citizen?  Yes No If "No" explain.

12. If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

13. Since what year have you been a continuous resident of Florida? 2011

14. Are you a registered Florida voter?  Yes No

15. Have you ever been arrested, charged, or indicted for violation of any federal, state, county or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes  No If "Yes" give details:

<u>Date</u>	<u>Place</u>	<u>Nature</u>	<u>Disposition</u>

16. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes  No If "Yes", give details:

<u>Date</u>	<u>Nature of Violation</u>	<u>Disposition</u>

17. Have you ever been suspended from any office by the Governor of the State of Florida?

Yes  No If "Yes", list:

Title of Office: \_\_\_\_\_ Reason for Suspension: \_\_\_\_\_

Date of Suspension: \_\_\_\_\_ Result: Reinstated Removed Resigned

18. Are there any pending lawsuits against you or are you a party to a lawsuit in any court in which you are the plaintiff or defendant? Yes  No If "yes", what type and where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Have any judgments been entered against you as a result of any civil or administrative proceeding(s)? Yes  No  If "yes", identify the proceeding(s) that resulted in the judgment and the date the judgment was entered.

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20. Are you now engaged in activities, or have you engaged in activities in the past, that will reflect unfavorably on the board to which you seek appointment? Yes  No  If "yes", explain.

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21. Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No  If "Yes", explain.

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**EDUCATION, LICENSURE, MEMBERSHIPS**

22. Education:

A. High School: ET. LAUD HIGH SCHOOL Year Graduated: 1976  
(Name and Location)

B. List all postsecondary educational institutions attended:

<u>Name and Location</u>	<u>Date Attended</u>	<u>Certificates/Degrees Received</u>
<u>UNIV OF TENNESSEE</u>	<u>1976-77</u>	
<u>UNIV OF FLA</u>	<u>1977-1980</u>	<u>B.S. MARKETING</u>
<u>BELLARMINI UNIV</u>	<u>1983-1985</u>	<u>MBA</u>

23. Have you received any degree(s) or professional certification(s) related to the subject matter of this appointment? Yes  No  If "Yes", list:

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24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes  No  If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, and/or disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

<u>License/Certificate Title &amp; Number</u>	<u>Original Issue Date</u>	<u>Issuing Authority</u>	<u>Disciplinary Action/Date</u>
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25. Identify all association memberships and association offices held by you that relate to this appointment:

N/A

26. Name any business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

Name Mailing Address Office(s) Held & Term Date(s) of Membership

NON-PROFIT BOARDS

YWCA - WINSTON-SALEM

UNITED WAY FORSYTH COUNTY

SENIOR SERVICES - FORSYTH COUNTY

BOARD MEMBER

2005-2011

27. Are you now, or have you within the past four (4) years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender? Yes (No) If "yes", detail the name and nature of the organization, relevant policies and practices, and state whether you intend to continue as a member if appointed by the Board of Governors.

**EMPLOYMENT HISTORY AND PROFESSIONAL BACKGROUND**

28. Concerning your current employer and for all of your employment, including self-employment, during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment:

Employer Name and Address Type of Business Occupation/Title Period of Employment

REYNOLDS AMERICAN TOBACCO CEO/CHAIRMAN 6.5 yrs.  
WINSTON SALEM, NC 27104

29. Have you ever been employed by any state, district, or local government agency in Florida? Yes (No) If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment, and reason for leaving:

Position Employing Agency Period of Employment

30. Have you ever been responsible or played a role in managing a business or other corporate entity?  Yes  No "Yes", state the name of the business, the dates of your involvement, and provide a brief description of your involvement.

CEO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Are you or have you ever been a member of the United States armed forces? Yes  No

If "Yes" list:

A. Dates of service: \_\_\_\_\_

B. Branch or component: \_\_\_\_\_

C. Date and type of discharge: \_\_\_\_\_

32. Do you currently hold an office or position (appointive, civil service, or other) with the Federal or any foreign government? Yes  No  If "Yes", please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes  No  If "Yes", list:

Title of Office: \_\_\_\_\_

Term of Appointment: \_\_\_\_\_

Confirmation results: \_\_\_\_\_

34. Have you ever been elected or appointed to any public office in this state? Yes  No

If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district or state):

<u>Office Title</u>	<u>Date of Election or Appointment</u>	<u>Term of Office</u>	<u>Level of Government</u>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your service was on an appointed board(s), committee(s) or council(s):

A. How frequently were meetings scheduled? \_\_\_\_\_

B. If you missed any of the regularly scheduled meetings, state the number of meetings attended, number missed, and the reason(s) for absence(s).

Meetings Attended

Meetings Missed

Reason for Absence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



35. Have you ever served on any profit or not-for-profit board?  Yes No If "Yes", state the title, date of appointment, length of service, and provide a brief description of your involvement.

SEE 26.  
ALSO UNIV OF FLA FOUNDATION BOARDS  
WAKE FOREST UNIV. 2006-2009.  
ARDONNELLI 2009-PRESENT

36. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes  No If "Yes", please explain:

A. Did you receive any compensation other than reimbursement for expenses? Yes No

B. Name of agency or entity you lobbied and the principals you represented:

Agency Lobbied

Principals Represented

37. Describe your experiences and interests or elements of your personal history that qualify you for this appointment.

LEADERSHIP

38. Describe your understanding of the role of a member of a university board of trustees.

FULL UNDERSTANDING OF GOVERNANCE,  
FIDUCIARY RESPONSIBILITIES.

**CONFLICT OF INTEREST**

39. Describe any involvement with and/or relationship to the university to which you are applying (other than as a student).

UNIV OF FLA FOUNDATION BOARDS

40. Have you, or any business of which you have been an owner, officer, or employee, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment? Yes  No If "Yes", identify:

Name of Business

Your Relationship to Business

Business' Relationship to University

41. Have members of your immediate family (spouse, child, parent(s), sibling(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any employment or contractual relationship during the last four (4) years with the university to which you are seeking appointment? Yes  No  If "Yes", explain:

<u>Name of Business</u>	<u>Family Member's Relationship to you</u>	<u>Family Member's Relationship to Business</u>	<u>Business' Relationship to University</u>

42. Do you know of any reason why you will not be able to attend fully the duties of the position to which you have been or will be appointed? Yes  No  If "yes", explain:

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**REFERENCES**

43. List three persons who have known you well during the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

<u>Name</u>	<u>Mailing Address</u>	<u>Zip Code</u>	<u>Area Code/Telephone Number</u>
TOM ADAMS	1514 REYNOLDS DR.	27104	336-741-5125
DEBORAH CARPENTER-TOYE	3324 NE 15 ST	33305	954-303-6460
ANNA CARPENTER	1636 SE 12 <sup>th</sup> CT.	33316	954-566-3528

**CERTIFICATION**

STATE OF FLORIDA

COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared Susan M. Cameron who after being duly sworn, says: 1) that he/she has carefully prepared or read the answers to the foregoing question; 2) that the information contained in said answers is complete and true; 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida. Be it further known that in signing this document the undersigned understands that a background check by the Florida Department of Law Enforcement will be performed on all nominees who are recommended to the Florida Board of Governors and that he/she has received a copy of the Board of Governors' Statement on the Collection, Use or Release of Social Security Numbers.

Susan M. Cameron

Affiant's signature

Sworn to and subscribed before me on this 17<sup>th</sup> day of May, 2011, by

\_\_\_\_\_

[Signature]  
(signature of notary)



(typed, printed or stamped name of Notary Public Underwriters)

Notary Public

Commission No.:

My Commission Expires:

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_