



# Appointments Questionnaire

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

10/26/2022

<b>Name:</b>	Mr.	Clay	Murphy	Date Completed
	MR./MRS./MS./DR.	FIRST	LAST	Griffin
				MIDDLE/MAIDEN

## Section 1- General Information

List all your places of residence for the last ten (10) years.

Address	City & State	Dates: From / To
[REDACTED]	[REDACTED]	Feb 1994-Present

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

Address	City & State	Dates: From / To
NONE		

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:

Date	Place	Nature	Disposition

## Section 2- Education and Background

High School: Palatka High School Year Graduated: 1978  
 (Name) (Location)

List all postsecondary education institutions attended:

Name	Dates	Degree Received
St Johns River Community College	1978-1979	N/A
Florida Highway Patrol Training Academy		LEO certificate

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

If "Yes" List:

Dates of service: \_\_\_\_\_

Branch or component: \_\_\_\_\_

Date & type of discharge: \_\_\_\_\_

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

Employer's Name & Location	Type of Business	Occupation Title	Period
WRTW Inc 2720 SR 16	Restaurant	Owner/Operator	2008/Present

Have you ever been employed by any state, district, or local governmental agency in Florida?

Yes  No

If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position	Employing Agency	Period of Employment
Florida State Trooper	Florida Highway Patrol	7/12/1982-6/30/2008

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:

---

---

---

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

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

Office Title	Dates in Office	Level of Government	Election or Appointment

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

- (1) How frequently were meetings scheduled: \_\_\_\_\_
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

Meetings Attended	Meetings Missed	Reason for Absence

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

If "Yes" give details:

Date	Nature of Violation	Disposition

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

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes  No

If "Yes", list:

(1) Title of Office: \_\_\_\_\_

(2) Term of Appointment: \_\_\_\_\_

(3) Confirmation Result: \_\_\_\_\_

Have you ever been refused a fidelity, surety, performance, or other bond? Yes  No

If "Yes", explain:

License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date
---------------------	--------------	-------------	-------------------	--------------------------


### Section 3- Possible Conflicts of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes  No

If "Yes", explain:

Name of Business	Your Relationship to Business	Business Relationship to Agency
------------------	-------------------------------	---------------------------------


Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes  No

If "Yes", explain:

Name of Business	Relationship to You	Relationship to Business	Business Relationship to Agency
------------------	---------------------	--------------------------	---------------------------------


Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes  No

(1) Did you receive any compensation other than reimbursement for expenses? Yes  No

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

Are there any possible conflicts of interest that could affect your ability to serve as a gubernatorial appointee?

No

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. CGM

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. CGM

#### Section 4- References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

30 year resident of St Johns County, Board Chair Oakbrook Homeowners association 2 years. Board Chair "Alpha Omega Miracle Home" 12 years. VP Flagler College Saints Club Board. Committee member National BBQ and Grillers association. Small Business owner here in St Johns County for the past 14 years in the service industry.

Please list specifically any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment:

State certified instructor with over 20 years of teaching experience in several subjects from First responder, DUI detection, Academy Firearms instructor, CPR bloodborn pathogens instructor, Employee Hire and supervise 14 years.

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

I have recieved recognition for excellence in leadership from Alpha Omega Miracle Home, Sonny's BBQ corporate headquarters and Flagler Athletics. Trooper of the year 2002.

Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

Name of the Association	Role	Dates of Membership
NRA	Member	Life
NBBQA	Member	2015-present
AOPA	Member	1995-present

Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes  No

If "Yes", explain:

---



---



---



---



---

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

Name	Organization	Phone Number
Mr. Robert Martin	Indorphin Farms Owner	904-742-1542
Pastor Philip Cochran	Family Worship Center	904-814-2332
Jud Damon	Flagler College AD	904-819-6252

In the following space, please explain why you want to serve as a gubernatorial appointee and share anything else that you think may be helpful:

As a friend of the former commissioner the Honorable Paul Waldron and his family, first and foremost I want to carry on his conservitive legacy. Secondly, I have enjoyed the labor of those who have served and feel a deep responsibility to step up and do my civic duty to this community. Positions like this one have more and more over time discouraged good men and women from political positions. Campaigns can be hard on families. But even with the public scrutiny that comes with this position our communities suffer when good men and women defer service. I feel this is the time for me to step up and serve with the blessing of my wife and childred and grandchildren and without reservation

## Section 5- Certification and Signature

I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

By checking this box and typing my name below I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/ Clay  
First Name

G  
Middle Initial

Murphy  
Last Name

          
Suffix

***Please save this document to upload with your board application.***

*If you have any questions, please call (850) 717-9243 or email [Appointments@eog.myflorida.com](mailto:Appointments@eog.myflorida.com)*

Historicity  
NEWS