

## 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.

25 October 2020

Date Completed

Name:	MR.	Gerald.	Dedge.	Howard
	MR/MRS/MS/DR.	FIRST	LAST	MIDDLE/MAIDEN
Section 1-	General Infor	mation		
List all your	places of residence (	for the last ten (10) y	cars.	
Addr	ess	City & State		Dates: From / To
102 Neptune	Road	Saint Augustine, Flo	rida	12/91-present
		90900000000000000000000000000000000000		
List all your adulthood Addr Bad Kissinger Fort Rucker	ess	esidences outside of City & State Germany Alabama	Florida that you have	maintained at any time during  Dates: From / To  05/79- 03/81  03/83-03/84

## Section 2- Education and Background

High School:	igh School: Nathan Bedford Forrest High School		Year Graduated; 1976	
(Name) (Location)				
List all postsec	condary education	institutions attended:		
Name		Dates	Degree Received	
Saint John's Community College. Vincennes University.		97-98.	Law Enforcement/ Criminal Justice Associates Degree in Science	
		08-09.		
Embry Riddle.		12-current,	BS in Professional A	eronautics
Are you or hav		member of the armed forces	of the United States? Yes	No
	Dates of service:			
	Branch or compo	onent: Army/Florida Army I	National Guard	
	Date & type of d	ischarge: Retired 31 Janua	ary 2021	
employment. Employer's Nam	e & Location	Type of Business 15 Lewis Speedway, Saint Augustin	ion or job title, and period(s)  Occupation Title ne. Fl. 32084 Captain/ Air/Marine.	Period 11/20-08/21
		32 Marine Street, Saint Augu		09/03-01/21
Yes 🗸 No			overnmental agency in Florid  g agency, and the period(s) of	
Position Captain.		Employing Agency Saint John's County Sheriffs C	Period of Employme Office. Part time 12/97-11/20 Fu	

Do you currently hold an office or post foreign government? Yes No	ition (appointive, civil service, or o	ther) with the federal or any
If "Yes", please list:	' <u> </u>	
N/A		
	E .	
Have you ever been elected or appoint	ed to any public office in this state?	Yes No V
If "Yes", state the office title, dates in and whether you were elected or appoi		unty, district, state, federal),
Office Title Dates in Office N/A	Level of Government	Election or Appointment
If your service was on an appo	sinted board(s), committee(s), or co	uneil(s):
(1) How frequently were meet	tings scheduled: N/A	_
	egularly scheduled meetings, state t missed, and the reasons(s) for your Meetings Missed	
Has probable cause ever been found th	at you were in violation of the Cod	e of Ethics for Public Officers
ind Employees, Part III, Chapter 112, 1		
f "Yes" give details:		
Date Nature	of Violation	Disposition
Have you ever been suspended from ar	ny office by the Governor of the Sta	ate of Florida?
If "Yes", list:		
Title of Office:	Reason for suspension:	
Date of suspension:	Result: Reinstated Re	emoved Resigned

Yes No 🗸		
If "Yes", list:		
(1) Title of Office	ce:	
(2) Term of App	pointment:	
(3) Confirmation	n Result:	
Have you ever been	refused a fidelity, surety, performance, or ot	her bond? Yes No
If "Yes", explain:		
License/Certificate	Title/Number Date Issued Issuing A	Authority Disciplinary Action/Date
Have you, or busines other direct dealings including the office of Yes No	ible Conflicts of Interest  sees of which you have been an owner, office during the last four (4) years with any state or agency to which you have been appointed	or local governmental agency in Florida,
Have you, or busines other direct dealings including the office of	ses of which you have been an owner, office during the last four (4) years with any state	or local governmental agency in Florida,

Agency Lobbied	Principal Represented
Are there any possible conflicts of interest that appointee?	could affect your ability to serve as a gubernatorial
None	
lf you agree, please type or write yo <mark>ur ini</mark> tials	for each of the following statements:
(1) If appointed, I agree to follow, as appl meeting laws. GHD	icable to the position, Florida's public records and open
(2) If appointed, I agree to follow, as appl Officers and Employees, Part III, Chap	icable to the position, the Code of Ethics for Public oter 112, F.S. GHD
Section 4- References and Experie	nce
State your experiences and interests or elemen appointment:	ts of your personal history that qualify you for this
	Varrant Officer of the Florida National Guard,
	heriffs office have given me numerous
	nave excelled. I have always put the ewithin succeeds. Being a team player has
	e within succeeds. Being a team player has intinue as the next county commissioner of
Please list specifically any degree(s), profession	onal certification(s), or designations(s) related to the subject
	lorida Army National Guard
Captain, Saint John's County Sheri	
	ohn's County Veterans Council
Please list any awards or recognitions you hav appointment:	e received relating to the subject matter of this

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
Fraternal Order of Police,	Member.	1997-2012
Executive Committee Saint John's (	County Veterans Counci	l. 2019-present
Association United States Army.	Member.	2009-present
Military Officer Association of Ameri	ca Member.	2017-present
Do you know of any reason why you w to which you have been or will be appoint "Yes", explain:		lly to the duties of the office or position
List three persons who have known you		
number. Exclude your relatives and me		
Name	Organization	Phone Number
Sheriff Rob Hardwick.	Saint John's County	
MG James Eifert. MG John Haas.	Florida National Gua Florida National Gua	
and demonstrated leadership I bring a diverse mix of organi:	pful: combat veteran I offe to the citizens and v zational, situational,	er my experience, knowledge visitors of Saint John's County, and leadership to the Board of
		leader with exceptional people
skills and an in depth knowled	ge of Saint John's C	ounty. My 42 years as a

aviation warrant officer have given me the awareness, strategic insight and lasting reputation to serve the the people of Saint John's County. I would treasure the prospect of giving back to the community and I have the strength

and vision to lead this county into the future.

## Section 5- Certification and Signature

I understand that any application may be the basis application may be the basis appenalties. I agree to these con attachments and the facts stat and belief.	I am aware that with for non-appointment in additions, and I declare	hholding information or m by the Executive Office of e that I have read the foreg	aking false statements on this the Governor and criminal going application and any
By checking this box ar understand that an electronic	nd typing my name be signature has the sam	clow I am electronically signs force and offect as a wri	gning my application and tten signature.
/s/ Gerald First Name	H Middle Initial	Dedge 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 weog.mv/lorida.com