

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.

10/29/2022

Date Completed

MIDDLE/MAIDEN Dates: Prom / To 10/01/2017 to present 07/01/2016 to 10/01/2017 08/01/2005 to 07/01/2016
10/01/2017 to present 07/01/2016 to 10/01/2017
10/01/2017 to present 07/01/2016 to 10/01/2017
08/01/2005 to 07/01/2016
have maintained at any time during Dates: From / To
federal, state, county, or municipa fine or civil penalty of \$150 or less

Section 2- Education and Background

High School: Flore	da Junior College South Campus	Year Graduated: 1976
(Name)	(Location)	
List all postsecond	lary education institutions attended:	
Name	Dates	Degree Received
Jacksonville University	01/07/1976 to 09/01/1978	
	8 4 6 4 7 1 1 1 1 1 1	<u> </u>
Are you or have yo	ou ever been a member of the armed forces	of the United States? Yes No
If "Yes" List:		
Da	ates of service:	
Br	anch or component:	
Da	ite & type of discharge;	
employer's name, temployment.	urrent employer and for all of your employ business address, type of business, occupat	tion or job title, and period(s) of
Employer's Name & I Merrill Lynch 4802 D		Occupation Title Period Management Vice President, Regulatory Oversight
Merrill Lynch dates	of employment- 01/05/1998 to 05/02/2017	
Have you ever beer	n employed by any state, district, or local g	governmental agency in Florida?
	he notition(s) the name(s) of the employing	g agency, and the period(s) of employment:
Position	Employing Agency	Period of Employment
_		

Do you currently foreign government of "Yes", please	ent? Yes No_		other) with the federal or any
		S.	
Have you ever be	en elected or appointed	to any public office in this stat	te? Yes No 🔽
If "Yes", state th	e office title, dates in offi	ice, level of government (city,	county, district, state, federal),
Office Tit		ed (if appointed, by whom): Level of Government	Election or Appointment
	7		
If your s	ervice was on an appoint	ted board(s). committee(s), or	council(s):
(1) How	frequently were meeting	gs schedu <mark>led</mark> ;	
atten	ou missed any of the regu ded, the number you mis Meetings Attended	tlarly scheduled meetings, statessed, and the reasons(s) for your Meetings Missed	e the number of meetings you ur absence(s). Reason for Absence
-	ase ever been found that Part III, Chapter 112, F.S		ode of Ethics for Public Officers
If "Yes" give det			
Date	Nature of	· Violation	Disposition
Have you over b	een suspended from any	office by the Governor of the	State of Florida?
If "Yes", list:			
Title of Office:_		Reason for suspension	n;
Date of suspensi	on:	Result: Reinstated	Removed Resigned

(1) Title of Offi			
(2) Term of App	oointment:		
(3) Confirmation	n Result:	4	
Have you ever been	refused a fidelity.	surety, performance, or oth	ner bond? Yes No
If "Yes", explain:	6		1
License/Certificate	Title/Number	Date Issued Issuing A	uthority Disciplinary Action/Date
other direct dealings	ses of which you l during the last fou	have been an owner, office ir (4) years with any state o	
Have you, or busines other direct dealings including the office	ses of which you learing the last four or agency to which	have been an owner, office ir (4) years with any state o	r, or employee, held any contractual or or local governmental agency in Florids or are seeking appointment? Business Relationship to Agency

(1) Did you receive any compensation other (2) Name of agency or entity you lobbied as	than seimbursement for expenses? Yes No
Agency Lobbied	Principal Represented
Are there any possible conflicts of interest that cappointee?	ould affect your ability to serve as a gubernatorial
If you agree, please type or write your initials for	r each of the following statements.
(1) If appointed, I agree to follow, as applied meeting laws. jsl	able to the position, Florida's public records and open
(2) If appointed, I agree to follow, as applied Officers and Employees, Part III, Chapte	while to the position, the Code of Ethics for Public or 112, F.S. jel
Section 4-References and Experience	ee
State your experiences and interests or elements appointment:	of your personal history that qualify you for this
Since retirement 5 years ago, I've spe	ant numerous hours interacting with
thousands of the citizens in this coun	ty. I am an REC Precinct Committeeman: ub whose team knocked over 5000 doors
	and texts in the primary election. I am a
voter registration-captain, a poll watch	her, an event organizer and trainer, I vett
and assist our local down ballot cand	idates and Lattend BCC meetings.
Please list specifically any degree(s), professions matter of this appointment:	al certification(s), or designations(s) related to the subje
State Securities/Industry/Investment	Supervisory licenses and exams: Series 7
9, 10, 63, 66. Included regulatory over	ersight and management of various
investment products and authority to	supervisory oversight of those products
Please list any awards or recognitions you have a	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
St Johns County REC	Committeewoman	2019 to present
Greater St Augustine Republica	in Club Member	2021 to present
Nocatee Republican Club	Member	2021 to present
Liberty Lovers Republican Cons	servatives Co-Chair	2020 to present
	8 8 4 8	
	The Block Bridge	
Do you know of any reason what to which you have been or will If "Yes", explain:		end fully to the duties of the office or position
	PERMIT	
	Of the second	
	Of Carlot	
number. Exclude your relatives	s and members of the Florida	
number. Exclude your relatives Name	s and members of the Florida Organization	Sonate. Phone Number
number. Exclude your relative: Name Mrs. Cynthia A Jean	s and members of the Florida Organization Retired	Phone Number 904-631-6281
number. Exclude your relative: Name Mrs. Cynthia A Jean Mrs. Shelley D. Smith	s and members of the Florida Organization Retired Retired	Phone Number 904-631-6281 904-651-1018
number. Exclude your relatives	s and members of the Florida Organization Retired	Phone Number 904-631-6281

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 th 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/ Jacqueline S LeBlanc
First Name Middle Initial 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.my/lorida.com

