

Appointments Questionnaire

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

			11/1/22
			Date Completed
Name: ^{Mr.}	Mercer	Clarke	Кауе
MR./MRS./MS	JDR. FIRST	LAST	MIDDLE/MAIDEN
Section 1- General In	iformation		
List all your places of reside	nce for the last ter	n (10) years.	
Address 4880 Hammock Lake Dr., C		k State	Dates: From / To 1984/2014
7015 Charles Str., St. Augus	stine FL 32080		2015/present
	2		
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		-	
	-	MIAC	
List all your former and curr adulthood	ent residences out	Iside of Florida that you hav	ve maintained at any time during
Address	იი ა	& State	Dates: Front / To
law, regulation, or ordinance			eral, state, county, or municipal or civil penalty of \$150 or less
Date	Place	Nature	Disposition

Section 2- Education and Background

High School: Episcopal High Scho	ool, Alexandria, VA	Year Gradu	ated: 1962
(Name) (I	location)		
List all postsecondary education in	stitutions attended:		
Name	Dates	Degree Rec	
Wasdhington and Lee University	1962-1966	BA Econo	
University of Florida Law School	1968-1971	Juris D	octor
	Contraction of the second	10-	
		<	
Are you or have you ever been a m	nember of the armed for	rces of the United States?	Yes
If "Yes" List: Dates of service:	1966-1968		
Branch or compon		Re Haparabia	
Date & type of dis	charge: September 19		
employer's name, business address employment. Employer's Name & Location Clarke Silverglate, PA	Type of Business, occi Law practie	Occupation Title President/shareholder	Period 1993-2017
Have you ever been employed by a Yes No	ny state, district, or loc	al governmental agency in	ı Florida?
If "Yes", identify the position(s), th	e name(s) of the emplo	ying agency, and the perio	od(s) of employment
Position	Employing Agency	Period of E	nployment

Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No V				
	please list:		<u> </u>	
y ,				
Have you	ever been e	lected or appointed t	o any public office in this st	ate? Yes 🔽 No
- ·				, county, district, state, federal),
	her you were Milce Title	c elected or appointe Dates in Office	d (if appointed, by whom): Level of Government	Election or Appointment
	South Anastasia De		o present County	Appainiment
J	f your servic	e was on an appointe	d board(s), committee(s), or	r council(s);
(1)	How frea	ucntly were meeting	s scheduled; monthlhy if app	lications pending
(2)			ariy scheduled meetings, sta sed, and the reasons(s) for y-	ate the number of meetings you our absence(s).
	-	ngs Attended	Meetings Missed	Reason for Absence
All sched	uled	-		
		CTC		
_	-	Ott		
Has prob	able cause ev	v <mark>er been foun</mark> d that y	ou were in violation of the (Code of Ethics for Public Officers
and Empl	loyees, Part 1	III, Chapter 112, F.S	? Yes No V	
f "Yes" ;	give details;			
D	ate	Nature of V	/folation	Disposition
	-			
_	-			
	l ever been si lo	uspended from any c	office by the Governor of the	e State of Florida?
<u> </u>				
<i>lf "Yes",</i> Fitle of C			Reason for suspensio	ло.
			Result: Reinstated	
Jate of SI	uspension:		Result: Remstated	

Have you previously Ycs No 🖌	been appointed t	o any office tha	t required confirmation	by the Florida Senate?
If "Yes", list:				
(1) Title of Offi	ce:		-	
(2) Term of App	ointment:			
(3) Confirmation	n Result:	4		
Have you ever been	refused a fidelity,	surety, perform	ance, or other bond?	Yes No 🖌
If "Yes", explain:				
License/Certificate	Title/Number	Date Issued	Issuing Authority	Disciplinary Action/Date
			SV BR	
	-		77 ES	
	10			
		1		

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 \checkmark No

If "Yee"	explain.

Name of Business Clarke Silverglate Your Relationship to Business President/shareholder Business Relationship to Agency Attorney/client

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	~
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If "Yes", explain:

Name of Business

Relationship to You

Relationship to Business Business Relati

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

Did you receive any compensation other than reimbursement for expenses?
Name of agency or entity you lobbied and the principal(s) you represented:

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. MKC______
- (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. MKC

Section 4- References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment: My tenure on the SADRB has provided experience and insight into issues relating to land use in the county and the positives and negatives of development.

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

Board Member South Anastasia Design Rview Board

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

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
	1000	620
	N. S.S.S.S.	
	3	
Do you know of any reason why yo	ou will not be able t	to attend fully to the duties of the office or position
to which you have been or will be a	appointed? Yes	No 🖌
lf "Yes", explain:		
	0.0	
	- GPER	

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
George Jacunski	Retired Colonel, US Army	904-377-1561
Ned Skinner	Retired banker	515-208-1714
Earl Powell	Trivest (ret.)	305-798-0734

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:

St Johns County is an idyllic place for many reasons including the relaxed lifestyle, quality of schools, well maintained water venues, controlled development and a neighbors-help-neighbors mentality. I'd like to keep it that Way. After college I served as an officer in the US Army then, after law school, began working for, and became senior partner in, a large Miami law firm. In-1993 I started my own firm which continues a successful practice to this day. I served as president of the Miami Dade County Defense Bas Association and onthe board of the International Association of Defense Counsel. I've had a fair amount of leadership experience and would like to put it to good use.

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 1 am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.



Please save this document to upload with your board application.

If you have any questions, please call (850) 717-9243 or email Appointments(a/eog.my/lorida.com

