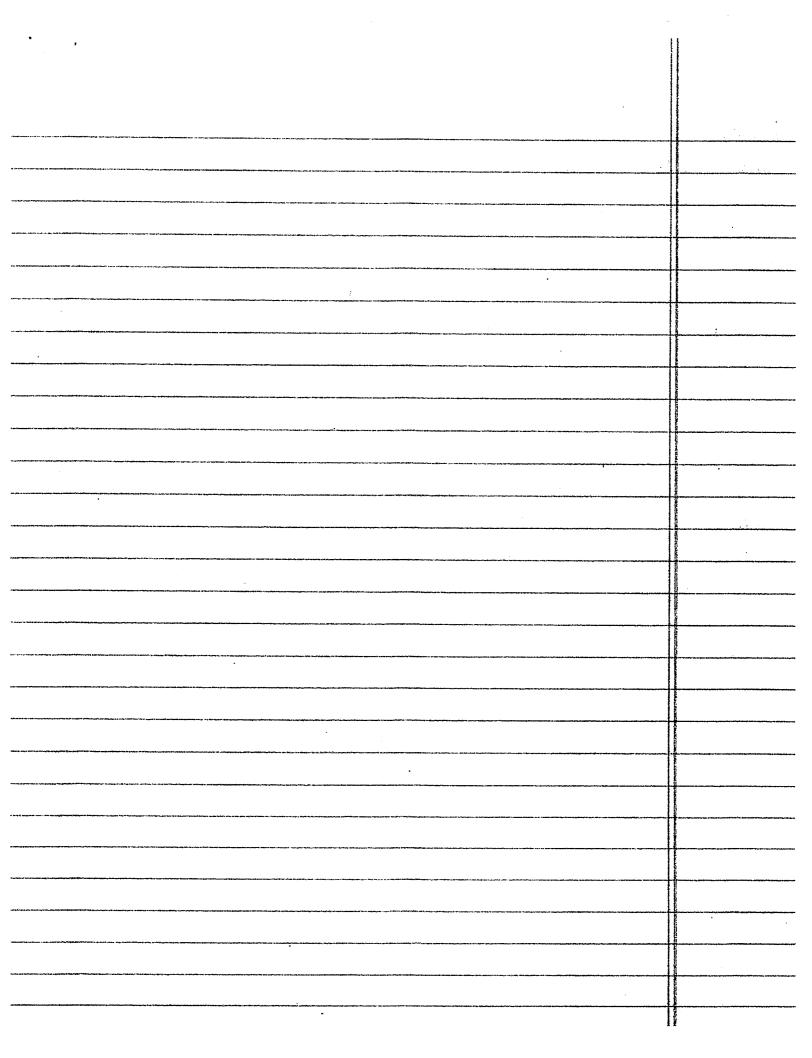
Joe Clay Meux Name 10/10/28 Date of Bith Memphis, Tennessee Place of Birth Sarah Elizabeth Freitag Meux wife Detect marriage 8/14/66 Clay (1969) John (1973) Children Retired Presbyterian Minister (1994) from occupation Mandarin Presbyterian Church (26 years) Freits Active Florida Lawyer (Pro Bono) Chaplain (COL) U.S. Army Retired Serve Elderly Poor at Mary Singleton Servior Center under Jacksonville Area Legal Aid Attend Riverside Presbyterian Church Church Civic Mandarin Rotary Emeritus (original member) Shive Counselor (1992-2014) started program in Duval County (Serving Health Insurance Needs of Elders) Board Member Emeritas, Elder Source (Northeast Area Agency of Aging) President, Jacksonville Chapter, Freedoms Foundation, Valley Forge, PA



## APPLICATION FOR CITY COUNCIL BOARD AND COMMISSION APPOINTMENTS

This form must be completed in full, signed, notarized and accompany a current resume.

1.	Board(s) of Inte	rest: Jackso	nville-Duval	County Coun	cil on Elder Affairs	<u> </u>
		par/leam about the second to the second seco		pportunity? <u>CM</u>	Tommy Haz	zonti
			Perso	onal Information	n	
3.	Name: I	)r.	che	Clay Middle/Maidsh	Meux	
•	Dr./	Mr./Mrs./Ms.			Meux	Suffix(Jr./Sr./III/etc.)
4.	Residence:	12988 Street	Manda	rin Rd. Jo	ox, Duval	31223 Zip Code
		Post Office Box  (904)	U8-5008	City	County (904) 31	Zip Code 8-8417
5.	Business:	Retir Business Name	ode) number		Mobile: (area code) nur	
		Street		City	County	Zip Code
		Post Office Box	-	City	County	Zip Code
		Telephone: (area co	ode) number		FAX: (area code) numb	er
6.	Email Address:	_JMEUX	a bells	bouth a net	<b>-</b>	
<b>7</b> .	To which addre	ss do you prefer	correspondence re	egarding this applica	ation be sent? 🙎 Reside	nce 🔲 Business
8.				Statutes, regarding	•	Yes 🔀 No
	If yes, please ex	xplain:			<u>-</u>	
<b>9</b> .	Your Gender:	Male □	Female			
10.	Describe yourse 760.80, Florida Caucasian African Ame	<i>Statues. <u>Access</u> erican</i>	the Statute online As Na	ries below. This inf <u>.</u> ian American tive American nerican woman	formation is requested purs	suant to Section
11.	As of what date	have you been a	a continuous reside	ent of:		
	A.	Duval County? _	Month/Day/Year	769 B. FI	orida? 1/15/ Month/Day/Yo	1969 BBT
12.	Are you're a U.	S. Citizen?	∛Yes □ No		-	
13.	Are you register	red to vote in Flo	rida? XYes	□No If yes,	County of Registration:	Duval

_			
		211	^-
Eu	uu	au	on

				_	aucation					
14. Hi	gh School:	White	haver	<b></b>	Whi	tehave	n, T	Enness State	iee_	
	ostsecondar me and Locati	y Institutions:			Dates Attended			Certificate/Degr	ee Eamed	
F	Shodes	- Calle	ae N	1emph	ia, TN	1947-	·50	BA		
$\dot{\boldsymbol{y}}$	ANDE	SBILT !	LAW S	hool	Nashvill	e TW 19	153-5L			
L	nisina	lle Pres	by ter	a'n Ser	NIWYU	Laukvi	ille Ku		3 BD	
V	ANDER	BILT	Divini	. Iu Scha	ol Nas	hville. 7	TN .	1965~	17 D.A	NIN.
u	inion i	?RESby1	terian'	Jemien	pleyment	KIGNIYIO	ma, va	1967-	68 TH	M
6. Pr	ovide the re aborate in y	quested information	mation for a d resume.	il employers	within the last f	īve years, beç	ginning with t	he most curre	nt. Please	:
A.				byteria	n Chur	ch d	ax., Fl.	(Retin	ed 199	14)
	Type of Busi	iness		Occ	upation/Job Title			Dates of Employ	yment	
В.										
	Employer				Address			* =		
	Type of Busi	iness		Occ	upation/Job Title			Dates of Employ	yment	
C.	Employer				Address	•				
	Type of Busi	Iness		Occ	upation/Job Title	<del></del>		Dates of Emplo	yment	
				Special	Qualification	ons				
CO	mmittee, ind	cluding any ty	pe of licens	ure or certifica	to your being a ation you hold, in your attac	as well as an	y civic, profe	nission, cound ssional, or po	cil or litical	
	_	License or Certifi	•	Number	•	Granting Age		Date	Granted	
I	he Fl	orida	Bar	079850	9	TheFlor	rida.Bar	. 5	12/89	
P	resby	berian M	liniste	r Retir	ed	_	rteriain (		1963	
	•	Chapli	_				Army		1965	
	•	rofessional or Pol			Office(	s) Held	/	<u>Meml</u>	bership Dates	
1	Manda	rin Ro	stary	Emeri	tus			19	974	
_		_			doms Fou	indation	VallyF	orge, Pa	Pres	Acti
E	Florid	a Bar	·		member			ر 		tctiv
J	lackson	nuille l	Bar		Page Mem h	oer				Activ
		see	_		mem	lber			1	Retir
		yterian		か	mis	ister				Retir
	_	,								

Have you ever	Date of Suspension		13200	
	been suspended from any pu	ublic office or appointment?		s, please provide:
<ul><li>A. Part III, Cha</li><li>B. Chapter 60</li></ul>	ause ever been found that yo apter 12, <i>Florida Statut</i> es, the 2, <i>Jacksonville Municipal Cod</i> above, please provide: <u>Nature of Violation</u>	ou were in violation of: e Code of Ethics for Public Officers and de, the Jacksonville Ethics Code?	Employees? [	Yes No Yes No
If yes, did you r Agency Lobbied	eceive compensation other the	han reimbursement for expenses? [ Principalis) Represented	]Yes □ No	<u>Dates</u>
years? ∐ Yes	B □ No .	you lobbied at any level of governmen	t at any time du	ring the past four
If required by la	aw or administrative rule, will	you file financial disclosure statements	? 🔼 Yes	□No
		Ethical Disclosure		
	s) Chaplain	(COL.) U.S. Army	Retired,	Florida Rés
Pro Bong		ation, Retired, Floris		
Tenness Pro Bong	iee Bar Associo	L · O 1 3' +1 '	1. R 1	

24.	lave you ever been refused a fidelity, surety, performance, or other bond?  Yes Mo No f yes, please provide:							
	Type of Bond	Insurer or Bond	<u>Date</u>		Re	ason(s) Given		
25.	Do you know an may be appointe	y reason why you wo ed? ☐ Yes ☐ N	ould not be able to atte lo If yes, please o		uties of the office or p	osition to which you		
			History of	Service				
26.	Have you ever b	een elected to any p	ublic office in Florida?	☐ Yes	No If yes, plea	se provide:		
	Office Title	<u>Date of El</u>	<u>ection</u>	Term of Office	Ler	rel of Government		
27.	Yes No	If yes, please pro	to any office that requovide:		Term of Appointment	City Council?		
28.	Have you ever t	peen employed by an	y local governmental a	gency in Jackso	onville/Duval County?	Yes <b>X</b> No		
	Position		Employing Agenc	<u> </u>	<u>Da</u>	tes of Employment		
29.	If you served on meetings, pleas		commission, council,	or committee, a	nd missed any regula	rly scheduled		
	Number of Meetings	s Attended	Number of Meetings Missec	l	Reason for Absence(s)			
			<u></u>					
			<del></del>					



## JACKSONVILLE CITY COUNCIL AUTHORITY FOR RELEASE OF INFORMATION

(Background Investigation Waiver)

APPLICANT'S FULL NAME: _	Joe First	Clay	Meux	Suffix(Jr./Sr./III/etc.)
MAIDEN NAME, IF APPLICAB	LE:	•		
RESIDENTIAL ADDRESS:	2988 Ma	ndarin Rd.	Jacksonville	FI. 32223
RACE: Ca 4 Casión		Male.	-	
I hereby authorize the release of Sections 943.13 (4), (5), and (7), to state or federal law. Civil pen	F.S., Chapter 2001	-94, Laws of Florida. o	disclosure of information is a	required unless contrary
Applicant's Sig	nature		Date	
			JSO use only:	
The following information will be BIRTH DATE:		olic records:	emphis, TN	USA
DRIVER LICENSE: MAOO	- 423- 29	3700	Florida	
SOCIAL SECURITY NUMBER	408-42	L-8839	<del></del>	

## **CERTIFICATION / AFFIDAVIT**

STATE OF COUNTY OF	Duval
Before me, the undersigned Notary Public, personally appeared	executed the foregoing instrument of his/her own
Signature of the Applicant  Sworn and subscribed before me this 29 day of A	PP1)
Pesua Bello Signature of Notary Public	Leste Be//O Print, type, or stamp commissioned name
Personally Known OR LESLIE BELLO Notary Public, State of Florida Compression# GG 151226	EloRina Drivers Land Type of identification produced