

FOR THE CRIST TRANSITION OFFICE

The Capitol, Tallahassee, Florida 32399-0001

The information from this page has been requested and will be used exclusively by the CRIST TRANSITION OFFICE. Please type or use black ink.

1. Board of Interest: 7th Judicial Nominating Committee _____
2. Current Employer and Occupation: Retired president of Hudson Technologies Inc. _____
3. Are you applying for reappointment: Yes No
4. *Do you have a disability? Yes No If "Yes", please describe your disability that would qualify you for this appointment, if applicable.
5. *Sex: Male Female
6. *Race: White Native-American/Alaskan Native
Hispanic-American Asian/Pacific Islander
African-American
7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. NO

____ Paul D Clare _____

Applicant's Name, including name
commonly used (Please print)

* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

RECEIVED

OCT 11 2007

GOVERNOR'S APPOINTMENTS
OFFICE

QUESTIONNAIRE FOR GUBERNATORIAL APPOINTMENTS

The information from this questionnaire will be used by the Crist Transition 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 _____

8/ Oct/ 07

Date Completed

1. Name: Mr. Clare Paul D
MR./MRS./MIE LAST FIRST MIDDLE/MAIDEN

2. Business Address: _____
STREET OFFICE # CITY
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Residence Address: 390 John Anderson Dr Ormond Beach Volusia
STREET CITY COUNTY
Fl 32176 386 676 9122
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business Residence X _____ Fax # _____
(optional)

4. A. List all your places of residence for the last five (5) years.

<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>FROM</u>	<u>To</u>
Above residence		1991	Present _____

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

<u>ADDRESS</u>	<u>CITY & STATE</u>	<u>FROM</u>	<u>To</u>
South Dakota Tech	Rapid City SD	1955	1959
U S Army	Bremerhaven Germany	1959	1963
General Electric (top secret clearance)	Richland WA	1963	1965
University of Washington	Seattle WA	1965	1966
Kaiser Aluminum	Spokane WA	1966	1971
"	Oakland CA	1971	1974
"	Sydney Australia	1974	1977
"	Louisville KY	1977	1979
"	Edison NJ	1979	1985
Hudson Technologies	Newark NJ	1985	1991
"	Ormond Beach FL	1991	present

5. Date of Birth: 12 August 1937

6. Social Security Number: XXXXXXXXXX

7. Driver License Number: C460-684-37-292-0

Issuing State: FL

8. Have you ever used or been known by any other legal name? Yes No If "yes" Explain

9. Are you a United States citizen? Yes

If you are a naturalized citizen, date of naturalization: _____

10. Since what year have you been a continuous resident of Florida? 1991

11. Are you a registered Florida voter? Yes No If "Yes" list:

A. County of registration: Volusia

B. Current party affiliation Republican

12. Education

A. High School: Washington HS Sioux Falls SD Year Graduated 1955

(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

NAME & LOCATION	DATE ATTENDED	CERTIFICATES/DEGREES RECEIVED
South Dakota Tech	1955-1959	BS Engineering _____
University of Washington	1965-1966	MBA _____

13. Are you or have you ever been a member of the armed forces of the United States? Yes No If "Yes" list:

A. Dates of service: Active Duty 1959-1963 Active Reserves 1963-1967 _____

B. Branch or component: Captain US Army Corp of Engineers _____

C. Date & type of discharge: 1967 Honorable _____

14. 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.) If "Yes" give details:

DATE	PLACE	NATURE	DISPOSITION
NO			

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

EMPLOYER'S NAME & ADDRESS	TYPE OF BUSINESS	OCCUPATION/JOB TITLE	PERIOD OF EMPLOYMENT
1. Hudson Technologies	Manufacturing	president	1985-2002

16. 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

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment. _____

Know the community very well. _____

Past chairman of Daytona Beach – Halifax area Chamber of Commerce _____

Past chairman of Volusia Manufacturers Association _____

Past chairman of the Advanced Technology College (DBCC- Volusia-Flagler schools joint project) _____

Past chairman of the Workforce Development Board of Volusia – Flagler Counties _____

Past chairman of Buthune –Cookman University Board of Counselors

Past chairman of the Volusia County Economic Development Comm.

Past chairman of the Florida Hospital Memorial Foundation

Member of the Civic League, Florida Hospital Memorial System Board, Tiger Bay Club, Speedway Checkered Flag Comm. and American Leagion

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes No If "Yes", list: _____

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes No
If "Yes", list

Volusia Manufactures Hall of Fame Adward _____

Florida Hospital Memorial Foundation Humanitarian of the Year Award _____

D. Identify all association memberships and association offices held by you that relate to this appointment:

See A Above _____

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes No If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

- (1) How frequently were meetings scheduled: Usually monthly _____
- (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

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

DATE	NATURE OF VIOLATION	DISPOSITION

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes No If "Yes", list:

A. Title of office: _____ C. Reason for suspension: _____

B. Date of suspension: _____ D. Result: Reinstated Removed Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No If "Yes", list:

A. _____

B. _____

C. Confirmation results _____

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No If "Yes", explain:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE TITLE & NUMBER	ORIGINAL ISSUE DATE	ISSUING AUTHORITY	DISCIPLINARY ACTION/DATE

25. A. Have you, or businesses of which you have been and 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

- B. 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	FAMILY MEMBER'S RELATIONSHIP TO YOU	FAMILY MEMBER'S RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY
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26. 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

A. Did you receive any compensation other than reimbursement for expenses? Yes No

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

AGENCY LOBBIED	PRINCIPAL REPRESENTED
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27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE
Dr Kent Sharples	1200 West ISB Daytona Beach	32114	386-506-3000
Dr Carl (Rick) Lentz	120 N. Seneca St. Daytona Beach	32144	386-252-8051
John Graham	P O BOX 2801 Daytona Beach	32120	386-947-6763

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	MAILING ADDRESS	OFFICE HELD & TERM	DATE(S) OF MEMBERSHIP
University Club of Volusia County	PO Box 1586 Daytona Beach FL	32115 N/A	2006- Present
American Legion Post 267	156 New Britian Av Ormand Beach	32174 N/A	1992- Present
Civic League	1030 West ISB Daytona Beach	32114 N/A	1999-present

29. 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:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes No

CERTIFICATION

STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared Paul D. Clare, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Paul D. Clare
Signature of Applicant-Affiant

Sworn to and subscribed before me
this 9 day of October, 2007.

Shari L. Howe
Signature of Notary Public-State of Florida

NOTARY PUBLIC-STATE OF FLORIDA
Shari L. Howe
Commission # DD446353
Expires: AUG. 19, 2009
Bonded Thru Atlantic Bonding Co., Inc.

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 8/19/09

Personally Known OR Produced Identification
Type of Identification Produced personally known

(seal)