SECONDARY EMPLOYMENT AND/OR POTENTIAL CONFLICT OF INTEREST REVIEW AND APPROVAL DISCLOSURE

AE

Instructions: *Read Page 4, then complete a separate disclosure form for each of the risk areas from page 4 that apply (for example, if you have secondary employment and serve on a nonprofit board that receives City funding, complete a separate form for each activity). Once completed, sign, date, and submit to your Department Ethics Officer for review.*

1. Employee Name:	2. COJ Employee Number:	3. Dept/Division:
Brad Bles	74818	JFRD

4. City Job Title and brief description of City job duties:

JFRD Manager of EMS, Medical Director

5. Which activity or connection from the previous page requires disclosure and review? (Provide a description OR enter the number from the list of scenarios provided on previous page. Examples include starting a new business or job, volunteering with a benefit, managing an entity outside COJ, relative falls in COJ Chain of command.)

#1

6. Name of the Business/Nonprofit/Individual that requires disclosure and brief description of the types of products/services provided and to whom (please be as descriptive as possible and attach additional pages if needed):

FSCJ - South EMT/Paramedic

7. Is the Business/Nonprofit/Individual that requires disclosure doing business with the City of Jacksonville or receiving funding from the City, either directly or indirectly? ___ No ✓ Yes
If yes, explain: Apprentice Program uses FSCJ

8. What is your role/connection to the entity or individual above (Relationship OR Job Title plus duties if applicable):

Medical Director

9. Number of hours worked or volunteered per week if applicable:

X	X Jacob W. Black 3/21/24
Employee Signature: *I hereby certify that the information set forth above is true and complete* Date 03/21/24	**Supervisor Signature:** *I acknowledge receipt of disclosure* Date

Review Process: *Once you and your supervisor have signed this form, send the original completed form or scanned copy or photo to your Department Ethics Officer (DEO) for processing. Your DEO will review and submit this form to the appropriate approval authorities for review. (For example, JFRD employees send this form to the DEO at [illegible] after they and their immediate supervisor or JFRD's equivalent of an immediate supervisor sign the form.)*

Department/City Ethics Officer Review: Approve ✓ Disapprove ___ *(If denied, or approved with restrictions, please explain) Comments:*
Name: Patricia Tooles Signature: Patricia Tooles Date: 3/25/24
Kirby Oberdorfer

Department Director/Designee Review: Approve ___ Disapprove ___ *(If denied, or approved with restrictions, please explain) Comments:*
Name: Tim Powers Signature: [illegible] Date: 3/27/24 11/19/2025

Director of Employee Services/Constitutional Officer/ Council President/ Designee Review: Approve Disapprove *(If denied, or approved with restrictions, please explain) Comments:*
Name: Leah Hayes Signature: Leah Hayes Date: 12/2/2025

Mayor/Designee Review (for appointed employees only): Approve ___ Disapprove ___ *(If denied, or approved with restrictions, please explain) Comments:* ___
Name: ___ Signature: ___ Date: ___

Any questions regarding this directive and disclosure, please contact your Department Ethics Officer or the Office of Ethics, Compliance and Oversight at ethics@coj.net or the Ethics Helpline at (904) 630-1015.

SECONDARY EMPLOYMENT AND/OR POTENTIAL CONFLICT OF INTEREST REVIEW AND APPROVAL DISCLOSURE

Instructions: *Read Page 4, then complete a separate disclosure form for each of the risk areas from page 4 that apply (for example, if you have secondary employment and serve on a nonprofit board that receives City funding, complete a separate form for each activity). Once completed, sign, date, and submit to your Department Ethics Officer for review.*

1. Employee Name:	2. COJ Employee Number:	3. Dept/Division:
Brad Ellis	74818	JFRD AE

4. City Job Title and brief description of City job duties:

JFRD Manager & EMS, Medical Director

5. Which activity or connection from the previous page requires disclosure and review? (Provide a description OR enter the number from the list of scenarios provided on previous page. Examples include starting a new business or job, volunteering with a benefit, managing an entity outside COJ, relative falls in COJ Chain of command.)

#1

6. Name of the Business/Nonprofit/Individual that requires disclosure and brief description of the types of products/services provided and to whom (please be as descriptive as possible and attach additional pages if needed):

Life Flight

7. Is the Business/Nonprofit/Individual that requires disclosure doing business with the City of Jacksonville or receiving funding from the City, either directly or indirectly? ✓ No ____ Yes
If yes, explain:

8. What is your role/connection to the entity or individual above (Relationship OR Job Title plus duties if applicable).

Medical Director

9. Number of hours worked or volunteered per week if applicable: 2

x [signature]	x Jacob W. Blount 3/21/24
Employee Signature: *I hereby certify that the information set forth above is true and complete* [signature] 03/21/24 Date	**Supervisor Signature:** *I acknowledge receipt of disclosure* Date

Review Process: *Once you and your supervisor have signed this form, send the original completed form or scanned copy or photo to your Department Ethics Officer (DEO) for processing. Your DEO will review and submit this form to the appropriate approval authorities for review. (For example, JFRD employees send this form to the DEO at [illegible] after they and their immediate supervisor or JFRD's equivalent of an immediate supervisor sign the form.)*

Department/City Ethics Officer Review: Approve ✓ Disapprove ____ *(If denied, or approved with restrictions, please explain) Comments:* ____
Name: Berlinda Tookes Kirby Oberdorfer Signature: [signature] Date: 3/25/24 11/28/2025

Department Director/Designee Review: Approve ✓ Disapprove ____ *(If denied, or approved with restrictions, please explain) Comments:* ____
Name: [illegible] Signature: [signature] Date: 3/27/24

Director of Employee Services/Constitutional Officer/ Council President/ Designee Review: Approve Disapprove *(If denied, or approved with restrictions, please explain) Comments:* ____
Name: Leah Hayes Signature: [signature] Date: 12/2/25

Mayor/Designee Review (for appointed employees only): Approve ____ Disapprove ____ *(If denied, or approved with restrictions, please explain) Comments:* ____
Name: ____ Signature: ____ Date: ____

Any questions regarding this directive and disclosure, please contact your Department Ethics Officer or the Office of Ethics, Compliance and Oversight at ethics@coj.net or the Ethics Helpline at (904) 630-1015

No City funding + not affiliated with Lifeflight as of Sept 2024

SECONDARY EMPLOYMENT AND/OR POTENTIAL CONFLICT OF INTEREST REVIEW AND APPROVAL DISCLOSURE

Instructions: *Read Page 4, then complete a separate disclosure form for each of the risk areas from page 4 that apply (for example, if you have secondary employment and serve on a nonprofit board that receives City funding, complete a separate form for each activity). Once completed, sign, date, and submit to your Department Ethics Officer for review.*

1. Employee Name:	2. COJ Employee Number:	3. Dept/Division:
Brad Bdes	74818	JFRD

4. City Job Title and brief description of City job duties:

JFRD Manager & EMS, Medical Director

5. Which activity or connection from the previous page requires disclosure and review? (Provide a description OR enter the number from the list of scenarios provided on previous page. Examples include starting a new business or job, volunteering with a benefit, managing an entity outside COJ, relative falls in COJ Chain of command.)

#1

6. Name of the Business/Nonprofit/individual that requires disclosure and brief description of the types of products/services provided and to whom (please be as descriptive as possible and attach additional pages if needed):

Vector Solutions

7. Is the Business/Nonprofit/Individual that requires disclosure doing business with the City of Jacksonville or receiving funding from the City, either directly or indirectly? No Yes
If yes, explain: uses U.S. education materials

8. What is your role/connection to the entity or individual above (Relationship OR Job title plus duties if applicable):

Medical Director

9. Number of hours worked or volunteered per week if applicable: 2

X [signature]	X Jacob W Blasko 3/21/24
Employee Signature: *I hereby certify that the information set forth above is true and complete* Date 03/21/24	**Supervisor Signature:** *I acknowledge receipt of disclosure* Date

Review Process: *Once you and your supervisor have signed this form, send the original completed form or scanned copy or photo to your Department Ethics Officer (DEO) for processing. Your DEO will review and submit this form to the appropriate approval authorities for review. (For example, JFRD employees send this form to the DEO at Ethics Officer JFRD@coj.net after they and their immediate supervisor or JFRD's equivalent of an immediate supervisor sign the form.)*

Department/City Ethics Officer Review: Approve ✓ *Disapprove* ____ *(If denied, or approved with restrictions, please explain) Comments:* ____
Name: Berlinda Tookes *Signature:* Berlinda Tookes *Date:* 3/25/24

Department Director/Designee Review: Approve ✓ *Disapprove* ____ *(If denied, or approved with restrictions, please explain) Comments:* ____
Name: Kirby Oberdorfer *Signature:* Kirby Oberdorfer *Date:* 3/28/24
Name: Keith Powers *Signature:* Keith Powers *Date:* 3/27/24

Director of Employee Services/Constitutional Officer/ Council President/ Designee Review: Approve Disapprove (If denied, or approved with restrictions, please explain) Comments: ____
Name: Leah Hayes *Signature:* ____ *Date:* ____

Mayor/Designee Review (for appointed employees only): Approve ____ *Disapprove* ____ *(If denied, or approved with restrictions, please explain) Comments:* ____
Name: ____ *Signature:* ____ *Date:* ____

Any questions regarding this directive and disclosure, please contact your Department Ethics Officer or the Office of Ethics, Compliance and Oversight at ethics@coj.net or the Ethics Helpline at (904) 630-1015.

A/L

REQUEST / NOTIFICATION / TERMINATION OF SECONDARY EMPLOYMENT

Please complete form and submit to Department Ethics Officer (DEO) for approval. If any changes or corrections are needed on the form, please initial and date next to the items changed or corrected.

Employee Name: Bradley Elias MD EIN: 74818 Dept/Div: Fire Rescue
Supervisor: Chief David Castleman Supervisor's Signature: [signature] Date 4/6/21

Via: Department Director/Chief Chief Keith Powers

SUBJECT: Request for Permission or Notification of Secondary Employment

☒ Pursuant to the City's **Ethics Code Section 602.403 Moonlighting Provisions**, I am submitting my request and/or notification, as applicable, to engage in secondary employment. I have read and understand the City's Directive on Secondary Employment.

Brad Elias MD — Bradley Elias MD — 04/06/21
Employee Signature — Print Name — Date

1. City Job title, brief description of duties and responsibilities in City position:
   Jacksonville Fire Rescue Department Medical Director, responsible for the clinical oversight for the JFRD EMTs and Paramedics
2. Outside Employer/ Employment:
   Name of Entity: Emergency Resources Group Phone No. 904-396-5882
   Does the entity conduct business with the City of Jacksonville or receive funding, either directly or indirectly? Yes ☒ No
   If yes, explain:
3. Brief description of business conducted by entity:
   Provides emergency medicine physician coverage to Baptist hospital emergency departments
4. Position title, duties and responsibilities of secondary employment, please also include number of hours worked per year in the secondary position:
   Emergency Department Attending Physician, take care of patients in the ED. Approx 325 hours

☐ Pursuant to the City's **Ethics Code Section 602.403 Moonlighting Provisions**, I am submitting notification, my secondary employment ended effective

Employee Signature — Print Name — Date

Recommendation of Your Department's Ethics Officer (the Ethics Director may sign for the DEO if the Director is involved in reviewing this request)
☒ Approve ☐ Disapprove (state specific reasons for denial)
Comments:
[signature] BeLinda Tookes 4/7/2021
Department Ethics Officer or /CO Ethics Officer signature — Print Name — Date

☒ Approve ☐ Disapprove (state specific reasons for denial)
Comments:
[signature] Keith Powers 4/8/21
Director/Chief or designee signature — Print Name — Date

Director of Employee Services/Constitutional Officer/Council President:
☒ Approve ☐ Disapprove (state specific reasons for denial)
Comments:
[signature] [illegible] 4/14/21
Director/Officer/Council President or designee signature — Print Name — Date

Ethics Officer
☒ Approve ☐ Disapprove (state specific reasons for denial)
Comments:
[signature] Brian Hughes 4/14/21
Ethics Officer signature — Print Name — Date

Kirby G. Oberdorfer Kirby G. Oberdorfer 11/20/2025
- No money/ funding of contracts