

MARION COUNTY BOARD OF COUNTY COMMISSIONERS

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD **MARION COUNTY BCC**

APPLICATION DATE: August 31, 2025

AUG 31 2025

BOARD NAME: Planning and Zoning Advisory Board

PERSONAL INFORMATION

Name: Donald E. Johnson

Occupation: Farm Manager

If Retired, previous occupation: _____

Address: 2183 NE 120th Place

City: Anthony State: FL ZIP: 32617

Phone#: 352-817-4878

E-mail Address: donjohnson357@aol.com

MAILING ADDRESS (If different from residence):

Address: _____

City: _____ State: _____ ZIP: _____

Is your address or any other personal information exempt under Florida Statute 119.07? Yes ___ No
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone ___ Mail ___ Email

The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender: Male Female ___ Prefer not to disclose ___

Physically Disabled: Yes ___ No Prefer not to disclose ___

Race: African-American ___ Native-American ___ Caucasian Other ___
Hispanic/Latino ___ Asian -American ___ Prefer not to disclose ___

Are you a registered voter? Yes No ___

Do you own homestead property in Marion County? Yes No ___

Are you employed by Marion County or have relatives that are Marion County employees? Yes ___ No
If yes, please provide position, department and/or relationship to County employee and their position/department

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes ___ No X

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes ___ No X

If yes, please submit a signed FORM 4a - Disclosure of Business Transaction, Relationship, or Interest. (Available upon request).

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes ___ No ___

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?

(Include current or previous work experience; community involvement; interests/activities)

I have lived and worked in Marion County for over 25 years. I have owned and worked in businesses and understand the complexities of a growing county and how it affects the residents and businesses. I have participated in the Springs Protection Advisory Committee and over the last few months have served on this committee. I work part time therefore have time to devote to this Committee.

SERVING ON OTHER BOARDS

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes ___ No X

If yes, which board? _____

(important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)

Have you ever served on a City or County advisory board? Yes^{*} ___ No ___

If yes, when, where and which board(s)? _____

_____ Springs Protection Advisory

REFERENCES - Please list three (3) personal and/or business references

(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)

Name: David Tillman
Phone Number: [REDACTED] Email: _____

Name: Scott Homan
Phone Number: [REDACTED] Email: _____

Name: Stan McClain
Phone Number: [REDACTED] Email: _____

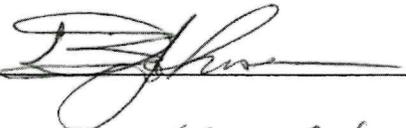
INITIAL: D I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

INITIAL: D I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

INITIAL: D I agree to complete training within six (6) months from the date of my appointment.

INITIAL: D I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.07. I confirm the accuracy of all details provided and their suitability for public release.

By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.

SIGN: 

DATE: _____

PRINT: Donald Johnson

MARION COUNTY BCC

AUG 31 2025

RECEIVED BY BCC:

This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

RETURN FORM TO:

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471

Or via email to: Commissionadmin@marionfl.org

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.