

Name: _____

Address: _____

Telephone: _____

Public Position: _____

Filer's ID #: _____

IMPORTANT: TO PRESERVE YOUR RIGHT TO APPEAL, THIS FORM OR OTHER WRITTEN APPEAL MUST BE FILED (RECEIVED) BY THE COMMISSION ON ETHICS WITHIN THIRTY (30) DAYS OF THE DATE THE NOTIFICATION OF ASSESSED FINE WAS MAILED TO YOU. SEND TO:

Mailing address: P. O. Drawer 15709
Tallahassee, FL 32317-5709

Physical address: 3600 Maclay Boulevard South
Suite 201
Tallahassee, FL 32312

Fax: 850/488-3077

Email: disclosure@leg.state.fl.us

APPEAL OF AUTOMATIC FINE

I have received and read the Notification of Assessed Fine and its instructions on How to Appeal and I understand my options. I am requesting disposition of this matter as indicated below:

1. I hereby appeal the Notification of Assessed Fine on the following basis (choose all that apply):
 - a. Illness or injury (attach a statement from attending physician, including dates and nature of illness or injury);
 - b. Lack of notification – Failure to receive notice (provide documentation that supports your assertion that you never received certified mail delinquency notice; incorrect address; misdelivered mail; change in employment; extended absence from home, etc.);
 - c. Previously filed financial disclosure (provide copy of certified mail receipt and/or copy of completed form which had been previously filed, along with a notarized statement that you filed prior to the deadline);
 - d. Left public position prior to December 31, 2006 (provide confirmation from agency that your office or employment ended prior to the last day of 2006);
 - e. Other unusual circumstance (provide statement or documentation explaining uncommon, rare, or sudden occurrence which prevented timely filing prior to deadline).
2. In addition to the foregoing, I specifically request a hearing before the Commission pursuant to Section 112.3145(6)(f)3., Florida Statutes.

DATE: _____

Signature of Filer