

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re JERRY TORRANCE JR.,)	Financial Disclosure Appeal
)	No. FD 21-061
Appellant.)	Final Order No. XXX
_____)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on March 6, 2026, on the appeal of Appellant, pursuant to Section 112.3145(8)(g), Florida Statutes (2021) (subsequently redesignated to Section 112.3145(8)(f), Florida Statutes (2025)). There are no matters in dispute. Appellant did not request a hearing before the Commission.

Financial disclosure in the form of an annual CE Form 1 Statement of Financial Interests is required of certain public officials and employees because it enables the public to evaluate potential conflicts of interest, deters corruption, and increases public confidence in government. Section 112.3145(8)(f) assesses an automatic fine of \$25 per day on a person who fails to timely file a required CE Form 1 Statement of Financial Interests. The Commission may waive the fine in whole or in part for good cause shown based on "unusual circumstances" contributing to the failure to file by the designated date. § 112.3145(8)(f)2.

Here, Appellant served as a Public Works Director for the City of Frostproof, a position requiring the filing of a 2020 CE Form 1, Statement of Financial Interests, by the designated due date of July 1, 2021, with a grace period ending on September 1, 2021. §§ 112.3145(2)(b), (8)(c), Fla. Stat. (2021). Appellant filed his 2020 CE Form 1 on November 20, 2023, 872 days late, and accrued the maximum fine of \$1500 (\$25 a day for 60 days late).

Appellant alleges he did not timely file his 2020 CE Form 1 because he never received notice that he was delinquent in filing his 2020 CE Form 1. He explains that he has changed addresses three times since his employment with the City of Frostproof, and now resides in Winter Haven, Florida. In support, he included a utilities bill with his Winter Haven address with a due date of November 24, 2023.

There is no evidence to contradict Appellant's claim that he did not receive notice of his delinquency in filing his 2020 CE Form 1. All notices were mailed to a P.O. box in Frostproof, Florida, and the return receipts from the two notices sent by certified mail were signed by people other than Appellant himself.

For these reasons, it appears Appellant's basis for the appeal of the fine constitutes an "unusual circumstance" that justifies waiving the \$1500 fine. The Commission hereby waives the assessed fine of \$1500.

ORDERED by the State of Florida Commission on Ethics meeting in public session on March 6, 2026.

Date Rendered

Jon M. Philipson
Chair, Florida Commission on Ethics

THIS ORDER CONSTITUTES FINAL AGENCY ACTION. ANY PARTY WHO IS ADVERSELY AFFECTED BY THIS ORDER HAS THE RIGHT TO SEEK JUDICIAL REVIEW UNDER SECTION 120.68, AND SECTION 112.3241, FLORIDA STATUTES, BY FILING A NOTICE OF ADMINISTRATIVE APPEAL PURSUANT TO RULE 9.110 FLORIDA RULES OF APPELLATE PROCEDURE, WITH THE CLERK OF THE COMMISSION ON ETHICS, AT EITHER 325 JOHN KNOX ROAD, BUILDING E, SUITE 200, TALLAHASSEE, FLORIDA 32303 OR P.O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709; AND BY FILING A COPY OF THE NOTICE OF APPEAL

ATTACHED TO WHICH IS A CONFORMED COPY OF THE ORDER DESIGNATED IN THE NOTICE OF APPEAL ACCOMPANIED BY THE APPLICABLE FILING FEES WITH THE APPROPRIATE DISTRICT COURT OF APPEAL. THE NOTICE OF ADMINISTRATIVE APPEAL MUST BE FILED WITHIN 30 DAYS OF THE DATE THIS ORDER IS RENDERED.

JMP: sen

Jerry Torrance Jr.
1296 Evergreen Ct.
Winter Haven, FL 33881

21-061 280577

FLORIDA
COMMISSION ON ETHICS

NOV 20 2023

RECEIVED



STATE OF FLORIDA COMMISSION ON ETHICS

325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303
Telephone: (850) 488-7864
Fax: (850) 488-3077
Email: disclosure@leg.state.fl.us

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2020

DIRECTIONS: The information you provide in this form is critical for processing your appeal in a timely manner.

In Part A, please provide current contact information. If your contact information changes while your appeal is being processed, please notify us.

In Part B, please check any boxes that specify the general reason(s) for your appeal.

In Part C, please explain in detail the reason(s) for your appeal. In addition to your written explanation in Part C, you may attach any documents that support your appeal.

IMPORTANT: TO PRESERVE YOUR RIGHT TO APPEAL, THIS FORM OR OTHER WRITTEN APPEAL (AND ANY ATTACHMENTS) MUST BE FILED WITH (RECEIVED BY) THE COMMISSION ON ETHICS WITHIN THIRTY (30) DAYS OF THE DATE THE NOTICE OF ASSESSMENT OF AUTOMATIC FINE WAS MAILED TO YOU.

PLEASE SEND YOUR COMPLETED FORM TO ONE OF THE FOLLOWING:

Mailing Address: Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

Physical Address: Commission on Ethics
325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303

Fax: (850) 488-3077

Email: disclosure@leg.state.fl.us

PART A: YOUR INFORMATION

Name: JERRY TORRANCE JR

Address: 1296 EVERGREEN CT City: WINTER HAVEN State: FL Zip: 33881

Daytime Tel.: SAME AS CELL Cell: 863.605.8919

Email: JETORRANCE@YAHOO.COM Filer ID# (if known): _____

Public Employer: CITY OF FROST CITY OF LAKELAND

Public Position: PUBLIC WORKS DIRECTOR FIREFIGHTER/EMT

CONTINUED ON REVERSE SIDE

PART B: GENERAL REASON(S) FOR YOUR APPEAL

Please choose any/all reasons that apply to your appeal.

I hereby appeal the Notice of Assessment of Automatic Fine on the following basis:

- a. **Sickness or injury** (Explain in Part C and attach a statement from attending physician, including dates and nature of illness or injury)
- b. **Lack of notification – Failure to receive notice** (Explain in Part C and provide documentation that supports your assertion that you never received certified mail delinquency notice: for example, incorrect address; misdelivered mail; change in employment; extended absence from home, etc.)
- c. **Claim of timely filing of financial disclosure** (Explain in Part C and provide copy of certified mail receipt and/or copy of completed form which had been previously filed, along with a sworn notarized statement that you filed prior to the deadline)
- d. **Left public position prior to December 31, 2020** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2020)
- e. **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)
- f. **Not required to file** (Explain in Part C and provide documentation that supports reason for not required to file)

PART C: DETAILED EXPLANATION OF YOUR APPEAL

Please provide a detailed explanation of your appeal, including why each option you selected in Part B is applicable to you. You may use the space provided and/or attach additional pages.

I NEVER RECEIVED DELINQUENT NOTICE. I HAVE CHANGED ADDRESSES 3 TIMES SINCE MY EMPLOYMENT WITH CITY OF FROSTPROOF. I CURRENTLY RESIDE AT 1296 EVERGREEN CT WINTER HAVEN, FL.

OPTIONAL REQUEST FOR HEARING

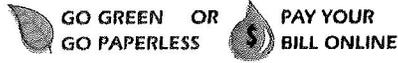
In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(f)3 or Section 112.3145(8)(g)3, Florida Statutes. Commission meetings occur in Tallahassee.

SIGNATURE

I have received and read the Notice of Assessment of Automatic Fine and its instructions on How to Appeal and I understand my options. I am requesting disposition of this matter as indicated.

NOV 4th 2023
DATE

SIGNATURE



Account Number: XXXXXXXXXX
 Billing Cycle: Cycle 1

Payments: 863-291-5688
 Customer Service: 863-291-5678
 Website: www.mywinterhaven.com
 Address: 551 Third Street NW

Current Charges Due Date: 11/24/2023
 Current Amount Due: \$50.40

Billing Period				
Billing Date	11/03/2023			
Due Date	11/24/2023			
Billing Period	09/23/2023 - 10/20/2023			
Service Readings				
Service/Dates	# of Days	Previous Read	Current Read	Usage in 1000 Gal.
1540165340 09/18/2023 - 10/16/2023	28	399	402	3

Billing Summary		1296 EVERGREEN CT
Previous Balance		65.86
Payments		-72.57
Late Fee		6.71
Balance Forward		0.00
Current Statement Service Charges		
Water Service		13.22
Utility Tax		1.32
Stormwater Quality		2.35
Stormwater Maintenance		2.17
Sewer Service		25.52
Recycling Service		2.83
Administrative Fee		2.99
Total Current Charges		\$50.40
TOTAL AMOUNT DUE		\$50.40

Messages

Our office will be closed on Thursday, November 23th and Friday, November 24th in observance of Thanksgiving Day. The City of Winter Haven would like to wish you and your family a Safe and Happy Thanksgiving.

Retain this portion for your records

Detach and return this portion with your payment

Service Address: 1296 EVERGREEN CT

Account Number: XXXXXXXXXX



Winter Haven Water
 P.O. Box 2317
 Winter Haven FL 33883-2277

Current Charges Due Date: 11/24/2023
 Current Amount Due: \$50.40

* Late fee will be charged after 5pm if not paid by due date.

CHECK BOX IF YOUR INFORMATION IS INCORRECT. INDICATE CHANGES ON REVERSE

CURRENT

JERRY TORRANCE Jr.
 1296 EVERGREEN CT
 WINTER HAVEN, FL 33881

Winter Haven Water
 P.O. Box 2317
 Winter Haven FL 33883-2277

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

NOV 17 2020

RECEIVED



280577

Torrance Jr Jerry

Mr Jerry Torrance Jr
Public Works Director
Frostproof
Employees
111 W 1st St
PO Box 308
Frostproof FL 33843

PROCESSED



CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Frostproof	111 W 1st St, Frostproof FL 33843	PUBLIC WORKS DIRECTOR - PROPERTY TAXES, GENERAL FUND REVENUE UTILITIES & PUBLIC WORKS

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NONE

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

NONE

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

NONE

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

ADDRESS OF BUSINESS ENTITY

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

NONE

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:



Date Signed:

Nov 4th 2023

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.

From: JERRY TORRANCE JR
1296 EVERGREEN CT
WINTER HAVEN, FL 33881

TAMPA FL 33605
Retail PET 33838
15 NOV 2023
UNITED STATES
POSTAL SERVICE

RDC 99

U.S. POSTAGE PAID
FCM LETTER
DUNDEE, FL 33838
NOV 15, 2023

\$0.90

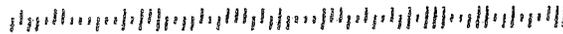
R2304W120909-09

To: FLORIDA COMMISSION ON ETHICS
PO DRAWER 15709
TALLAHASSEE, FL 32317

ReadyPost

Document Mailer

32317-570909



Mail Piece Details **Print this page****Recipient Address**

JERRY TORRANCE JR
111 W 1ST ST
PO BOX 308
FROSTPROOF, FL 33843-0308

Record / Case Number:
280577

Return Address

STATE OF FLORIDA
COMMISSION ON ETHICS
PO DRAWER 15709
TALLAHASSEE, FL 32317-5709

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000190039343

Date Created: 10/24/2023 03:34:36 PM

Mail Class: USPS First Class Mail

Special Services: Certified Mail
Return Receipt Electronic

Memo: --

Created By: Kimberly Holmes - Commission on Ethics

Signature Information

Signed For By: JERRY TORRANCE JR
Signature Status: Available (Click Here)

*Having issues viewing the signature file?
Make sure you are using the latest version of Adobe Acrobat Reader*

Tracking Information

Pre-Shipment Info Sent To Usps, Usps Awaiting Item, October 24, 2023, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, October 24, 2023, 02:50:00 PM, TALLAHASSEE,FL 32317

Arrived At Usps Regional Destination Facility, October 27, 2023, 02:41:00 AM

Available For Pickup, October 28, 2023, 09:34:00 AM, FROSTPROOF,FL 33843

Delivered Individual Picked Up At Po, October 30, 2023, 01:50:00 PM, FROSTPROOF,FL 33843



October 30, 2023

Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0190 0393 43.

Item Details

Status: Delivered, Individual Picked Up at Post Office
Status Date / Time: October 30, 2023, 1:50 pm
Location: FROSTPROOF, FL 33843
Postal Product: USPS Ground Advantage™
Extra Services: Certified Mail™
Return Receipt Electronic
Recipient Name: JERRY TORRANCE JR

Recipient Signature

Signature of Recipient:	 Marah G. Hadden
Address of Recipient:	PO BOX 308 FROSTPROOF, FL 33843-0308

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

The customer reference information shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Reference ID: 92148901066154000190039343
280577
JERRY TORRANCE JR
111 W 1st St
PO Box 308
Frostproof, FL 33843-0308

**BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS**

In re **Jerry Torrance**
Public Works Director
Employees
Frostproof

PID#: 280577

NOTICE OF ASSESSMENT OF AUTOMATIC FINE

The Commission on Ethics hereby gives notice of an assessment of a fine against you pursuant to Section 112.3145(8)(g), Florida Statutes, due to your failure to timely file your 2020 CE Form 1, Statement Of Financial Interests. Under the law, your 2020 CE Form 1, Statement of Financial Interests, was due by July 1, 2021. The law provided for a penalty-free grace period extending the due date to September 1, 2021. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, up to the maximum fine of \$1,500.00 (60 days late), pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2020 CE Form 1 has not been filed with the Supervisor of Elections for Polk County within the 60 days of the grace period date (September 1, 2021), you have accrued the maximum fine amount of \$1,500.00. This fine must be paid to the Commission on Ethics within 30 days of the date of this notice unless you appeal the fine to the Commission. The Commission has the authority to consider the appeal and waive the fine in whole or in part if your failure to file on time was due to "unusual circumstances" surrounding the failure to file. Unless the fine is successfully appealed, the Commission is required to investigate public officers and employees who receive the maximum \$1,500 fine, to determine whether their failure to file was willful. The penalty for willfully failing to file disclosure is removal from public office or employment.

HOW TO APPEAL

1. Read these instructions carefully before submitting your appeal.
2. **LEGAL AUTHORITY:** Appeals are governed by Section 112.3145(8)(g)3., Florida Statutes, and Commission Rule 34-8.215, Florida Administrative Code.
3. **FORMAT:** Your appeal must be in writing and mailed to Florida Commission on Ethics, P. O. Drawer 15709, Tallahassee, FL 32317-5709, or delivered to Florida Commission on Ethics, 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. The appeal may take the form of a letter or you may use the appeal form included in this mailing. The appeal form also is available at the Commission's website: www.ethics.state.fl.us. Click on "Financial Disclosure" and then the link to the sample appeal form.
4. **DUE DATE:** Your appeal must be received by the Commission on Ethics on or before **November 22, 2023**. **NOTE:** Failure to timely file an appeal will constitute a waiver of your right to appeal and will result in the entry of a default order against you.
5. **UNUSUAL CIRCUMSTANCES:** An appeal must demonstrate that you submitted your CE Form 1 after the extended due date because of "unusual circumstances." "Unusual circumstances" is defined in Commission Rule 34-8.215(4), Florida Administrative Code, as "uncommon, rare, or sudden events over which the reporting individual had no control and which directly result in the failure to act in accordance with the filing requirements." Therefore, circumstances that allowed for time to take steps necessary to file on time do not constitute "unusual circumstances" that will allow the Commission to waive the fine. You have the burden to establish "unusual circumstances." Your appeal must specifically state the circumstances that led to your not filing by September 1, 2021, and must include any documentation or evidence supporting your appeal, such as:
 - a. **SICKNESS/INJURY:** a statement from attending physician, including dates and nature of the illness or injury;
 - b. **LACK OF NOTICE (WRONG ADDRESS):** documentation that you did not reside at the address to which notice was sent;

- c. **LACK OF NOTICE (ABSENCE FROM HOME):** documentation establishing the period of time of your absence covering the notification period;
 - d. **CLAIM OF TIMELY FILING OF FINANCIAL DISCLOSURE:** (1) an affidavit from you attesting under oath or affirmation that you filed your financial disclosure and your recollection of when and how you filed and (2) a copy of a certified mail receipt and/or a copy of the completed form which was filed. If you have witnesses to your filing, we also will need an affidavit from each witness. **NOTE:** A claim of having filed the CE Form 1F for the current year does not satisfy the CE Form 1 filing requirement or excuse a late filing;
 - e. **LEFT PUBLIC POSITION BEFORE DECEMBER 31, 2020:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2020; or
 - f. **UNCLAIMED CERTIFIED MAIL:** if delinquency notice was addressed correctly but not received, you must explain why.
6. **YOUR RIGHT TO A HEARING:** You have the right to have your appeal heard by the Commission and to appear before the Commission at the hearing, but, to exercise this right, you must specifically request a hearing in your appeal. If you do not request a hearing, you will waive your right to a hearing, the Commission will determine the outcome of your appeal based upon the written record (including the documentation you provide and any documentation in your case file), and you will receive no further notice until after the Commission decides your appeal.

FAILURE TO PAY FINE OR FILE APPEAL WITHIN 30 DAYS

If you do not timely file an appeal or pay the assessed fine within 30 days of this Notice, a default order will be entered against you and the Commission will take the steps provided by law to collect the fine, including:

- Referral to the CFO of the Department of Financial Services, if you are a salaried state officer or employee, for withholding of a portion of your salary until the fine is satisfied; or
- Referral to your agency's governing body for withholding of a portion of your salary until the fine is satisfied;
- Referral to a collection agency, which can seek garnishment of your wages; and/or
- An additional civil penalty, not limited by this automatic fine, may be imposed if your disclosure statement is filed more than 60 days late and a complaint is filed against you pursuant to Section 112.324, Florida Statutes.

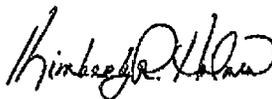
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

I certify that a copy of the foregoing Notice of Assessment of Automatic Fine was furnished to:

**Mr Jerry Torrance Jr
111 W 1st St
PO Box 308
Frostproof, FL 33843**

by Certified Mail on this Tuesday, October 24, 2023.



KIMBERLY R. HOLMES
Program Administrator

Florida Commission on Ethics
P. O. Drawer 15709
Tallahassee, FL 32317-5709

-or-

Florida Commission on Ethics
325 John Knox Road, Building E, Ste. 200
Tallahassee, FL 32303

Tel.: (850) 488-7864
Fax: (850) 488-3077
Email: disclosure@leg.state.fl.us

Mr Jerry Torrance Jr
 Public Works Director
 Frostproof
 Employees
 111 W 1st St
 PO Box 308
 Frostproof FL 33843



280577

Torrance Jr Jerry

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR **DOLLAR VALUE THRESHOLDS**

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
 (If you have nothing to report, write "none" or "n/a")

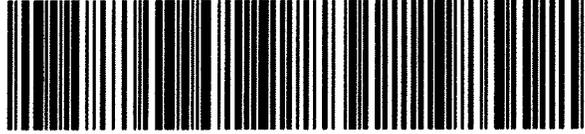
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.



STATE OF FLORIDA
COMMISSION ON ETHICS
PO DRAWER 15709
TALLAHASSEE, FL 32317-5709



9214 8901 0661 5400 0190 0393 43

RETURN RECEIPT (ELECTRONIC)

280577

JERRY TORRANCE JR
111 W 1ST ST
PO BOX 308
FROSTPROOF, FL 33843-0308

48
URGENT - Open Immediately!

CUT FOLD HERE

Zone 3

NO ENVELOPE
CUT FOLD HERE

CUT FOLD HERE

NOV 16 2021

RECEIVED

**Florida Commission on Ethics
Financial Disclosure Notification System
Delinquency Certification (2021)**

I, Lori Edwards, the Supervisor of Elections of Polk County, hereby certify that each person whose ID number, name, agency, and position appears above or on the attached list:

(1) was sent a notice of the July 1, 2021 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2021;

(2) was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2021;

(3) was sent a delinquency notice by certified mail not later than August 1, 2021 advising him or her of the grace period in effect until September 1, 2021; and of the penalties that could be imposed as provided in Section 112.3145(8)(c), Florida Statutes; and

(4) did not file a Form 1, Statement of Financial Interests, until the date shown or, had not filed a Form 1, Statement of Financial Interests by October 31, 2021; and further

(5) that the date of filing shown is based upon the earliest of the following:
(a) when the Form 1 was actually received by my office;
(b) when the Form 1 was postmarked;
(c) when the certificate of mailing (if any) was dated; or
(d) when the receipt (if any) from an established courier company was dated.

Signed Lori Edwards
SUPERVISOR OF ELECTIONS

CERTIFIED MAIL RECEIPT

Domestic Mail Only

For delivery information, visit www.usps.com

7019 2970 0000 1915 1305

Certified Mail Fee \$ _____

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ _____

Return Receipt (electronic) \$ _____

Certified Mail Restricted Delivery \$ _____

Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____



Postage \$ _____

Jerry Torrance 280577
111 W 1st St PO Box 308
Frostproof, FL 33843

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jerry Torrance 280577
111 W 1st St PO Box 308
Frostproof, FL 33843



9590 9402 6173 0220 2585 83

2. Article Number (Transfer from service label)

7019 2970 0000 1915 1305

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

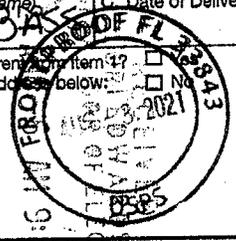
x *Shawn Bar*

B. Received by (Printed Name) SHARON BASS

C. Date of Delivery JUN 23 2021

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation®
 - Signature Confirmation Restricted Delivery



Financial Disclosure Management System

THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 280577 - Mr Jerry Torrance Jr

Filer Information

Org Membership

Forms

Communications

Fines and Appeals >

View All

Filer Flags

- [2000](#) [2001](#) [2002](#) [2003](#) [2004](#)
- [2005](#) [2006](#) [2007](#) [2008](#) [2009](#)
- [2010](#) [2011](#) [2012](#) [2013](#) [2014](#)
- [2015](#) [2016](#) [2017](#) [2018](#) [2019](#)
- [2020\(\\$\)](#) [2021](#) [2022](#) [2023](#) [2024](#)

<<2024 Form Year

Status

Filing: INACTIVE

Fine: No Fine

Flags

Public Address

Filing Extensions

Indefinite: None

Temporary:

None

Eligible for Fines

The filer has fines for: [2021 \(Appeal\)](#).

2021 Fines and Appeals

Form Year 2020 Filed Forms

Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments
11/20/23	Form 1	Yes	No	SOE	holmesk on 02/07/2024	Received by COE on behalf of Polk Supervisor of Elections

Update Fine Information

Assign Agency Contact

2021 Fine Information

Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$1,500.00	Appeal	10/23/2023	\$1,500.00	\$1,500.00			

Fine Address 1296 Evergreen Ct Winter Haven FL 33881
Org/Suborg Frostproof-Employees

2021 Fine Payment History

Date Posted	Description	Amount	Method	Payment ID	Comments
10/23/2023	Fine Levied	+ \$1,500.00			Fined \$1500.00

Current Balance: \$1,500.00

2021 Fine Year Event

Chronology

Date	Type	Description	Reference
------	------	-------------	-----------

Invalidate Transaction

Add a New Filer

Jump To A Filer

PID:

Quick Filer Search

First Name:

Last Name:

08/20/2021 Postcard Sent Courtesy Postcard Reminder Print Queue: [8/20/2021](#)
 Printing Confirmed: 8/20/2021

Letter Sent To:
 Mr Jerry Torrance Jr
 111 W 1st St
 PO Box 308
 Frostproof, FL 33843

09/8/2021 Letter Sent Courtesy Notice of Fines Print Queue: [9/8/2021](#)
 Accruing Printing Confirmed: 9/8/2021

Letter Sent To:
 Mr Jerry Torrance Jr
 111 W 1st St
 PO Box 308
 Frostproof, FL 33843

10/23/2023 Fine Levied Fined \$1500.00 Journal: [10/23/2023](#)
 3:33 PM

10/23/2023 Notice of Initial Fine Notice Journal: [10/23/2023](#)
 Assessed Fine 5:07 PM

10/24/2023 Letter Sent Notice of Assessed Fine - Filer Print Queue: [10/24/2023](#)
 1st Fine Letter Printing Confirmed: 10/24/2023

Letter Sent To:
 Mr Jerry Torrance Jr
 111 W 1st St
 PO Box 308
 Frostproof, FL 33843

11/20/2023 Form Received Form 1 Received, Signed Form 1 Received by
 Received by COE on
 behalf of Polk
 Supervisor of Elections
 SOE

Form Received By:
 Filing Location: Polk County SOE
 Record Created By: Kimberly Holmes on 02/07/2024

02/7/2024 Fine Appeal FD 21-061

Journal: 2/7/2024

5:06 PM

2021 Fine Appeal –
FD 21-061

[Update Appeal](#)

[Withdraw Appeal](#)

[Assign Attorney](#)

[Request More Info](#)

[Record Appeal Outcome](#)

Appeal Status: Active No Hearing Requested

Appeal Receipt Date:

11/20/2023

Timely Filed: Yes

Print Appeal Letter:

Yes

Hearing Requested:

No

Appeal Reason: Lack
of Notification

Appeal Notes:

Appeal Number: FD
21-061

Appeal Analyst

Assigned:

Final Order Number:

Final Order Date: