

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re MARY E. POLK	)	Financial Disclosure Appeal No. FD 20-061
	)	
Appellant.	)	Final Order No. XXX
_____	)	

FINAL ORDER

This matter came before the Commission on Ethics on its own motion during its meeting in public session on October 23, 2026, pursuant to Section 112.3145(8)(g), Florida Statutes, (subsequently renumbered to Section 112.3145(8)(f)) which 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" surrounding the failure to file by the designated date. There are no matters in dispute. Appellant did not request a hearing.

Findings of Fact

1. According to information provided to the Commission, Appellant served on the City of Titusville Housing Authority Board of Commissioners, a position requiring the filing of a 2019 CE Form 1, Statement of Financial Interests. In 2020, the designated due date for submitting a 2019 CE Form 1 was July 1, 2020, with a grace period ending on September 1, 2020.
2. No later than June 1, 2020, the Brevard County Supervisor of Elections mailed a 2019 CE Form 1 to Appellant at 475 Melody Ln., Merritt, FL 32953.
3. No later than August 1, 2020, the Brevard County Supervisor of Elections sent a notice of delinquency by certified mail to Appellant at 475 Melody Ln.

4. On August 20, 2020, the Commission on Ethics mailed a courtesy notice of fines accruing to Appellant at 475 Melody Ln.

5. On September 3, 2020, the Brevard County Supervisor of Elections received Appellant's 2019 CE Form 1.

6. On October 27, 2023, the Commission mailed a Notice of Assessed Fine to Appellant at 475 Melody Ln. It indicated that the total of Appellant's accrued automatic fine was \$25 (\$25 per day for 1 day late) and provided that the Commission must receive an appeal of the fine by November 27, 2023.

7. On November 20, 2023, the Commission received Appellant's appeal of her automatic fine for Form Year 2019. In Part B of her appeal form, Appellant checked "Sickness or injury" and "Lack of notification – Failure to receive notice" as the general reason for her appeal. In Part C of her appeal form, where an appellant is asked to provide a detailed explanation of his or her appeal, Appellant wrote that she did not receive the documents in the mail and that she was sick with acute pancreatitis.

Conclusions of Law

8. The Commission has jurisdiction over the subject matter of this proceeding pursuant to Section 112.3145, Florida Statutes.

9. Financial disclosure is required of public officials and employees because it enables the public to evaluate potential conflicts of interest, deters corruption, and increases public confidence in government.

10. Section 112.3145(8)(g)3., Florida Statutes, (subsequently renumbered to Section 112.3145(8)(f)(2)) states:

Any reporting person may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the

designated due date, and may request and is entitled to a hearing before the commission, which may waive the fine in whole or in part for good cause shown. Any such request must be in writing and received by the commission within 30 days after the notice of payment due is transmitted. In such a case, the reporting person must, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission. For purposes of this subparagraph, the term "unusual circumstances" does not include the failure to monitor an e-mail account or failure to receive notice if the person has not notified the commission of a change in his or her e-mail address.

11. Pursuant to Rule 34-8.215(4), F.A.C., "unusual circumstances" means 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. Circumstances which allow for time in which to take those steps necessary to ensure compliance with the filing requirements shall be deemed not to constitute unusual circumstances.

12. Here, Appellant stated that she did not receive the documents in the mail and that she was sick with acute pancreatitis. Considering Appellant's claims, and that there is no evidence showing otherwise, there are "unusual circumstances" here that prevented the timely filing of the financial disclosure form that justify waiving the \$25 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby finds that unusual circumstances for failure to timely file have been demonstrated. We therefore waive the assessed fine of \$25.

ORDERED by the State of Florida Commission on Ethics meeting in public session on
October 23, 2026.

Date Rendered

Jeremy M. Rodgers
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.

JMR: jfh

Mary E. Polk
104 Riverside Dr.
Cocoa, FL 32922



20-061

238110



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

FLORIDA
COMMISSION ON ETHICS

NOV 20 2023

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2018

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: **MARY POLK**

Address: **104 RIVERSIDE DR** City: **COCOA** State: **FL** Zip: **32922**

Daytime Tel.: **3215444450** Cell: _____

Email: **N/A** Filer ID# (if known): **PID238110**

Public Employer: **N/A**

Public Position: **COMMISSIONER HOUSING BREVARD**

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) - *Cape Canaveral Hospital*
- 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, 2018** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2018)
- 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 recieved the documentation i was very sick and on the onset of acute pancreatitis
when i finally recieved the documents i mailed it in and fell a day
short .things were just not running smoothly,
and my brother passed away feb 3 ,i had too much on my plate
and missed the usual filing date ,i do not get paid,i volunteer to be a commisioner,

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.

1/15/23
DATE

Mary Falk
SIGNATURE

Spoke at Deane No option But to Mail



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

*into
My Hand
Nov 8th
2023
ASI
WAS
TRAVELING*

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2019

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.

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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: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Tel.: _____ Cell: _____

Email: _____ Filer ID# (if known): _____

Public Employer: _____

Public Position: _____

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, 2019** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2019)
- 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.

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.

DATE

SIGNATURE

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2019

Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

POIK MARY E

MAILING ADDRESS:

475 Melody Ln

Mcl H 32953

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Housley Auth & the City of T. District

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Commissioner

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

20 SEP 2 PM 13

20 SEP 3 AM 21

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

DISCLOSURE PERIOD:

2019 Dec

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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
Spouse	475 Melody Ln. Mcl. H	Homeowner

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")

475 Melody Lane, Mcl. H 32953

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

LLPRA Stocks

Mary Polk

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

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

Apron Attorneys, LLC

ADDRESS OF BUSINESS ENTITY

475 Melody Ln. N.W. 71

PRINCIPAL BUSINESS ACTIVITY

Apron State

POSITION HELD WITH ENTITY

Owner

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

PART G — TRAINING

For elected municipal officers 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:

Mary E. Polk

Date Signed:

8/22/2020

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, 2019.

Brevard County
Florida Commission on Ethics
Financial Disclosure Notification System
2020 Delinquency Certification
Reported 11/13/2020

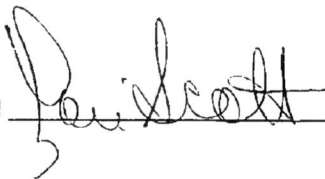
This is a list of all delinquent Brevard County filers. The date indicated in the "Form Receipt Date" column is the date the form was received. Any persons with no form receipt date indicated have not filed.

Record Number	Form Receipt Date	ID	Name	Organization	Title	Filer Flags	Filing County	County
5	09/02/2020	238110	Mary E Polk	City Of Titusville Housing Authority	Commissioner		15	Brevard

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

1. was sent a notice of the July 1, 2020 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2020;
2. was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2020;
3. was sent a delinquency notice by certified mail not later than July 31, 2020 advising him or her of the grace period in effect until September 1, 2020; 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, 2020; 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



Diadina Garcia

From: Diadina Garcia
Sent: Tuesday, August 25, 2020 12:27 PM
To: scottia@hactv.com
Subject: Form 1 Due Sept 1 2020
Importance: High

238110 Polk Mary Titusville Housng Authority, City Of- 475 Melody Ln
Board of Commissioners (PFR) Merritt Is, FL 32953 -6003

Top of Form

Bottom of Form

25 40028

Portlock

Fletcher

Titusville Housng Authority, City Of-
Board of Commissioners (PFR)

Good Day,

Please have the commissioner / Board member file his/ her Form 1. Due Sept 1st 2020.

Thank you.

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

In re **Mary E Polk
Commissioner
Board of Commissioners
City Of Titusville Housng Authority**

PID#: 238110

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 2019 CE Form 1, Statement Of Financial Interests. Under the law, your 2019 CE Form 1, Statement of Financial Interests, was due by July 1, 2020. The law provided for a penalty-free grace period extending the due date to September 1, 2020. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2019 CE Form 1 was filed September 2, 2020 with the Supervisor of Elections for Brevard County, you are fined the amount of \$25.00 (\$25.00 per day for 1 day(s) late). 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.

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 27, 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, 2020, 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, 2019:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2019; 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:

Mary E Polk
475 Melody Ln
Merritt Is, FL 32953 -6003

by Certified Mail on this Friday, October 27, 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

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re **Mary E Polk**
 Commissioner
 Board of Commissioners
 City Of Titusville Housng Authority

PID#: 238110

*not at flat
but not for address*

NOTICE OF ASSESSMENT OF AUTOMATIC FINE

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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 27, 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, 2020, 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, 2019:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2019; 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:

Mary E Polk
475 Melody Ln
Merritt Is, FL 32953 -6003

New address

by Certified Mail on this Friday, October 27, 2023.

Kimberly R. Holmes

*104 Riverside Dr
Cocoa, FL
32922*

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

Mail Piece Details



Print this page

Recipient Address

MARY E POLK
475 MELODY LN
MERRITT IS, FL 32953

Record / Case Number:
238110

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000190168357

Date Created: 10/27/2023 02:39:21 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: MARY E POLK

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 27, 2023, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, October 27, 2023, 01:48:00 PM, TALLAHASSEE,FL 32317

Delivered Left With Individual, November 02, 2023, 10:12:00 AM, HENDERSONVILLE,NC 28739



November 2, 2023

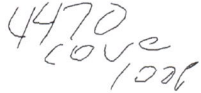
Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0190 1683 57.

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	November 2, 2023, 10:12 am
Location:	HENDERSONVILLE, NC 28739
Postal Product:	USPS Ground Advantage™
Extra Services:	Certified Mail™ Return Receipt Electronic
Recipient Name:	MARY E POLK

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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: 92148901066154000190168357
238110
MARY E POLK
475 MELODY LN
Merritt Is, FL 32953-0000

Form Year 2019 Filed Forms

FORM TYPE	DATE SUBMITTED	FORM SIGNED	FILED BY EMAIL?	UPDATED BY	COMMENTS
Form 1	09/02/2020	No	Yes	HOLMESK(SOE IMPORT)	Brevard

Fine Year 2020 Fine Information

FINE BALANCE	STATUS	FINE DATE	ORIGINAL FINE AMOUNT	ADJUSTED FINE AMOUNT	LAST PAYMENT DATE	PAYMENT PLAN START DATE	PAYMENT PLAN AMOUNT	TOTAL PAYMENT PLAN AMOUNT DUE
\$25.00	Appeal	07/21/2021	\$25.00	\$25.00				
Fine Address: 104 RIVERSIDE DR, COCOA, FL 32922 Email: polks6@cfl.rr.com Org/Suborg: City Of Titusville Housng Authority - Board of Commissioners								

Fine Year 2020 Appeal Information

2020 FINE APPEAL - FD 20-061			No Hearing Scheduled		
APPEAL STATUS			Active		
APPEAL RECEIPT DATE			11/20/2023		
APPEAL TIMELY FILED			Yes		
PRINT APPEAL LETTER					
HEARING REQUESTED			No		
APPEAL REASON			Illness or Injury		
APPEAL NOTES					
APPEAL NUMBER			FD 20-061		
APPEAL ANALYST ASSIGNED					
FINAL ORDER NUMBER					
FINAL ORDER DATE					

Fine Year 2020 Payment Information

DATE POSTED	DESCRIPTION	AMOUNT	METHOD	PAYMENT ID	COMMENT
07/21/2021	Fine Levied	+\$25.00			Fined \$25.00
Current Balance: \$25.00					

Fine Year 2020 Event Chronology

DATE	TYPE	DESCRIPTION	ADDRESS/EMAIL	REFERENCE
07/21/2021	Fine Levied	Fined \$25.00		Journal: Fine Brevard 2021-07-21-11:33
02/22/2022	Notice of Assessed Fine	Initial Fine Notice		Journal: Fine1st 2022-02-22-10:31

10/27/2023	Filer Correspondence Letter	Notice of Assessed Fine - Filer 1st Fine Letter	475 Melody Ln, Merritt Is, FL 32953- 6003 UNKNOWN@email.com	Correspondence Queue: <u>2023-10-27</u> <u>00:00:00</u> Correspondence Sent: 2023-10-27 00:00:00.0000000
02/07/2024	Filer Correspondence: Fine Appeal - Fine Appeal Letter		104 Riverside Dr, Cocoa, FL 32922 polks6@cfl.rr.com	Correspondence Queue: <u>2024-02-07</u> <u>00:00:00</u> Correspondence Sent: 2024-02-07 00:00:00.0000000
02/07/2024	Fine Appeal	FD 20-061		Journal: <u>Appeal 2024-02</u>

Created Date: 2/7/2024**Type:** Letter**Created By:** System**Description:** Fine Appeal - Fine Appeal**Created Date:** 11/15/2023**Type:** Phone**Created By:** Diana Helen Westberry**Description:** Filer called. She completed the Appeal Form online, but couldn't add an electronic signature. She does not have a scanner or fax machine so she will print out, sign & mail back today. Her deadline to have it back by is 11/27.**Created Date:** 11/13/2023**Type:** Phone**Created By:** Diana Helen Westberry**Description:** Filer called. She was 1 day late in filing her 2019 Form 1. She was in the hospital twice in mid-2020. We also have an old address on file. She plans to appeal due to sickness and lack of notification.**Created Date:** 10/27/2023**Type:** Letter**Created By:** System**Description:** Notice of Assessed Fine - Filer 1st Fine Letter**Created Date:** 8/20/2020**Type:** Postcard**Created By:** System**Description:** Courtesy Postcard Reminder - Courtesy Postcard Reminder