REPORT OF INVESTIGATION

Complaint Number 22-009

NOTICE CONCERNING CONFIDENTIALITY

This report of investigation concerns an alleged violation of Chapter 112, Part III, Florida Statutes, or other breach of public trust under provisions of Article II, Section 8, Florida Constitution. The Report and any exhibits may be confidential (exempt from the public records law) pursuant to Section 112.324, Florida Statutes, and Chapter 34-5, F.A.C., the rules of the Commission on Ethics. Unless the Respondent has waived the confidentiality in writing, this report will remain confidential until one of the following occurs: (1) the complaint is dismissed by the Commission; (2) the Commission finds sufficient evidence to order a public hearing; or (3) the Commission orders a public report as a final disposition of the matter. *See Section 112.3215, Florida Statutes, regarding executive branch lobbying matters and confidentiality.

STATE OF FLORIDA
COMMISSION ON ETHICS
Post Office Drawer 15709
Tallahassee, Florida 32317-5709

REPORT OF INVESTIGATION

TITLE: CELSO ALFONSO
Candidate
State Senate
Miami, FL

COMPLAINT NO.: 22-009
Exhibit A

INVESTIGATED BY: Brian Durham

Distribution: Commission on Ethics
Respondent
Advocate
File

Releasing Authority: Kerrie J. Stillman
Executive Director

June 6, 2022
Date

* * * *

REPORT OF INVESTIGATION
COMPLAINT NO. 22-009

(1) Ms. Liliana Gorelick of Miami alleges Mr. Celso Alfonso, a former candidate for the Florida Senate, District 39, violated the Code of Ethics for Public Officers and Employees.

(2) The complaint alleges that the Respondent, as a candidate for State Senator, failed to disclose a personal bank account as an asset on his 2019 CE Form 6, "Full and Public Disclosure of Financial Interests."

(3) The Executive Director of the Commission on Ethics noted that based upon the information provided in the complaint, the above-referenced allegation was sufficient to warrant a preliminary investigation to determine whether the Respondent's actions violated Article II, Section 8, Florida Constitution, and Section 112.3144, Florida Statutes (Full and Public Disclosure of Financial Interests).

(4) The Respondent chose to disclose his net worth, assets, and liabilities on his 2019 CE Form 6 filing as of December 31, 2019.

(5) On a telephone conversation with the Respondent's attorney, Peter S. Heller, he (Heller) confirmed that the Respondent had a reportable bank account as of the date he chose as his reporting date for net worth, assets, and liabilities on his 2019 CE Form 6 (December 31, 2019).

(6) Mr. Heller indicated he was hesitant to allow his client be interviewed. Therefore, a list of questions was emailed to the Respondent's attorney requesting that the Respondent answer them in an affidavit. Mr. Heller had the Respondent answer the questions, but advised that he did not intend to furnish a sworn affidavit from the Respondent.

(7) In response to questions provided by email, Mr. Heller reported that the Respondent's highest form of education is high school. The Respondent's last employment was at Worldwide Logistics from 1991-2004. The Respondent had his wife complete the 2019 CE Form 6 for him. His wife also was the person who read the instructions on how to complete the form. The Respondent felt that his wife understood the form's instructions. Mr. Heller reported that the Respondent's wife spent approximately 45 minutes filling out the form. The Respondent believes that it is important as a candidate to make proper financial disclosure and to read and understand the instructions. The Respondent acknowledged through Mr. Heller that he had a bank account on December 31, 2019, at Chase Bank, and there was a balance of $1,672 in the account on that date. When asked why the bank account was not listed as an asset on the form, the Respondent said through Mr. Heller that he and his wife misunderstood the instructions. When asked if the Respondent plans to file an amended 2019 disclosure form, his response was that he, "would consider if ultimately necessary."

(8) The Complainant provided a copy of the Respondent's 2019 CE Form 6 as pages 5 and 6 of the complaint. The Respondent's 2019 CE Form 6 was filed with the Florida Department of State on June 11, 2020. Florida Department of State records further reflect that on June 10, 2020, the Respondent filed a CE Form 6 (appended as Exhibit A) that was identical to the CE Form 6 filed on June 11, 2020, with the exception of the driver's license identification being blank on the notary area of the June 10 disclosure form.

END OF REPORT OF PRELIMINARY INVESTIGATION

EXHIBIT A

EXHIBIT A

FORM 6 **FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS** **2019**

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

FOR OFFICE USE ONLY:
RECEIVED
DEPARTMENT OF STATE
2020 JUN 10 AM 10: 38
TALLAHASSEE, FLORIDA

LAST NAME — FIRST NAME — MIDDLE NAME:
Alfonso Celso D.

MAILING ADDRESS:
14250 SW 73 St.

CITY: Miami ZIP: 33183 COUNTY: Miami Dade

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
State Senate District 39

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A – NET WORTH

Please enter the value of your net worth as of December 31, 2019 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 19 was $ 31,691.00.

PART B – ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is $ 7500.00

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Furniture, Computer T.V. Jewlery, clothing	7500.00

PART C – LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
El Dorado Furniture/Comenity BNK P.O. Box 659705 San Antonio TX. 78265	$4000.00
Credit One P.O. Box 60500 City of Industry CA. 91716	$1400.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

(Continued on reverse side)

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PART D – INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2019 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2019 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING $1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Social Security Administration	Retirement	2159.00

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Madison Avenue Day Spa	Service	15944 SW 92 Ave Miami FL 33157	Salon

PART E – INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Madison Avenue Day SPA		
ADDRESS OF BUSINESS ENTITY	15944 SW 92 Ave Miami FL 33157		
PRINCIPAL BUSINESS ACTIVITY	Salon		
POSITION HELD WITH ENTITY	owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	50%		

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this 9 day of June, 2020 by [illegible]

(Signature of Notary Public–State of Florida)

LISETTE COMPANIONI
Notary Public - State of Florida
Commission # GG 325707
My Comm. Expires Jul 6, 2023
Bonded through National Notary Assn.

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced DL

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature _____ Date _____

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Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.