

BEFORE THE  
STATE OF FLORIDA  
COMMISSION ON ETHICS

In re MADELYN	)	Financial Disclosure Appeal No. FD 21-037
SIERRA-HERNANDEZ,	)	
	)	
Appellant.	)	Final Order No. 24-XXX
_____	)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on September 13, 2024, on the appeal of Appellant, pursuant to Section 112.3145(8)(f), Florida Statutes, 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 has not requested a hearing before the Commission.

Findings of Fact

1. According to information provided to the Commission, Appellant served as a Principal for Miami-Dade County Public Schools, a position requiring the filing of a 2020 CE Form 1, Statement of Financial Interests. In 2021, the designated due date for submitting a 2020 CE Form 1 was July 1, 2021, with a grace period ending on September 1, 2021.

2. No later than June 1, 2021, the Miami-Dade County Supervisor of Elections sent Appellant a 2020 CE Form 1. This notice was sent to Appellant at 11935 SW 135<sup>th</sup> Ave, Miami, FL 33186.

3. No later than August 1, 2021, the Miami-Dade County Supervisor of Elections sent Appellant a notice of delinquency by certified mail. This notice was sent to Appellant at the 11935 SW 135<sup>th</sup> Ave address.

4. On August 20, 2021, the Commission on Ethics mailed Appellant a postcard intended to remind her of her obligation to file a 2020 CE Form 1. The Commission mailed the postcard to the 11935 SW 135<sup>th</sup> Ave address.

5. On September 8, 2021, the Commission on Ethics mailed Appellant a courtesy notice of fines accruing. This notice was sent to the 11935 SW 135<sup>th</sup> Ave address.

6. On September 20, 2021, the Miami-Dade County Supervisor of Elections received Appellant's 2020 CE Form 1.

7. On October 26, 2023, the Commission mailed Appellant a notice of assessment of his automatic fine. The notice was sent by mail to the 11935 SW 135<sup>th</sup> Ave address. It indicated the total of Appellant's accrued automatic fine was \$475 and provided that the Commission must receive an appeal of the fine by November 27, 2023.

8. On November 2, 2023, the Commission received Appellant's appeal of automatic fine for Form Year 2020. In part B of her appeal form, Appellant checked "sickness or injury" as the general reason for her appeal. In part C of her appeal form, where an appellant is asked to provide detailed explanation of his or her appeal, Appellant wrote that she tested positive for COVID-19 on August 15, 2021, and was out of work for eleven days. Appellant stated that when she returned to work, it took her a long time to renew her daily routines and responsibilities, and she was unable to complete certain obligations including her 2020 CE Form 1.

### Conclusions of Law

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

10. 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.

11. Section 112.3145(8)(f)2., Florida Statutes, 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.

12. “An elementary and fundamental requirement of due process in any proceeding which is to be accorded finality is notice reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and to afford them an opportunity to present their objections.” *Mullane v. Cent. Hanover Bank*, 339 U.S. 306, 314, 70 S.Ct.652, 94 L.Ed.865 (1950).

13. Here, Appellant stated that she contracted COVID-19 in August of 2021 and was out of work for eleven days. Appellant further stated that it took her a long time to renew her daily routines and responsibilities once she returned to work, and was unable to complete certain obligations, including her 2020 CE Form 1. Testing positive for the virus alone does not constitute

an "unusual circumstance" that would prevent someone from timely filing his or her CE Form 1 for 2020. The appeal does not reference any specific condition related to the COVID-19 virus or to any other medical condition that posed a specific obstacle to completing the form timely. Thus, considering Appellant's claims, it does not appear that there was an "unusual circumstance" that prevented her from timely filing her 2020 CE Form 1 by September 1, 2021, rather, the form was submitted late.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby finds that unusual circumstances for the failure to file timely have not been demonstrated. We therefore affirm the assessed fine of \$475. The fine shall be paid to the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709, within 30 days of the date this order is rendered, unless other payment arrangements are made by contacting Kimberly Holmes, Financial Disclosure Program Administrator, at the address above or by telephone at (850) 488-7864.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, September 13, 2024.

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Date Rendered

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XXXXX

*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.

XXX: sjz/aln

Ms. Madelyn Sierra-Hernandez  
11935 SW 135<sup>th</sup> Ave  
Miami, FL 33186



# 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 08 2023

RECEIVED

## APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2019<sup>28</sup>

**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: Madelyn Sierra-Hernandez

Address: 11935 SW 135 Avenue City: Miami State: FL Zip: 33186

Daytime Tel.: 305-242-8348 Cell: 305-801-1091

Email: madsierra@dadeschools.net Filer ID# (if known): 245822

Public Employer: Miami-Dade County Public Schools

Public Position: Principal

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.

Unfortunately, I contracted the COVID virus during August, 2021. It took a toll on me and I was unable to complete certain obligations to include the Statement of Financial Interests on time. I was out of work for 11 days and when returned, it took me a long time to renew my daily routines and responsibilities. Please accept my apology for submitting the form late and remove the fine.

## 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.

11/2/23

DATE

SIGNATURE



1151 E 3900 SO, Suite B120  
Salt Lake City, UT 84124  
Customer Service: 305-602-8492



Madelyn Sierra  
11935 de 135 avenue  
Miami, FL 33186

### Test Report

Patient	Date of Birth	Report Date/Time	Collection Date/Time	Medical Record Number
Madelyn Sierra	6/28/1971	8/15/2021 3:48PM	8/15/2021 3:02PM	
<b>Test</b> SARS-CoV-2	<b>Result</b> SARS-CoV-2 Detected		<b>Type of Test</b> COVID-Ag	

#### Name and Address of Lab Where Test Was Performed:

Tropical Park: 7900 SW 40th Street , Miami, FL 33155, USA

If your result is **Not Detected** for SARS-CoV-2 (Coronavirus 2), the virus that causes COVID-19 this may mean you were not infected at the time your test was performed or there was not enough virus present to be detected. It does not mean you will not get infected or sick. It is possible that you were very early in your infection at the time of your test and that you could test positive later, or you could be exposed later and then develop the illness.

If you had close contact with someone with COVID-19 you must continue to quarantine. You should quarantine for 14 days from your last contact with an infected individual. Please see the CDC website for details on what constitutes close contact and quarantine information. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Monitor your health daily for symptoms of COVID. Possible symptoms include fever, chills, cough, shortness of breath, fatigue, body aches, headache, new loss of taste or smell, sore throat, nasal congestion, nausea, vomiting or diarrhea.

If your result is **Detected** for SARS-CoV-2 (Coronavirus 2), the virus that causes COVID-19, please follow these recommendations:

**Stay at home (self-isolation):** Most people with COVID-19 have mild illness and recover at home without medical care.

- Do not leave your home, except to get medical care.
- Do not go to work or school, use public transportation, or visit public places.
- Avoid contact with other household members, if possible.
- Use a separate bedroom and bathroom than other household contacts, if possible.
- Wear a mask when around other people.

#### When to end isolation:

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving. *Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.*
- If you had severe illness or are immunocompromised consult your doctor on when it is safe to end isolation.



## Monitor your symptoms:

Look for **emergency warning signs** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

The CDC self-checker is a tool to help you make decisions and seek appropriate care. It can be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.html>. Contact your doctor if you have questions about your illness or on whether you need to seek medical care. Call ahead and tell them you have COVID-19.

**Notify your close contacts:** Alert people that you have been in close contact with while ill that you have tested positive. Tell them to quarantine for 14 days and monitor their health for signs of COVID-19.

If your result is **INVALID** for SARS-CoV-2 (Coronavirus 2), the virus that causes COVID-19, please refer to the reason listed above. We recommend that you reschedule for additional testing.

If your result is **REJECTED** for SARS-CoV-2 (Coronavirus 2), the virus that causes COVID-19, please refer to the reason listed above. We recommend that you reschedule for additional testing.

Our knowledge of the Coronavirus 2 and the disease it causes is rapidly evolving. For the most up-to-date information, please visit the Centers for Disease Control and Prevention website <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

**Method:** The Abbott BinaxNOW™ COVID-19 Ag Card Point of Care SARS-CoV-2 Diagnostic Test is an antigen test. Antigen tests are designed to detect proteins from the virus that causes COVID-19 in direct nasal swabs.

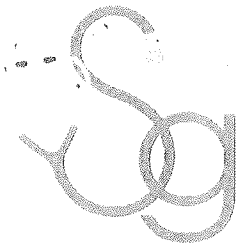
**Limitations:** There are different kinds of tests for COVID-19. Molecular tests (also known as PCR tests) detect genetic material from the virus. Antigen tests detect proteins from the virus. Antigen tests are specific for the virus but are not as sensitive as molecular tests. This means that a positive result is highly accurate, but a negative result does not rule out infection.

**Disclaimer:** The Abbott BinaxNOW™ COVID-19 Ag Card Point of Care SARS-CoV-2 Diagnostic Test has not been FDA cleared or approved. It has been authorized by the FDA under an emergency use authorization for use by authorized entities. The test has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens, and is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

## Fact Sheets

<https://www.fda.gov/media/141569/download>

<https://www.fda.gov/media/141568/download>



**DR. SERGIO GARCIA**

Specialist in Primary Care & Hospital Medicine

8200 SW 117th Ave, Suite 314  
Miami, FL 33183  
t 305.274.6422 | f 305.274.5707  
e Dr.Garcia@sergiogarciamd.com

August 23, 2021


RE: Madelyn Sierra  
DOB: 06/28/1971

To Whom It May Concern:

The above named patient was under my care due to Covid 19 symptoms. Mrs. Sierra has fulfilled 10 days of quarantine recommended by the CDC guidelines. As of now, per the patient she has been more than 24 hours without of fever (not using anti-fever medications) and does not have any symptoms. According to the symptom-based strategy from the CDC guideline website regarding Covid-19, the patient can now discontinue isolation and may return to work. In addition, patient has a negative Covid 19 test done

Should you have any additional questions please contact our office at 305-274-6422.

Sincerely



Sergio Garcia MD



SERGIO GARCIA, M.D.  
8200 SW 117 Ave.  
Suite 314  
Miami, FL 33183  
t 305.274.6422  
f 305.274.5707

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

In re     **Madelyn Sierra-Hernandez**  
          **Principal**  
          **Employees**  
          **Miami-Dade County Public Schools**

**PID#: 245822**

**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, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2020 CE Form 1 was filed September 20, 2021 with the Supervisor of Elections for Miami-Dade County, you are fined the amount of \$475.00 (\$25.00 per day for 19 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](http://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, 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.

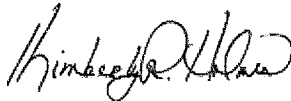
Please contact our office if you have any questions about this matter.

### **CERTIFICATE OF MAILING**

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

**Madelyn Sierra-Hernandez**  
**11935 Sw 135th Ave**  
**Miami, FL 33186 -4542**

by Certified Mail on this Thursday, October 26, 2023.



**KIMBERLY R. HOLMES**  
Program Administrator

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

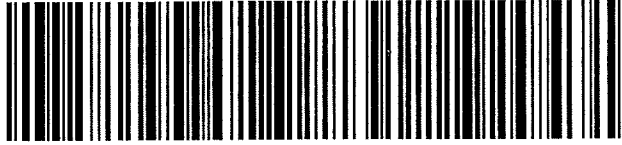
-or-

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](mailto:disclosure@leg.state.fl.us)



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



9214 8901 0661 5400 0190 1383 81

**RETURN RECEIPT (ELECTRONIC)**

**245822**

MADELYN SIERRA-HERNANDEZ  
11935 SW 135TH AVE  
MIAMI, FL 33186-4542

62

**URGENT - Open Immediately!**

CUT / FOLD HERE

**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2020**

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

LAST NAME – FIRST NAME – MIDDLE NAME :

SIERRA-HERNANDEZ, MADELYN

MAILING ADDRESS :

11935 SW 135TH AVE

CITY :

ZIP :

COUNTY :

MIAMI, FL 33186

NAME OF AGENCY :

MIAMI-DADE COUNTY PUBLIC SCHOOLS, EMPLOYEES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

PRINCIPAL

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

2021 SEP 23 AM 10:57

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

Processed Date: 9/23/21 MB

Scanned Date: 10/27/21 CS

Filing Status Code: \_\_\_\_\_



\* F D O 1 0 2 2 1 \*

9/20/21

**\*\*\*\* 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
N/A		

**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
N/A			

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

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.

**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

N/A

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

**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

N/A

ADDRESS OF BUSINESS ENTITY

N/A

PRINCIPAL BUSINESS ACTIVITY

N/A

POSITION HELD WITH ENTITY

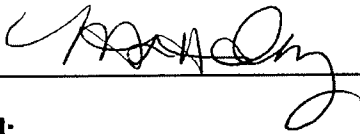
N/A

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

N/A

NATURE OF MY OWNERSHIP INTEREST

N/A

**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:**

9/16/21

**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.

M. DRENN

11935 SW 135 Ave,

Mtami, FL 33186

18.01-343 316

RECEIVED

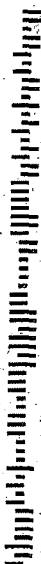
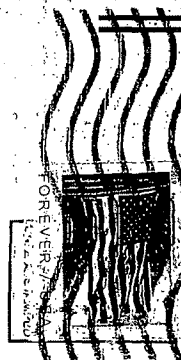
2021 SEP 23 AM 10:57

MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
SUPERVISOR OF ELECTIONS  
FINANCIAL DISCLOSURE SECTION  
PO BOX 521550  
MIAMI FL 33152-1550

MIAMI FL 330

20 SEP 2021 PM 1 L





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

In re **Madelyn Sierra-Hernandez**  
**Principal**  
**Employees**  
**Miami-Dade County Public Schools**

**PID#: 245822**

**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, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2020 CE Form 1 was filed September 20, 2021 with the Supervisor of Elections for Miami-Dade County, you are fined the amount of \$475.00 (\$25.00 per day for 19 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, 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.

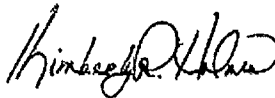
Please contact our office if you have any questions about this matter.

**CERTIFICATE OF MAILING**

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

**Madelyn Sierra-Hernandez  
11935 Sw 135th Ave  
Miami, FL 33186 -4542**

by Certified Mail on this Thursday, October 26, 2023.



KIMBERLY R. HOLMES  
Program Administrator

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

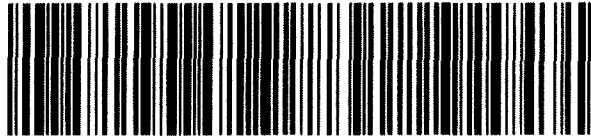
-or-

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](mailto:disclosure@leg.state.fl.us)



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



9214 8901 0661 5400 0190 1383 81

RETURN RECEIPT (ELECTRONIC)

245822

MADelyn SIERRA-HERNANDEZ  
11935 SW 135TH AVE  
MIAMI, FL 33186-4542

62  
URGENT - Open Immediately!

CUT FOLD HERE

Zone 4

OPEN ENVELOPE  
CUT FOLD HERE

CUT FOLD HERE



# 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 02 2023

RECEIVED

## APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2019<sup>20</sup>

**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: Madelyn Sierra-Hernandez

Address: 11935 SW 135 Avenue City: Miami State: FL Zip: 33186

Daytime Tel.: 305-242-8348 Cell: 305-801-1091

Email: madsierra@dadeschools.net Filer ID# (if known): 245822

Public Employer: Miami-Dade County Public Schools

Public Position: Principal

CONTINUED ON REVERSE SIDE



1151 E 3900 SO, Suite B120  
Salt Lake City, UT 84124  
Customer Service: 305-602-8492



Madelyn Sierra  
11935 de 135 avenue  
Miami, FL 33186

### Test Report

Patient	Date of Birth	Report Date/Time	Collection Date/Time	Medical Record Number
Madelyn Sierra	6/28/1971	8/15/2021 3:48PM	8/15/2021 3:02PM	
<b>Test</b> SARS-CoV-2	<b>Result</b> SARS-CoV-2 Detected		<b>Type of Test</b> COVID-Ag	

#### Name and Address of Lab Where Test Was Performed:

Tropical Park: 7900 SW 40th Street, Miami, FL 33155, USA

If your result is **Not Detected** for SARS-CoV-2 (Coronavirus 2), the virus that causes COVID-19 this may mean you were not infected at the time your test was performed or there was not enough virus present to be detected. It does not mean you will not get infected or sick. It is possible that you were very early in your infection at the time of your test and that you could test positive later, or you could be exposed later and then develop the illness.

If you had close contact with someone with COVID-19 you must continue to quarantine. You should quarantine for 14 days from your last contact with an infected individual. Please see the CDC website for details on what constitutes close contact and quarantine information. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Monitor your health daily for symptoms of COVID. Possible symptoms include fever, chills, cough, shortness of breath, fatigue, body aches, headache, new loss of taste or smell, sore throat, nasal congestion, nausea, vomiting or diarrhea.

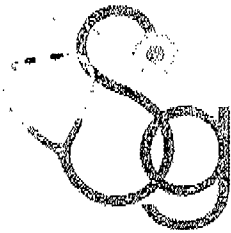
If your result is **Detected** for SARS-CoV-2 (Coronavirus 2), the virus that causes COVID-19, please follow these recommendations:

**Stay at home (self-isolation):** Most people with COVID-19 have mild illness and recover at home without medical care.

- Do not leave your home, except to get medical care.
- Do not go to work or school, use public transportation, or visit public places.
- Avoid contact with other household members, if possible.
- Use a separate bedroom and bathroom than other household contacts, if possible.
- Wear a mask when around other people.

#### When to end Isolation:

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving. *Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.*
- If you had severe illness or are immunocompromised consult your doctor on when it is safe to end isolation.

**DR. SERGIO GARCIA**

Specialist in Primary Care &amp; Hospital Medicine

8200 SW 117th Ave, Suite 314  
Miami, FL 33183  
t 305.274.6422 | f 305.274.5707  
e Dr.Garcia@sergiogarciamd.com

August 23, 2021


RE: Madelyn Sierra  
DOB: 06/28/1971

To Whom It May Concern:

The above named patient was under my care due to Covid 19 symptoms. Mrs. Sierra has fulfilled 10 days of quarantine recommended by the CDC guidelines. As of now, per the patient she has been more than 24 hours without of fever (not using anti-fever medications) and does not have any symptoms. According to the symptom-based strategy from the CDC guideline website ~~regarding Covid-19, the patient can now discontinue isolation and may return to work.~~ In addition, patient has a negative Covid 19 test done

Should you have any additional questions please contact our office at 305-274-6422.

Sincerely

  
Sergio Garcia MD

SERGIO GARCIA, M.D.  
8200 SW 117 Ave.  
Suite 314  
Miami, FL 33183  
t 305.274.6422  
f 305.274.5707

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

In re **Madelyn Sierra-Hernandez**  
**Principal**  
**Employees**  
**Miami-Dade County Public Schools**

**PID#: 245822**

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  - 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;
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- Referral to a collection agency, which can seek garnishment of your wages; and/or
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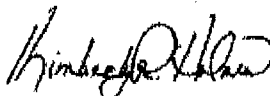
Please contact our office if you have any questions about this matter.

**CERTIFICATE OF MAILING**

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

**Madelyn Sierra-Hernandez**  
11935 Sw 135th Ave  
Miami, FL 33186 -4542

by Certified Mail on this Thursday, October 26, 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](mailto:disclosure@leg.state.fl.us)



**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.

Unfortunately, I contracted the COVID virus during August, 2021. It took a toll on me and I was unable to complete certain obligations to include the Statement of Financial Interests on time. I was out of work for 11 days and when returned, it took me a long time to renew my daily routines and responsibilities. Please accept my apology for submitting the form late and remove the fine.

**OPTIONAL REQUEST FOR HEARING**

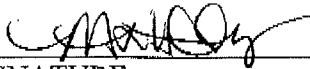
☐ In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(f)3 or Section 112.3145(8)(g)3, Florida Statutes. Commission meetings occur in Tallahassee.

**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.

11/2/23

DATE

  
SIGNATURE



STATE OF FLORIDA  
COMMISSION ON ETHICS  
PO DRAWER 16709  
TALLAHASSEE, FL 32317-5709



9214 8901 0661 5400 0190 1383 81

RETURN RECEIPT (ELECTRONIC)

245822

MADelyn SIERRA-HERNANDEZ  
11935 SW 135TH AVE  
MIAMI, FL 33186-4542

62  
URGENT - Open Immediately!

CUT: FOLD HERE

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

I Cristina White, the Supervisor of Elections of miami-Dade 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

  
\_\_\_\_\_  
SUPERVISOR OF ELECTIONS

Miami Dade County Elections Department

Financial Disclosure Details

Tax Year	Name	FD#	ID#	Filing Status
----------	------	-----	-----	---------------

2020	SIERRA-HERNANDEZ MADELYN	FD010221	245822	Filed-Filed
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Mailing Activity

Mail Date	Address Mailed to	Correspondence	Certified	Delivered	Tracking#
05/28/2021	11935 SW 135TH AVE, MIAMI, FL 33186-4542	FIRST FINANCIAL DISCLOSURE MAILING	N	Y	
07/29/2021	11935 SW 135TH AVE, MIAMI, FL 33186-4542	SECOND FINANCIAL DISCLOSURE MAILING	Y	Y	9414814902266849351077

--

Filing Activity

Form Name	Filed Date	Valid	Comments	County	Date Filed in County
Form 1	09/20/2021	Y		MIAMI-DADE	

--

**Miami Dade County Elections Department**

**Financial Disclosure Details**

<b>Tax Year</b>	<b>Name</b>	<b>FD#</b>	<b>ID #</b>	<b>Filing Status</b>



**Elections**

Supervisor of Elections Financial Disclosure Section  
PO Box 521550  
Miami Florida 33152-1550  
ADDRESS SERVICE REQUESTED

**IMPORTANT:**

YOUR ANNUAL DISCLOSURE FORM IS ENCLOSED  
AND MUST BE FILED BY JULY 1, 2021



F D 0 1 0 2 2 1

MADELYN SIERRA-HERNANDEZ  
11935 SW 135TH AVE  
MIAMI, FL 33186

# Memorandum



**To:** Local Officer

**From:** Christina White  
Supervisor of Elections

**Subject:** State Financial Disclosure Filing Requirement for the 2020 Tax Year

---

The position you held in 2020 was determined to be one that requires the filing of a financial disclosure form. According to Florida Statute 112.3145, the enclosed **Form 1, Statement of Financial Interests (2020,)** must be filed with the Elections Department by **Thursday, July 1, 2021** to satisfy your financial disclosure filing requirement for the 2020 tax year.

Persons serving as of December 31, 2020 are required to file this year. If you left the position in 2020, you are required to file a Form 1F covering the portion of 2020 you served. If you left the position in 2021, you are required to file a Form 1 for 2020 and a Form 1F for the portion of 2021 you served. See the Form 1 instructions for more information, and additional forms may be downloaded on the Elections Department website at [https://www8.miamidade.gov/global/service.page?Mduid\\_service=ser1513200320703181](https://www8.miamidade.gov/global/service.page?Mduid_service=ser1513200320703181).

The Elections Department is the records custodian for these forms. **Please do not file this form with the Florida Commission on Ethics in Tallahassee.** As such, kindly send your **completed and signed** financial disclosure form via email to [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov) so long as it is a legible scanned copy, or by returning it to the Miami-Dade County Supervisor of Elections, Financial Disclosure Section, PO Box 521550, Miami, Florida 33152-1550. A business reply envelope has been provided for your convenience.

Please note the following:

- You can check receipt of your financial disclosure form on the Miami-Dade Elections Department website at [https://www8.miamidade.gov/global/service.page?Mduid\\_service=ser1513200320703181](https://www8.miamidade.gov/global/service.page?Mduid_service=ser1513200320703181).
- Persons who fail to file the annual disclosure form by September 1 are subject to automatic fines of \$25 for each late day. In addition, by law, the Commission on Ethics must initiate investigations of delinquent filers in certain circumstances. This can result in your being removed from your public office or employment. See Section 112.3145(8)(c), Florida Statutes.
- If your home address is exempt from public records, please provide your office or other address.

Instructions for completing this form are included. Additional questions on how to complete this form should be directed to the Florida Commission on Ethics at 800-262-8824. If you have questions regarding the distribution or collection of this form, please contact Maria Boucourt, Miami-Dade Financial Disclosure Coordinator, at 305-499-8413 or via email at [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov).

If you think you have received this notification in error, please contact the coordinator for your agency who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Florida Commission on Ethics to remove your name from the list. To find your coordinator, you can contact Ms. Boucourt at the number above or view the coordinator list provided on the Commission on Ethics' website at <http://www.ethics.state.fl.us>.

Enclosures

**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2020**Please print or type your name, mailing  
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

**SIERRA-HERNANDEZ, MADELYN**

MAILING ADDRESS :

**11935 SW 135TH AVE**

CITY :

**MIAMI, FL**

ZIP :

**33186**

COUNTY :

**MIAMI-DADE**

NAME OF AGENCY :

**MIAMI-DADE COUNTY PUBLIC SCHOOLS, EMPLOYEES**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

**PRINCIPAL**CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**FD010221****\*\*\*\* 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.



**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

**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		
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		

**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: \_\_\_\_\_

**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.

**. . . IMPORTANT . . . IMPORTANT . . . IMPORTANT . . .**

## **Form 1 Filers**

### **FORMS ARE DUE JULY 1**

*Filing late may result in automatic fines of \$25 per day!*

*Failure to pay fines may result in salary withholding, wage garnishment, or removal from office or employment!*

**\* \* \***

## **Read the Instructions**

*The Commission does not review forms for accuracy, and a complaint can be filed against you for failing to properly make a required disclosure.*

**\* \* \***

## **Manner of Calculating Reportable Interest**

*You have 2 options – Comparative (Percentage) Threshold or Dollar Value Threshold.*

*The instructions describe each option in detail.*

*You must choose one and check the box that reflects your choice.*

**\* \* \***

## **Elected Municipal Officers**

*Elected municipal officers and commissioners of a community redevelopment agency (created under Part III, Chapter 163) are required to complete 4 hours of ethics training each calendar year. Compliance with the training requirement must be reported on the Form 1. Elected members of a special district are not municipal officers subject to the training requirement. Report your compliance for the form year by checking the box in Part G. For more ethics training information, visit the training page on the Commission's website.*

**\* \* \***

## **Your Disclosure is a Public Record**

*Do NOT put social security, bank account or credit card numbers on your Form 1.*

*If your home address or other information is exempt from disclosure under Section 119.071, F.S., and you want us to keep it confidential, you must submit a written request as required by Section 119.071. If you previously filed a confidentiality request with our office, you do not need to file another request this year.*



## **Questions?**

## **Visit our website: [www.ethics.state.fl.us](http://www.ethics.state.fl.us)**

*Under the "Financial Disclosure" tab you can find information about your specific filing requirement, coordinator contact information, where to file, and the ability to confirm that your form has been received (please allow five business days from the date you mailed the form). Helpful general information and summaries of the Commission's most significant opinions dealing with financial disclosure can also be found here.*

## **Contact us!**

*(850) 488-7864 or email: [disclosure@leg.state.fl.us](mailto:disclosure@leg.state.fl.us)*



**Elections**

Supervisor of Elections Financial Disclosure Section

PO Box 521550

Miami Florida 33152-1550

ADDRESS SERVICE REQUESTED

**IMPORTANT:**

YOUR ANNUAL DISCLOSURE FORM IS ENCLOSED AND  
MUST BE FILED BY SEPT. 1, 2021

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USPS CERTIFIED MAIL



9414 8149 0226 6849 3510 77

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FD010221

MADELYN SIERRA-HERNANDEZ  
11935 SW 135TH AVE  
MIAMI, FL 33186

# Memorandum



**To:** Local Officer

**From:** Christina White  
Supervisor of Elections

**Subject:** Notice of Delinquency - Financial Disclosure Filing Requirement for the 2020 Tax Year

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The position you held in 2020 was determined to be one that requires the filing of a financial disclosure form. Our records indicate that you were mailed a financial disclosure notice at the end of May, advising you that per Florida Statute 112.3145, you were required to file a Form 1, Statement of Financial Interests with our office by July 1, 2021. To date, we have not received the required form from you.

Pursuant to State law, I am writing to notify you that although you are delinquent in filing your financial disclosure form with our office, **a grace period is in effect until Wednesday, September 1, 2021 to file your signed and dated Form 1 for the 2020 tax year with our office.**

If your Form 1 is not received by September 1, 2021, a fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. In addition, I will be required by law to notify the State of Florida Commission on Ethics of the delinquency. In addition, pursuant to enacted legislation, the Commission on Ethics must initiate investigations of delinquent filers, in certain circumstances. This can result in your removal from public office or employment. See Section 112.3145(8)(c), Florida Statutes.

Please note that persons serving as of December 31, 2020 are required to file this year. If you left the position in 2020, you are required to file a Form 1F 2020 covering the portion of 2020 you served. If you left the position in 2021, you are required to file a Form 1 for 2020 and a Form 1F 2021 for the portion of 2021 you served. Also, if your home address is exempt from public records, please provide your office address or other mailing address. Instructions for completing this form are included and additional questions on how to complete this form should be directed to the State of Florida Commission on Ethics at 850-488-7864.

The Elections Department is the records custodian for these forms. As such, please send your **completed, signed and dated financial disclosure statement** via email to [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov) so long as it is a legible scanned copy, or by returning it to the Miami-Dade County Supervisor of Elections, Financial Disclosure Section, PO Box 521550, Miami, Florida 33152. A business reply envelope has been provided for your convenience. The form may also be hand delivered. **Please do not file this form with the Florida Commission on Ethics in Tallahassee.** If you filed directly with the Florida Commission on Ethics, please provide us a copy.

You can check receipt of your financial disclosure form on the Miami-Dade Elections Department website at [www.miamidade.gov/elections/disclosure](http://www.miamidade.gov/elections/disclosure). In the event that you already filed your financial disclosure form with the Miami-Dade County Elections Department, please contact our office immediately so that we may review our records and remove your name from the delinquency list, if applicable.

If you have any questions or need additional information, please contact Maria Boucourt, Miami-Dade Financial Disclosure Coordinator, at 305-499-8413 or via email at [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov).

If you think you have received this in error, please contact the coordinator for your agency who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Florida Commission on Ethics to remove your name from the list. To find your coordinator, you can contact Maria Boucourt at the number above or view the coordinator list provided on the Commission on Ethics' website at <http://www.ethics.state.fl.us>.

Enclosures

**FORM 1****STATEMENT OF  
FINANCIAL INTERESTS****2020**Please print or type your name, mailing  
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

SIERRA-HERNANDEZ, MADELYN

MAILING ADDRESS :

11935 SW 135TH AVE

CITY :

ZIP :

COUNTY :

MIAMI, FL 33186

NAME OF AGENCY :

MIAMI-DADE COUNTY PUBLIC SCHOOLS, EMPLOYEES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

PRINCIPAL

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FD010221

**\*\*\*\* 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.

**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

**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		
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		

**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:**

\_\_\_\_\_

**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.

. . . **IMPORTANT** . . . **IMPORTANT** . . . **IMPORTANT** . . .

## **Form 1 Filers**

### **FORMS MUST BE FILED OR POSTMARKED BY SEPTEMBER 1**

*Filing late may result in automatic fines of \$25 per day!*

*Failure to pay fines may result in salary withholding, wage garnishment, or removal from office or employment!*

\* \* \*

## **Read the Instructions**

*The Commission does not review forms for accuracy, and a complaint can be filed against you for failing to properly make a required disclosure.*

\* \* \*

## **Manner of Calculating Reportable Interest**

*You have 2 options – Comparative (Percentage) Threshold or Dollar Value Threshold.*

*The instructions describe each option in detail.*

*You must choose one and check the box that reflects your choice.*

\* \* \*

## **Elected Municipal Officers**

*Elected municipal officers and commissioners of a community redevelopment agency (created under Part III, Chapter 163) are required to complete 4 hours of ethics training each calendar year. Compliance with the training requirement must be reported on the Form 1. Elected members of a special district are not municipal officers subject to the training requirement. Report your compliance for the form year by checking the box in Part G. For more ethics training information, visit the training page on the Commission's website.*

\* \* \*

## **Your Disclosure is a Public Record**

*Do NOT put social security, bank account or credit card numbers on your Form 1.*

*If your home address or other information is exempt from disclosure under Section 119.071, F.S., and you want us to keep it confidential, you must submit a written request as required by Section 119.071. If you previously filed a confidentiality request with our office, you do not need to file another request this year.*



## **Questions?**

**Visit our website: [www.ethics.state.fl.us](http://www.ethics.state.fl.us)**

*Under the "Financial Disclosure" tab you can find information about your specific filing requirement, coordinator contact information, where to file, and the ability to confirm that your form has been received (please allow five business days from the date you mailed the form). Helpful general information and summaries of the Commission's most significant opinions dealing with financial disclosure can also be found here.*

## **Contact us!**

*(850) 488-7864 or email: [disclosure@leg.state.fl.us](mailto:disclosure@leg.state.fl.us)*

# USPS Tracking®

[FAQs >](#)[Track Another Package +](#)**Tracking Number:** 9414814902266849351077[Remove X](#)

Your package will arrive later than expected, but is still on its way. It is currently in transit to the next facility.

## In Transit, Arriving Late

August 5, 2021

**Get Updates** 

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**Text & Email Updates**

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**Return Receipt Electronic**

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**Tracking History****August 5, 2021**

In Transit, Arriving Late

Your package will arrive later than expected, but is still on its way. It is currently in transit to the next facility.

**August 1, 2021, 1:22 am**

Arrived at USPS Regional Facility

OPA LOCKA FL DISTRIBUTION CENTER



**August 1, 2021, 12:07 am**

Accepted at USPS Origin Facility

MIAMI, FL 33128

**July 23, 2021**

Pre-Shipment Info Sent to USPS, USPS Awaiting Item

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## Product Information



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See Less 

## Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions.

**FAQs**



# Financial Disclosure Management System

THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 245822 - Madelyn Sierra-Hernandez

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\(S\)](#) [2018](#) [2019](#)  
[2020\(S\)](#) [2021](#) [2022](#)

<<2022 Form Year

## Status

Filing: ACTIVE

Fine: No Fine

## Flags

Public Address

Filing Extensions

Indefinite: None

Temporary:

None

Eligible for Fines

Update Flags

The filer has fines for: [2021 \(Appeal\)](#) [2018 \(Paid\)](#) [view all](#)

## 2021 Fines and Appeals

### Form Year 2020 Filed Forms

Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments
09/20/21	Form 1	Yes	No	SOE	HOLMESK(SOE IMPORT) on 12/13/2021	Miami-Dade

### 2021 Fine Information

Update Fine Information

Assign Agency Contact

Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$475.00	Appeal	10/25/2023	\$475.00	\$475.00			

Fine Address 11935 Sw 135th Ave Miami FL 33186-4542


Org/Suborg Miami-Dade County Public Schools-Employees

### 2021 Fine Payment History

Date Posted	Description	Amount	Method	Payment ID	Comments
10/25/2023	Fine Levied	+ \$475.00			Fined \$475.00

Current Balance: \$475.00

 Add a New Filer

 Jump To A Filer
PID:  
 Quick Filer Search

First Name:


Last Name:

### 2021 Fine Year Event Chronology

 Date	Type	Description	Reference
 08/20/2021	Postcard	Courtesy Postcard Reminder	Print Queue: <a href="#">8/20/2021</a> Printing Confirmed: 8/20/2021


Letter Sent To:

Madelyn Sierra-Hernandez  
11935 Sw 135th Ave  
Miami, FL 33186 -4542

 09/8/2021	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: <a href="#">9/8/2021</a> Printing Confirmed: 9/8/2021
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Letter Sent To:


Madelyn Sierra-Hernandez  
11935 Sw 135th Ave  
Miami, FL 33186 -4542

 09/20/2021	Form Received	Form 1 Received, Signed	Form 1 Received by Miami-Dade SOE
--	------------------	-------------------------	--------------------------------------

Form Received By: Miami-Dade County SOE

Filing Location: Miami-Dade County SOE

Record Created By: HOLMESK(SOE IMPORT) on 12/13/2021

10/25/2023	Fine Levied	Fined \$475.00	Journal: <a href="#">10/25/2023</a> <a href="#">9:58 AM</a>
10/25/2023	Notice of Assessed Fine	Initial Fine Notice	Journal: <a href="#">10/25/2023</a> <a href="#">10:20 AM</a>
 10/26/2023	Letter Sent	Notice of Assessed Fine - Filer 1st Fine Letter	Print Queue: <a href="#">10/26/2023</a> Printing Confirmed: 10/26/2023

Letter Sent To:

Madelyn Sierra-Hernandez

11935 Sw 135th Ave  
Miami, FL 33186 -4542

11/12/2023 Fine Appeal
FD 21-037

Journal: 11/12/2023  
11:53 PM

2021 Fine Appeal – FD 21-037	Update Appeal	Withdraw Appeal
	Assign Attorney	Request More Info
	Record Appeal Outcome	
Appeal Status: Active Appeal Receipt Date: 11/02/2023 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Lack of Notification Appeal Notes: Appeal Number: FD 21-037 Appeal Analyst Assigned: Final Order Number: Final Order Date:	No Hearing Requested	