



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

## APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2022

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

### **PART A: YOUR INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Filer ID# (if known): \_\_\_\_\_

Public Employer: \_\_\_\_\_

Public Position: \_\_\_\_\_

**CONTINUED ON REVERSE SIDE**

## PART B: GENERAL REASON(S) FOR YOUR APPEAL

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

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

- a.  **Sickness or injury** (Explain in Part C and attach a statement from attending physician, including dates and nature of illness or injury)
- b.  **Lack of notification – Failure to receive notice** (Explain in Part C and provide documentation that supports your assertion that you never received certified mail delinquency notice: for example, incorrect address; misdelivered mail; change in employment; extended absence from home, etc.)
- c.  **Claim of timely filing of financial disclosure** (Explain in Part C and provide copy of certified mail receipt and/or copy of completed form which had been previously filed, along with a sworn notarized statement that you filed prior to the deadline)
- d.  **Left public position prior to December 31, 2022** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2022)
- e.  **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)
- f.  **Not required to file** (Explain in Part C and provide documentation that supports reason for not required to file)

## PART C: DETAILED EXPLANATION OF YOUR APPEAL

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


## OPTIONAL REQUEST FOR HEARING

In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(f)2 or Section 112.3145(8)(f)2, Florida Statutes. Commission meetings occur in Tallahassee.

## SIGNATURE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE