



3. No later than July 31, 2016, the Osceola County Supervisor of Elections sent Appellant a Notice of Delinquency by certified mail. This notice was also sent to the 1918 Penfield Street address. The notice was delivered and signed for by someone at Appellant's address.

4. On August 16, 2016, the Commission mailed Appellant a postcard intended to remind her of her obligation to file a 2015 CE Form 1. The Commission mailed the postcard to the 1918 Penfield Street address.

5. On September 7, 2016, six days after the grace period expired, the Commission mailed Appellant a courtesy notice informing her that an automatic fine had begun to accrue. The Commission mailed this notice to the 1918 Penfield Street address.

6. On September 20, 2016, Commission staff emailed Appellant regarding her financial disclosure obligation and advised her that an automatic fine was being assessed against her. Commission staff also emailed her the 2015 CE Form 1 to complete.

7. On September 21, 2016, Appellant called the Commission and told Commission staff that she had not filed her financial disclosure because her parents have been sick and "things got dropped." Commission staff notified Appellant of her right to appeal the fine.

8. On September 22, 2016, Appellant submitted her 2015 CE Form 1 to the Osceola County Supervisor of Elections.

9. The amount of fine automatically assessed against Appellant was \$525.

10. On November 14, 2016, Appellant submitted her appeal to the Commission. In her appeal, Appellant claims she failed to timely file her disclosure form due "other unusual circumstances." Appellant states that she failed to timely file her CE Form 1 because her mother and father have had a series of health concerns in the last four to five months and she has been

very distracted taking care of them. She states that she failed to complete her financial disclosure due to her preoccupation with the health status of her parents.

#### Conclusions of Law

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

12. 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. In order to increase compliance, beginning in 2001 the Legislature provided for an automatic fine of \$25 per day, up to a cap of \$1,500, on persons who do not timely file their financial disclosure statements. Under the law, the Legislature permitted the Commission to waive a fine only "based upon unusual circumstances surrounding the failure to file on the designated due date . . . ."

13. Commission Rule 34-8.215, F.A.C., defines "unusual circumstances" as follows:

uncommon, rare or sudden events over which the reporting individual has no control and which directly result in the failure to act in accordance with the filing requirement. Circumstances which allow for time in which to take those steps necessary to assure compliance with the filing requirement shall be deemed not to constitute unusual circumstances.

14. Appellant's basis for the appeal of her fine is that is that she failed to timely file her 2015 CE Form 1 because her parents have had health concerns and she has been preoccupied with taking care of them, and that, as a result, she overlooked her financial disclosure obligation. While Appellant's concern for the health status of her parents is understandable, and her candid explanation is appreciated, Appellant has not pointed to any "uncommon, rare or sudden events" that prevented her from filing the 2015 CE Form 1 in a timely manner. Therefore, Appellant has not identified any "unusual circumstance" that would justify waiver of the \$525 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby affirms the assessed fine of \$525 and denies the appeal. 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 Coordinator, at the address below or by telephone at (850) 488-7864.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, April 21, 2017.

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Date Rendered

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Matthew F. Carlucci  
*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.

MFC;jmk

Copy furnished to:

Ms. Joslyn Garrido  
1918 Penfield Street  
Kissimmee, FL 34741

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2015**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME

GARRILLO JOSEPH

MAILING ADDRESS

19118 DANIELA Street

Kissimmee FL 34741 Osceola

CITY ZIP COUNTY

Community Development Agency

NAME OF AGENCY

Board Member

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

\*\*\*\* **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** \*\*\*\*

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one)

DECEMBER 31 2015 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**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
Florida Hospital	201 Franklin's Street	Health Care

**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
<del>N/A</del>	<del> </del>	<del> </del>	<del> </del>

**PART C -- REAL PROPERTY** (Land, buildings owned by the reporting person - See instructions)

(If you have nothing to report, write "none" or "n/a")

<del>N/A</del>

**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.

<b>PART D — INTANGIBLE PERSONAL PROPERTY</b> (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	

<b>PART E — LIABILITIES</b> (Major debts - See instructions) (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

<b>PART F — INTERESTS IN SPECIFIED BUSINESSES</b> (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		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
DO I OWN MORE THAN A 1% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING:**  
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

**SIGNATURE OF FILER:**

Signature: John Harold

Date Signed: 11/11/14

**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:**

<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <u>including signing and dating</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b> <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><b>Facsimiles will not be accepted.</b></p>	<p><b>WHERE TO FILE:</b></p> <p>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.</p> <p><b>Local officers/employees</b> 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.)</p> <p><b>State officers or specified state employees</b> file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee FL 32303.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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.</p> <p><b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b> file by July 1 following each calendar year in which they hold their positions.</p> <p><b>Finally</b>, 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.</p>
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2618601



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 14 2016

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2015

**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: Joslyn Garrido

Address: 1918 pentfield st. City: Kissimmee State: FL Zip: 34741

Daytime Tel.: 407-252-8936 Cell: " "

Email: Joslyngarrido@gmail.com Filer ID# (if known): \_\_\_\_\_

Public Employer: Florida Hospital

Public Position: Occupational Therapy

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, 2015** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2015)
- e.  **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)

## 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.

My mother ~~was~~ and father have had a series of health concerns in the last 4-5 months. I've been very distracted with attending to their care, appointments, and facilitating appropriate actions to better their health. I overlooked my deadline and failed to complete the form timely because of my preoccupation with the above matter.

### 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(5)(e)3 or Section 112.3145(7)(f)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.

11/10/16  
DATE

Jasim Hameto  
SIGNATURE



**Financial Disclosure Management System**  
 THE FLORIDA COMMISSION ON ETHICS

**Filer - Fines and Appeals - PID 261861 - Ms Joslyn Garrido**

Filer Information

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**Filer Flags**

- [2000](#) [2001](#) [2002](#) [2003](#) [2004](#)
- [2005](#) [2006](#) [2007](#) [2008](#) [2009](#)
- [2010](#) [2011](#) [2012](#) [2013](#) [2014](#)
- [2015\(S\)](#) [2016](#)

<<2016 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: [2016 \(Appeal\)](#)

**2016 Fines and Appeals**

Form Year 2015 Filed Forms					
Received Date	Form Type	Form Signed	Filing Location	Updated	Comments
09/22/16	Form 1	Yes	SOE	HOLMESK(SOE IMPORT) on 12/15/2016	Osceola

2016 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
\$525.00	Appeal	2/8/2017	\$525.00	\$525.00			
Fine Address 1918 Penfield St Kissimmee FL 34741-6040							
Org/Suborg Kissimmee-Community Redevelopment Agency							

2016 Fine Payment History					
Date Posted	Description	Amount	Method	Payment ID	Comments
2/8/2017	Fine Levied	+ \$525.00			Fined \$525.00
Current Balance: \$525.00					

2016 Fine Year Event  
 Chronology

Invalidate Transaction

Add a New Filer

Jump To A Filer

PID:

Quick Filer Search

First Name:

Last Name:

Date	Type	Description	Reference
08/17/2016	Postcard Sent	Courtesy Postcard Reminder	Print Queue: <a href="#">8/17/2016</a> Printing Confirmed: 8/17/2016

**Letter Sent To:**  
Ms Joslyn Garrido  
1918 Penfield St  
Kissimmee, FL 34741 -6040

09/7/2016	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: <a href="#">9/7/2016</a> Printing Confirmed: 9/7/2016
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**Letter Sent To:**  
Ms Joslyn Garrido  
1918 Penfield St  
Kissimmee, FL 34741 -6040

09/20/2016 Filer      From: Prine,Emily Sent: Tuesday,      Emily  
Communication: September 20, 2016 2:31 PM To:      Prine  
Email      'joslyngarrido@gmail.com' Subject:  
Form 1 2015 Financial Disclosure PID  
261861 Importance: High Joselyn  
Garrido, The Osceola County  
Supervisor of Elections has not  
received your Form 1 2015 Financial  
Disclosure for serving on Kissimmee  
Community Redevelopment Agency  
through December 31, 2015. The grace  
period ended September 1, 2016 your  
fines as of today are as follows: 147  
Kissimmee, Community Redevelopment  
Agency Joslyn Garrido 261861 1  
\$475.00 The fines will continue to  
accrue until you file your form. The


maximum fine amount is up to \$1500.00. You are being assessed fines of \$25.00 per day. As a courtesy, I've attached the required form. If you have any questions, please contact me at 850-488-7864.

09/20/2016 Filer Communication: Gentleman phoned that is his cell number not Garrido Phone Emily Prine

09/21/2016 Filer Communication: Filer called with questions about filling out form. Parents have been sick and things got dropped. Told her I would send appeal form. Emily Prine

09/21/2016 Filer Communication: From: Prine.Emily Sent: Wednesday, September 21, 2016 8:41 AM To: 'joslyngarrido@gmail.com' Cc: Holmes, Kim Subject: Appeal Form PID 261861 Importance: High Ms. Joslyn, Attached is the appeal form. After you have filed your form you can submit an appeal to the Commission on Ethics. If you have any questions, please let me know. Be glad to help! Emily Prine

09/21/2016 Filer Communication: From: Joslyn Garrido [mailto:joslyngarrido@gmail.com] Sent: Wednesday, September 21, 2016 9:55 AM To: Prine.Emily Subject: Re: Appeal Form PID 261861 Thanks! Emily Prine

 09/22/2016 Form Received Form 1 Received, Signed Form 1 Received by Osceola SOE

Form Received By: Osceola County SOE  
 Filing Location: Osceola County SOE  
 Record Created By: HOLMESK(SOE IMPORT) on 12/15/2016

09/23/2016 Filer Communication: Joslyn Garrido Kissimmee FL - Florida Profile Pages Other Emily Prine  
[floridaprofilepages.com/person/joslyn-](http://floridaprofilepages.com/person/joslyn-)

garrido-1 Aug 3, 2016 - Joslyn Garrido,  
 Florida Profile Pages, Telephone: 407-  
 738-0063, , Address: 1918 Penfield St,  
 Kissimmee, FL,Facebook: ... LMTC

11/14/2016 Filer Received appeal form. Emily  
 Communication: Prine  
 Letter

02/8/2017 Fine Levied Fined \$525.00 Journal:  
2/8/2017  
11:03 AM

02/16/2017 Notice of Initial Fine Notice Journal:  
 Assessed Fine 2/16/2017  
11:33 AM

02/16/2017 Fine Appeal FD 16-021 Journal:  
2/16/2017  
11:48 AM

2016 Fine Appeal – FD 16- 021	Update Appeal	Withdraw Appeal
	Assign Attorney	Request More Info
Record Appeal Outcome		
Appeal Status: No Hearing Requested Active Appeal Receipt Date: 11/14/2016 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Other Appeal Notes: Appeal Number: FD 16-021 Appeal Analyst Assigned: Final Order Number:		

	Final Order Date:	
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