

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re RICARDO C. OLIVER,)	Financial Disclosure Appeal No. FD 16-022
)	
Appellant.)	
<hr style="width: 30%; margin-left: 0;"/>		
)	Final Order No.

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on April 21, 2017, on the timely appeal of Ricardo C. Oliver, pursuant to Section 112.3145(7)(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 did not request a hearing before the Commission.

Findings of Fact

1. According to information provided to the Commission, Appellant was a member of the Kissimmee Board of Adjustment, a position requiring the filing of a CE Form 1, Statement of Financial Interests, for the year 2015. In 2016, the designated due date for submitting a 2015 CE Form 1 annual filing was July 1, 2016, with a grace period ending on September 1, 2016.

2. No later than June 1, 2016, the Osceola County Supervisor of Elections sent Appellant a 2015 CE Form 1. This mailing was sent to 519 Jacaranda Lane, Kissimmee, FL 34744.

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 519

Jacaranda Lane address. The notice was delivered and signed for by Estela Oliver at Appellant's address.

4. On August 17, 2016, the Commission mailed Appellant a postcard intended to remind him of his obligation to file a 2015 CE Form 1. The Commission mailed the postcard to the 519 Jacaranda Lane address.

5. On September 7, 2016, six days after the grace period expired, the Commission mailed Appellant a courtesy notice informing him that an automatic fine had begun to accrue. The Commission mailed this notice to the 519 Jacaranda Lane address.

6. On September 20, 2016, Commission staff spoke with Appellant and advised him of his financial disclosure obligation.

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

8. On September 23, 2016, Appellant submitted his 2015 CE Form 1 to the Commission on behalf of the Osceola County Supervisor of Elections.

9. The amount of fine automatically assessed against Appellant was \$550.

10. On September 26, 2016, Appellant submitted his appeal to the Commission. In his appeal, Appellant claims he failed to timely file his disclosure form due "other unusual circumstances." Appellant states that he failed to timely file his CE Form 1 because he had been "out of town".

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 his fine is that is that he failed to timely file him 2015 CE Form 1 because he had been "out of town." Appellant failed to provide the Commission with any further information or documentation to support his claim that he was "out of town," and, as a result, was not able to timely file his financial disclosure. Appellant has not pointed to any "uncommon, rare or sudden events" that prevented him 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 \$550 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby affirms the assessed fine of \$550 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.

Date Rendered

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:

Mr. Ricardo Oliver
519 Jacaranda Lane
Kissimmee, FL 34744

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015

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

LAST NAME -- FIRST NAME -- MIDDLE NAME

Oliver, Ricardo Carlos

MAILING ADDRESS

519 JACARA VDA LANE

CITY

KISSIMEE

ZIP

FL

COUNTY

34744

NAME OF AGENCY

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

FOR OFFICE USE ONLY:

241222

FLORIDA COMMISSION ON ETHICS

SEP 28 2016

RECEIVED

PROCESSED

*** 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
<i>None</i>		

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
<i>None</i>			

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

<i>None</i>		

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
<i>None</i>	

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

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	<i>None</i>	
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 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: _____
[Handwritten Signature]

Date Signed: _____
9/20/2015

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>WHAT TO FILE:</p> <p>After completing all parts of this form, <u>including signing and dating it</u>, and 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>NOTE:</p> <p>MULTIPLE FILING UNNECESSARY:</p> <p>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>Facsimiles will not be accepted.</p>	<p>WHERE TO FILE:</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>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.)</p> <p>State officers or specified state employees 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>Candidates 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>WHEN TO FILE:</p> <p>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.</p> <p>Candidates must file at the same time they file their qualifying papers.</p> <p>Thereafter, file by July 1 following each calendar year in which they hold their positions.</p> <p>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 <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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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

SEP 26 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: RICARDO C. OLIVER

Address: 579 JACARANDA LANE City: KISSIMMEE State: FL Zip: 34744

Daytime Tel.: 305 710 1864 Cell: _____

Email: RICARDO OLIVER RCO@YAHOO.CO Voter ID# (if known): _____

Public Employer: NO —

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, 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.

I HAD BEEN OUT OF TOWN. AND THE POSITION I HOLD IS VOLUNTARY AND DID NOT MEET AT ANY TIME LAST YEAR

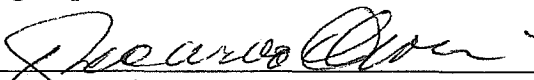
OPTIONAL REQUEST FOR HEARING

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.

9/20/2016
DATE


SIGNATURE

Prine.Emily

From: Kaitlin Andrews <Kaitlin.Andrews@voteosceola.com>
Sent: Tuesday, November 29, 2016 10:23 AM
To: disclosure
Subject: Ricardo Oliver
Attachments: Ricardo Oliver.pdf

Good Morning,

Attach is the proof of mail outs and emails sent for Ricardo Oliver. The initial Financial Disclosure was sent out on May 31, 2016. A certified letter was sent out on 7/22/2016. Emails were sent out to the coordinator between this time period. Also had made a phone call to the coordinator on 9/16/2016. The Financial Disclosure was received on 10/31/2016 but had a post mark for 9/23/2016. If you need any additional information please feel free to contact me.

Kaitlin Andrews
Special Projects Specialist
Supervisor of Elections
Osceola County
2509 E Irlo Bronson Mem Hwy
Kissimmee, FL 34744
407-742-6118

Please Note Florida has a very broad Public Records Law. E-mails to this entity or its employees may be considered a public record. Your e-mail communication including your email address may be disclosed to the public and media at any time.

NOV 07 2016

RECEIVED

**Florida Commission on Ethics
Financial Disclosure Notification System
Delinquency Certification**

I Mary Jane Arrington, the Supervisor of Elections of Osceola County, hereby certify that each person whose PID number, name, agency, and position appears above or on the attached list:

- (1) was sent a notice of the July 1, 2016 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2016;
- (2) was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2016;
- (3) was sent a delinquency notice by certified mail not later than July 31, 2016 advising him or her of the grace period in effect until September 1, 2016; and of the penalties that could be imposed as provided in Section 112.3145(6)(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, 2016; 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 Mary Arrington
SUPERVISOR OF ELECTIONS

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

For more information, visit us at www.usps.com

9214 8969 0099 9790 1114 3262 54

Postage	\$0.465
Registration fee	\$3.30
Insurance fee	\$1.35
Return receipt fee	\$0.00
Total	\$5.115

Electronic Return Receipt Requested

APR 14 2011
KISSIMMEE, FL

Ricardo Oliver
519 Jacaranda Ln
Kissimmee, FL 34744



Date Produced: 08/01/2016

OSCEOLA COUNTY BOE:

The following is the delivery information for Certified Mail™/RRE item number 9214 8969 0099 9790 1114 3282 54. Our records indicate that this item was delivered on 07/27/2016 at 01:08 p.m. in KISSIMMEE, FL 34744. The scanned image of the recipient information is provided below.

Signature of Recipient :

Signature	X <i>Estela Oliver</i>
Printed Name	ESTELA OLIVER

Address of Recipient :

Delivery Address	519 JACARANDA LN
------------------	------------------

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representative.

Sincerely,
United States Postal Service

The customer reference number shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Customer Reference Number: Ricardo Oliver 519 Jacaranda

Financial Disclosure Management System
THE FLORIDA COMMISSION ON ETHICS

 Filer - Fines and Appeals - PID 241222 - Mr Ricardo C. Oliver

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\(S\)](#) [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
09/23/16	Form 1	Yes	SOE	CAROLYN1 on 09/26/2016	Received by COE on behalf of Osceola Supervisor of Elections
09/23/16	Form 1	Yes	SOE	AZIER on 09/28/2016	Received by COE on behalf of Osceola Supervisor of Elections
09/23/16	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
\$550.00	Appeal	2/8/2017	\$550.00	\$550.00			

Fine Address 519 Jacaranda Ln Kissimmee FL 34744-5738

Org/Suborg Kissimmee-Board Of Adjustment

Add a New Filer

Jump To A Filer

PID:

Quick Filer Search

First Name:

Last Name:

2016 Fine Payment History					
Date Posted	Description	Amount	Method	Payment ID	Comments
2/8/2017	Fine Levied	+ \$550.00			Fined \$550.00
Current Balance: \$550.00					

2016 Fine Year Event

Chronology

<input checked="" type="checkbox"/> Date	Type	Description	Reference
08/17/2016	Postcard Sent	Courtesy Postcard Reminder	Print Queue: 8/17/2016 Printing Confirmed: 8/17/2016

Letter Sent To:
Mr Ricardo C. Oliver
519 Jacaranda Ln
Kissimmee, FL 34744 -5738

09/7/2016	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: 9/7/2016 Printing Confirmed: 9/7/2016
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Letter Sent To:
Mr Ricardo C. Oliver
519 Jacaranda Ln
Kissimmee, FL 34744 -5738

09/20/2016 Filer Spoke with filer/advised to go Emily
Communication: ahead and file the form. I would Prine
Phone send him both the form and appeal
form.

09/20/2016 Filer From: Prine.Emily Sent: Tuesday, Emily

Communication: September 20, 2016 1:45 PM To: Prine
 Email 'rcoliver@rcocontractors.com' Cc:
 'maryjane@votesceola.com' ;
 'Kaitlin.Andrews@votesceola.com' ;
 Holmes, Kim ;
 'lhansell@kissimmee.org' Subject:
 Form 1 2015 Financial
 Disclosure/Appeal Form PID 241222
 Importance: High Mr. Oliver,
 Pleasure speaking with you.
 Attached is the required Form 1
 2015 to be filed with the Osceola
 County Supervisor of Elections
 office. The form submitted must be
 an original. If you mail the form be
 sure to save a copy and receipt of
 postmark. Osceola County
 Supervisor of Elections 2509 E. Irlo
 Bronson Memorial Highway
 Kissimmee, Florida 34744 Phone:
 407-742-6000 Also, attached is the
 appeal form. 146 Kissimmee, Board
 Of Adjustment Ricardo Oliver
 241222 1 \$475.00 If I can be of
 further assistance, please let me
 know!

 09/23/2016 Form Received Form 1 Received, Signed Form 1
 Received
 by
 Received
 by COE on
 behalf of
 Osceola
 Supervisor
 of
 Elections
 SOE

Form Received By: Carolyn Carbonell
 Filing Location: Osceola County SOE

Record Created By: Carolyn Carbonell on 09/26/2016

09/23/2016 Form Received Form 1 Received, Signed Form 1 Received by Received by COE on behalf of Osceola Supervisor of Elections SOE

Form Received By: Azie Russell
 Filing Location: Osceola County SOE
 Record Created By: Azie Russell on 09/28/2016

09/23/2016 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

09/27/2016 Filer SOE transmittal, copy scanned into Carolyn
 Communication: Alchemy. Letter Carbonell

09/29/2016 Filer SOE Transmittal. Scanned into Azie
 Communication: Alchemy. No hard copies kept. Russell
 Letter

02/8/2017 Fine Levied Fined \$550.00 Journal:
 2/8/2017
 11:01 AM

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

02/16/2017 Fine Appeal FD 16-022 Journal:

2/16/2017

11:49 AM

2016 Fine Appeal – FD 16-022	<table border="1"> <tr> <td data-bbox="889 344 1133 386">Update Appeal</td> <td data-bbox="1154 344 1442 386">Withdraw Appeal</td> </tr> <tr> <td data-bbox="850 390 1117 432">Assign Attorney</td> <td data-bbox="1143 390 1430 432">Request More Info</td> </tr> <tr> <td colspan="2" data-bbox="1019 436 1430 478">Record Appeal Outcome</td> </tr> </table>	Update Appeal	Withdraw Appeal	Assign Attorney	Request More Info	Record Appeal Outcome	
Update Appeal	Withdraw Appeal						
Assign Attorney	Request More Info						
Record Appeal Outcome							
Appeal Status: Active Appeal Receipt Date: 09/28/2016 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Other Appeal Notes: Appeal Number: FD 16-022 Appeal Analyst Assigned: Final Order Number: Final Order Date:	No Hearing Requested						