

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

In re MOE HAKSSA,)	
)	Financial Disclosure Appeal No. FD 15-077
Appellant.)	
)	Final Order No.
_____)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on Friday, June 3, 2016, on the timely appeal of Moe Hakssa, 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 due date. There are no material facts in dispute. Appellant did not request a hearing before the Commission.

Findings of Fact

1. During the year 2014, Appellant served as a member of the Miami-Dade County Community Redevelopment Agency, a position that required the annual filing of financial disclosure. He was late filing the required CE Form 1, Statement of Financial Interests, for the year 2014. The designated date for submitting 2014 CE Form 1 was July 1, 2015, with a grace period ending on September 1, 2015.

2. On May 29, 2015, the Supervisor of Elections mailed the Appellant a copy of 2014 CE Form 1 and filing instructions. This mailing was sent to 12330 SW 96th Street, Miami, Florida 33186.

3. On July 31, 2015, the Supervisor of Elections mailed Appellant a Notice of Delinquency. This mailing was sent certified to the 12330 SW 96th Street address. Tracking records from the U.S. Postal Service show this mailing as "in transit" and not delivered.

4. On August 21, 2015, the Commission mailed the Appellant a courtesy postcard reminding of the filing obligation. This postcard was sent to the 12330 SW 96th Street address.

5. On September 4, 2015, the Commission mailed the Appellant a letter to inform him that an automatic fine had begun to accrue as he had yet to file a proper 2014 CE Form 1. This letter was sent to the 12330 SW 96th Street address.

6. On February 22, 2016, the Commission mailed the Appellant a Notice of Assessment of Automatic Fine. This mailing included, for the first time, the total of the Appellant's accrued automatic fine. The mailing also included a notice of the Appellant's right to appeal the fine. The Commission sent this mailing certified to 12330 SW 96th Street address.

7. The amount of the fine automatically assessed against the Appellant was \$1,500.

8. On March 23, 2016, the Appellant filed 2014 CE Form 1 and submitted an appeal.

9. In the appeal, Appellant states that his accountant was sick with cancer. The Appellant states that he was unable to get the information needed to complete 2014 CE Form 1 due to his accountant's illness.

Conclusions of Law

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

11. 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"

12. Rule 34-8.215, Florida Administrative Code, 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.

13. Appellant filed 2014 CE Form 1 on March 23, 2016, or nearly seven months after the grace period for late filing elapsed, and states that he was unable to file earlier because his accountant was too ill to assist him. Unlike the Form 6 Full and Public Disclosure of Financial Interests, which requires a detailed list of assets and liabilities, the Form 1 Statement of Financial Interests is merely a snapshot designed to reveal potential conflicts of interest. Appellant had time to seek guidance from another accountant, direct his questions to Commission staff members, or request an extension of the filing deadline, but took no action. The Appellant has not identified any "uncommon, rare or sudden event" that prevented him from filing his financial disclosure form in a timely manner, therefore he has not established any "unusual circumstance" that justifies waiving the \$1,500 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby affirms the assessed fine of \$1,500 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, telephone 850-488-7864.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, June 3, 2016.

Date Rendered

STANLEY M. WESTON
Chair

THIS ORDER CONSTITUTES FINAL AGENCY ACTION. ANY PARTY WHO IS ADVERSELY AFFECTED BY THIS ORDER HAS THE RIGHT TO SEEK JUDICIAL REVIEW UNDER SECTIONS 112.3241 AND 120.68, 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, BY U.S. MAIL AT P.O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709 (OR BY DELIVERY TO 325 JOHN KNOX ROAD, BUILDING E, SUITE 200, TALLAHASSEE, FLORIDA 32303); AND BY FILING A COPY OF 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.

Copy furnished to:

Moe Hakssa
12330 SW 96th Street
Miami Florida 33186-2524

SMW: slh

231195

15-077



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
MAR 23 2016
RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2014

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: MOE HAKSSA

Address: 12330 S.W. 96TH ST. MIAMI, FL 33186

Daytime Tel.: 305-246-0003 Cell: 305-301-5555

Email: moe@lumoprint.com Filer ID# (if known): 231195

Public Employer: —

Public Position: CRA

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, 2014** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2014)
- 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.

DUE TO MY ACCOUNTANT HAS BEEN SICK WITH CANCER & HAS BEEN
IN & OUT OF THE OFFICE FOR TREATMENT. I WASN'T ABLE TO
GET THE INFORMATION.

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.

3/21/16
DATE

[Signature]
SIGNATURE

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BEL HERE



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
 PHONE () - - - -
 ADDRESS

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box, if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt Service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE () - - - -
 ADDRESS
 ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)		<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage			
Date Accepted (MM/DD/YY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee			COD Fee
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee	Return Receipt Fee			Live Animal Transportation Fee
Weight lbs.	Sunday/Holiday Premium Fee	Total Postage & Fees			
ozs.	Acceptance Employee Initials				
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature			
Delivery Attempt (MM/DD/YY) Time	Employee Signature				
3/23/10 9:00 AM	DD				
Delivery Attempt (MM/DD/YY) Time	Employee Signature				

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9996 3-ADDRESSEE COPY

WRITE WITH BALL POINT PEN ON HARD SURFACE TO MARK

WHEN USED INTERNATIONALLY, A CUSTOMS DECLARATION LABEL MAY BE REQUIRED.



13F July 2013 OD: 12.5 x 9.5



PS 10001000006

VISIT USPS.COM FOR FREE SUPPLIES ONLINE



FOR OFFICE USE ONLY:

Moe M. Hakssa
 Naranja Lakes
 Miami-Dade County
 Community Redevelopment Agency
 12330 Sw 96th St
 Miami FL 33186 -2524

PROCESSED

FLORIDA
 COMMISSION ON ETHICS

MAR 23 2016

RECEIVED



231195

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, 2014 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:

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
LUMO PRINT INC	27750 S DIXIE HWY NARANJA	PRINT SHOP
LUMO Embroidry, inc	27748 S. DIXIE HWY NARANJA	T-shirts & APERAL.
lumo sign city	27742 S. DIXIE HWY NARANJA	signs & Trophies

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")

Land	29911 S DIXIE HWY NARANJA FL 33032
Res.	12330 S.W. 96 ST MIAMI, FL 33186
rent.	959 N.E. 42 Terr. HOMESTEAD, FL 33033

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
Community Bank	Homestead FL

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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	LUMO PRINT	
ADDRESS OF BUSINESS ENTITY	NARANJA FL	
PRINCIPAL BUSINESS ACTIVITY	PRINT SHOP	
POSITION HELD WITH ENTITY	OWNER	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
NATURE OF MY OWNERSHIP INTEREST	STOCK	

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

SIGNATURE OF FILER:

Signature: _____


Date Signed: _____
 3/21/16

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: After completing all parts of this form, including signing and dating it, 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>NOTE: MULTIPLE FILING UNNECESSARY: A candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original 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>WHERE TO FILE: 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 the "Who Must File" Instructions on page 3.</p> <p>Facsimiles will not be accepted.</p>	<p>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.</p> <p>Candidates for publicly-elected local office must file at the same time they file their qualifying papers.</p> <p>Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.</p> <p>Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.</p>
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**Miami Dade County Elections Department
Financial Disclosure Details**

Tax Year	Name	FD#	ID#	Filing Status
2014	HAKSSA MOE M	FD022599	231195	Not Filed-Not Filed

MAILING ACTIVITY

Mail Date	Address Mailed to	Correspondence	Certified	Delivered	Tracking#
05/29/2015	12330 SW 96TH ST, MIAMI, FL 33186	First Financial Disclosure Mailing	N	Y	
07/30/2015	12330 SW 96TH ST, MIAMI, FL 33186	Second Financial Disclosure Mailing	Y	Y	9214890138552800059755

EMAIL ACTIVITY

Email Date	Email Subject	Email Address

FILING ACTIVITY

Form Name	Filed Date	Valid	Comments	County	Date Filed in County

was not delivered

English

Customer Service

USPS Mobile

Register / Sign In



USPS Tracking®



Customer Service >
Have questions? We're here to help.



Get Easy Tracking Updates >
Sign up for My USPS.

Tracking Number: **9214890138552800059755**

"In Transit"

Expected Delivery Day: **Saturday, August 1, 2015**

Product & Tracking Information

Available Actions

Postal Product:
First-Class Mail®

Features:
Certified Mail™

Return Receipt Electronic

DATE & TIME	STATUS OF ITEM	LOCATION
July 31, 2015 , 4:31 pm	Departed USPS Origin Facility	MIAMI, FL 33152

Your item departed our MIAMI, FL 33152 origin facility on July 31, 2015 at 4:31 pm. The item is currently in transit to the destination.

July 30, 2015 , 10:21 pm	Arrived at USPS Origin Facility	MIAMI, FL 33152
July 30, 2015 , 9:06 pm	Accepted at USPS Origin Facility	MIAMI, FL 33175
July 29, 2015	Pre-Shipment Info Sent to USPS	

Track Another Package

Tracking (or receipt) number

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

Sign up for My USPS >



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- Business Customer Gateway
- Postal Inspectors
- Inspector General
- Postal Explorer
- National Postal Museum
- Resources for Developers

LEGAL INFORMATION

- Privacy Policy
- Terms of Use
- FOIA
- No FEAR Act EEO Data

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

In re **Moe M. Hakssa**
Naranja Lakes
Community Redevelopment Agency
Miami-Dade County

PID#: 231195

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(7)(f), Florida Statutes, due to your failure to timely file your 2014 CE Form 1, Statement of Financial Interests. Under the law, your 2014 CE Form 1, Statement of Financial Interests, was due by July 1, 2015. The law provided for a penalty-free grace period extending the due date to September 1, 2015. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, up to the maximum fine of \$1,500.00 (60 days late), pursuant to Section 112.3145(7)(f), Florida Statutes.

Inasmuch as your 2014 CE Form 1 has not been filed with the Supervisor of Elections for Miami-Dade County within the 60 days of the grace period date (September 1, 2015), you have accrued the maximum fine amount of \$1,500.00. 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(7)(f)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 **March 23, 2016**. **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, 2015, 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, 2014:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2014; 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.

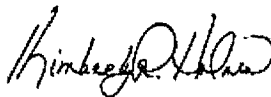
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

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

Moe M. Hakssa
12330 Sw 96th St
Miami, FL 33186 -2524

by Certified Mail on this Monday, February 22, 2016.



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



Financial Disclosure Management System
THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 231195 - Moe M. Hakssa

Filer Information

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Filer Flags

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[2010](#) [2011\(S\)](#) [2012\(S\)](#) [2013](#)
[2014\(S\)](#) [2015](#)

<<2015 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: [2015 \(Appeal\)](#) [2013 \(Collection - Transmitted to Collection Agency 1\)](#) [2012 \(Collection - Transmitted to Collection Agency 2\)](#) [2010 \(Collection - Transmitted to Collection Agency 2\)](#) [view all](#)

2015 Fines and Appeals

Form Year 2014 Filed Forms

Received Date	Form Type	Form Signed	Filing Location	Updated	Comments
03/23/16	Form 1	Yes	SOE	HOLMESK on 03/23/2016	Received by COE on behalf of Miami-Dade Supervisor of Elections

2015 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
\$1,500.00	Appeal	2/15/2016	\$1,500.00	\$1,500.00			


Fine Address 12330 Sw 96th St Miami FL 33186-2524


Org/Suborg Miami-Dade County-Community Redevelopment Agency


2015 Fine Payment History

Date Posted	Description	Amount	Method	Payment ID	Comments
2/15/2016	Fine Levied	+ \$1,500.00			Fined \$1500.00

Current Balance: \$1,500.00



 Add a New Filer

 Jump To A Filer
 PID:


 Quick Filer Search
 First Name:
 Last Name:

2015 Fine Year Event

Chronology

 Date	Type	Description	Reference
 08/21/2015	Postcard Sent	Courtesy Postcard Reminder	Print Queue: <u>8/21/2015</u> Printing Confirmed: 8/21/2015


Letter Sent To:
 Moe M. Hakssa
 12330 Sw 96th St
 Miami, FL 33186 -2524

 09/4/2015	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: <u>9/4/2015</u> Printing Confirmed: 9/4/2015
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Letter Sent To:
 Moe M. Hakssa
 12330 Sw 96th St
 Miami, FL 33186 -2524


02/15/2016	Fine Levied	Fined \$1500.00	Journal: <u>2/15/2016</u> 4:15 PM
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02/15/2016	Notice of Assessed Fine	Initial Fine Notice	Journal: <u>2/15/2016</u> 4:17 PM
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 02/22/2016	Letter Sent	Notice of Assessed Fine - Filer 1st Fine Letter	Print Queue: <u>2/22/2016</u> Printing Confirmed: 2/22/2016
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Letter Sent To:
 Moe M. Hakssa
 12330 Sw 96th St
 Miami, FL 33186 -2524

03/23/2016	Fine Appeal	FD 15-077	Journal: <u>3/23/2016</u> 3:26 PM
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 03/23/2016	Form Received	Form 1 Received, Signed	Form 1 Received by Received by COE on behalf of Miami-Dade Supervisor of Elections
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SOE

Form Received By: Kim Holmes
 Filing Location: Miami-Dade County SOE
 Record Created By: Kim Holmes on 03/23/2016

2015 Fine Appeal – FD 15- 077	Update Appeal	Withdraw Appeal
	Assign Attorney	Request More Info
	Record Appeal Outcome	

Appeal Status: Active Appeal Receipt Date: 03/23/2016 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Other Appeal Notes: Appeal Number: FD 15-077 Appeal Analyst Assigned: Final Order Number: Final Order Date:	No Hearing Requested
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