

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re CHRISTOPHER JAMES)
 HARTLINE,)
)
 Appellant.)
_____)
) Final Order No.

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on March 10, 2017, on the timely appeal of Christopher James Hartline, 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 employed by the Office of the Governor in 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. On May 10, 2016, the Commission on Ethics sent Appellant a 2015 CE Form 1. This mailing was sent to 814 5th St. NE, #2, Washington, D.C. 20002-4322.
3. On July 28, 2016, the Commission sent Appellant a Notice of Delinquency by certified mail. This notice was also sent to the 814 5th St. NE address. The notice was returned to the Commission by the Post Office as unclaimed.

4. On August 16, 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 814 5th St. NE address. The Postcard was returned to the Commission by the Post Office because it was not deliverable as addressed.

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 814 5th St. NE address.

6. On October 4, 2016, Appellant called the Commission and told Commission staff that he had filed his financial disclosure in April or May, and had left the Governor's Office in February 2016. Commission staff advised Appellant that the Commission had received Appellant's 2015 CE Form 1F on April 18, 2016, but that he still needed to file CE Form 1. Commission staff notified Appellant of his right to appeal the fine.

7. On October 6, 2016, Appellant submitted his 2015 CE Form 1 to the Commission.

8. The amount of fine automatically assessed against Appellant was \$875.

9. On October 13, 2016, Appellant submitted his appeal to the Commission. In his appeal, Appellant claims he failed to timely file his disclosure form due to lack of notice and "other unusual circumstances." Appellant states that he filed his CE Form 1 shortly after leaving the Governor's Office. He claims that he moved temporarily after leaving the Governor's Office and that he did not receive any of the notices from the Commission.

Conclusions of Law

10. The Commission has jurisdiction 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. 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.

13. Appellant's basis for the appeal of his fine is that is that he did not receive the notices sent to him by the Commission regarding his obligation to file the 2015 CE Form 1 or the fine. Although Appellant claims that he did not receive the notices from the Commission of his financial disclosure obligation and deadlines, all of the notices sent by the Commission were mailed to the Appellant's address. In fact, the address provided by Appellant in his appeal is the same address to which all Commission notices were mailed. Appellant, therefore, has not pointed out 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 \$875 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby affirms the assessed fine of \$875 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, March 10, 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 EITHIS 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. Christopher James Hartline
814 5th Street NE, #2
Washington, D.C. 20002-4322



16-006 254181

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

OCT 13 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: Christopher James Hartline

Address: 814 5th St NE #2 City: Washington State: DC Zip: 20002

Daytime Tel.: 610-844-5377 Cell: 610-844-5377

Email: c.j.hartline@gmail.com Filer ID# (if known): _____

Public Employer: State of Florida (former employer)

Public Position: DC Liaison

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.

After leaving the Governor's office in Feb. of 2015, I filled out and returned Form 1. It's possible that I may have accidentally sent the form to the wrong address. I subsequently moved temporarily and did not receive notification that my form 1 was missing.

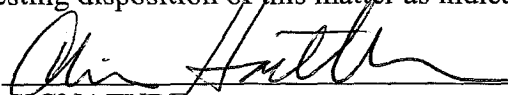
OPTIONAL REQUEST FOR HEARING

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.

10/5/16
DATE


SIGNATURE

Financial Disclosure Management System
THE FLORIDA COMMISSION ON ETHICS

 Filer - Fines and Appeals - PID 254181 - Christopher James Hartline

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](#)

<<2016 Form Year

Status

Filing: INACTIVE
 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
10/06/16	Form 1	Yes	COE	PRINEE on 10/17/2016	

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
\$875.00	Appeal	1/24/2017	\$875.00	\$875.00			
Fine Address 814 5th St Ne, #2 Washington DC 20002-4322 Org/Suborg Governor, Office Of-Employees							

2016 Fine Payment History						
Date Posted	Description	Amount	Method	Payment ID	Comments	
1/24/2017	Fine Levied	+ \$875.00			Fined \$875.00	
Current Balance: \$875.00						

2016 Fine Year Event

Invalidate Transaction

4/18/16 Form 2016
1F filed

Add a New Filer

Jump To A Filer

PID:

Quick Filer Search

First Name:

Last Name:

Chronology

<input type="checkbox"/> Date	Type	Description	Reference
<input checked="" type="radio"/> 05/2/2016	Letter Sent	Form1FTransmittalState	Print Queue: 5/2/2016 Printing Confirmed: 5/2/2016

Letter Sent To:
Christopher James Hartline
814 5th St Ne, #2
Washington, DC 20002 -4322

<input checked="" type="radio"/> 05/10/2016	Letter Sent	Form 1 Official List - Form 1 Official Filers List	Print Queue: 5/10/2016 1:43 PM Printing Confirmed: 5/10/2016 1:43 PM
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Letter Sent To:
Christopher James Hartline
814 5th St Ne, #2
Washington, DC 20002 -4322

<input checked="" type="radio"/> 07/28/2016	Letter Sent	Certified Letter Sent	Print Queue: 7/28/2016 Printing Confirmed: 7/28/2016
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Letter Sent To:
Christopher James Hartline
814 5th St Ne, #2
Washington, DC 20002 -4322

<input checked="" type="radio"/> 08/16/2016	Postcard Sent	Courtesy Postcard Reminder	Print Queue: 8/16/2016 Printing Confirmed: 8/16/2016
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Letter Sent To:
Christopher James Hartline
814 5th St Ne, #2
Washington, DC 20002 -4322

08/25/2016 Filer Postcard returned/not Emily Prine
 Communication: deliverable as addressed.
 Letter

09/1/2016 Filer Certified returned Emily Prine
 Communication: unclaimed
 Letter

09/7/2016 Letter Sent Courtesy Notice of Fines Print Queue:
 Accruing 9/7/2016
 Printing Confirmed:
 9/7/2016

Letter Sent To:
 Christopher James Hartline
 814 5th St Ne, #2
 Washington, DC 20002 -4322

10/4/2016 Filer Filer called stating he had Carolyn Carbonell
 Communication: filed the disclosure form in
 Phone April or May and that he
 left the Governors office in
 2016. Advised we received
 the 2016 Form 1F on
 4/18/16 showing he left his
 position on 2/21/16 but did
 not receive any Form 1
 2015. Directed to form
 online and also the Appeal
 request form.

10/6/2016 Form Received Form 1 Received, Signed Form 1 Received by
 Emily Prine at COE

Form Received By: Emily Prine
 Filing Location: COE
 Record Created By: Emily Prine on 10/17/2016

01/24/2017 Fine Levied Fined \$875.00 Journal: 1/24/2017
9:43 AM

01/24/2017 Fine Appeal FD 16-006 Journal: 1/24/2017
10:37 AM

01/25/2017 Notice of Initial Fine Notice Journal: 1/25/2017

Assessed Fine

1:32 PM

01/25/2017 Letter Sent Notice of Assessed Fine - Print Queue:
 Filer 1st Fine Letter 1/25/2017
 Printing Confirmed:
 1/25/2017

Letter Sent To:
 Christopher James Hartline
 814 5th St Ne, #2
 Washington, DC 20002 -4322

01/25/2017 Letter Sent Fine Appeal - Filer 1st Fine Print Queue:
 and Pending Appeal Letter 1/25/2017
 Printing Confirmed:
 1/25/2017

Letter Sent To:
 Christopher James Hartline
 814 5th St Ne, #2
 Washington, DC 20002 -4322

2016 Fine Appeal - FD 16-006	<input type="button" value="Update Appeal"/> <input type="button" value="Withdraw Appeal"/>
	<input type="button" value="Assign Attorney"/> <input type="button" value="Request More Info"/>
<input type="button" value="Record Appeal Outcome"/>	
Appeal Status: Active Appeal Receipt Date: 10/13/2016 Timely Filed: Yes Print Appeal Letter: No Hearing Requested: No Appeal Reason: Lack of Notification, Other Appeal Notes: Appeal Number:	No Hearing Requested

	FD 16-006 Appeal Analyst Assigned: Final Order Number: Final Order Date:	
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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 :

Hartline Christopher James

MAILING ADDRESS :

814 5th St NE #2

CITY : ZIP : COUNTY :

Washington DC 20002 USA

NAME OF AGENCY :

Executive Office of the Governor

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

DC Liaison

254181

FLORIDA COMMISSION ON ETHICS

OCT 13 2016

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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
State of Florida	400 S. Monroe St. Tallahassee FL	Government

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	n/a	n/a	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

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>	<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>Fed Loan Servicing</i>	<i>P.O. Box 69184 Harrisburg, PA 17106</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")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY #	
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	<i>n/a</i>	<i>n/a</i>
ADDRESS OF BUSINESS ENTITY	<i>n/a</i>	<i>n/a</i>
PRINCIPAL BUSINESS ACTIVITY	<i>n/a</i>	<i>n/a</i>
POSITION HELD WITH ENTITY	<i>n/a</i>	<i>n/a</i>
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	<i>n/a</i>	<i>n/a</i>
NATURE OF MY OWNERSHIP INTEREST	<i>n/a</i>	<i>n/a</i>

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:

Chris Hawthorn

Date Signed:

10/5/2014

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:

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.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

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.

Facsimiles will not be accepted.

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.

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.)

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.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

WHEN TO FILE:

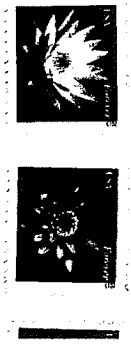
Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from 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, 2015.

For Home - Shearer
34 5th St NE #2
Washington, DC 20002



Commission on Ethics

P.O. Drawer 15709

Tallahassee, FL 32317-5709

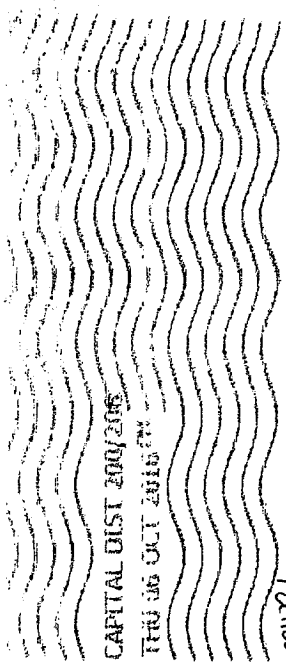
Physical Address:

325 John Knox Road, Building E

Suite 200

Tallahassee, FL 32303

POSTAGE WILL BE PAID BY ADDRESSEE
THRU OCT 2006
CAPITAL DIST 2006



PROCESSED

FLORIDA
COMMISSION ON ETHICS

FORM 1F

FINAL STATEMENT OF
FINANCIAL INTERESTS

APR 18 2016 2016
RECEIVED 254181

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME: <i>Christopher Hartline Christopher James</i>			NAME OF REPORTING PERSON'S AGENCY: <i>Executive Office of the Governor</i>		
MAILING ADDRESS: <i>814 5th St NE # 2</i>			CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3): <input type="checkbox"/> LOCAL OFFICER <input checked="" type="checkbox"/> STATE OFFICER <input type="checkbox"/> SPECIFIED STATE EMPLOYEE		
<i>Washington DC 20002</i>			LIST OFFICE OR POSITION HELD: _____		
CITY:	ZIP:	COUNTY:			

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2016 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS 2/21/2016, 2016. (Date must be prior to 12/31/16)

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). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (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>State of Florida</i>	<i>400 S. Monroe St. Tallahassee, FL 32399</i>	<i>Government</i>

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by 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>N/A</i>			
<i>N/A</i>			
<i>N/A</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>N/A</i>
<i>N/A</i>
<i>N/A</i>
<i>N/A</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 of this packet.

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
Fed Loan Servicing	P.O. Box 530210, Atlanta, GA, 30353

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
	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	

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

SIGNATURE OF FILER:

Signature:



Date Signed:

4/13/2016

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:

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). **Facsimiles will not be accepted.**

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

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, Florida 32303.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

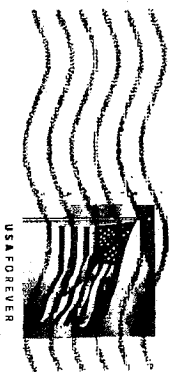
NOTE:

If you are leaving office or employment during the first half of 2016, you may not have filed Form 1 for 2015. In that case, this is not the last form you will file. Form 1F covers January 1, 2016, through your last day of office or employment. You will be required to file Form 1 for 2015 by July 1, 2016, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.

CHRIS HARTLINE
814 5th St. NE
#2
Washington, DC 20002

COMMISSION ON ETHNICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

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