

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re LISA FERNANDEZ,)	Financial Disclosure Appeal No. FD 21-051
)	
Appellant.)	Final Order No.
_____)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on April 25, 2025, on the timely appeal of Appellant, pursuant to Section 112.3145(8)(g), Florida Statutes (subsequently renumbered to Section 112.3145(8)(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 has not requested a hearing before the Commission.

Findings of Fact

1. According to the information provided to the Commission, Appellant served as a Supervisor for the Rivercrest Community Development District, a position that required the filing of a CE Form 1, Statement of Financial Interests, for the year 2020. In 2021, the designated due date for submitting a 2020 CE Form 1 annual filing was July 1, 2021, with a grace period ending on September 1, 2021.

2. No later than June 1, 2021, the Hillsborough County Supervisor of Elections sent a 2020 CE Form 1 to Appellant.

3. On July 15, 2021, the Supervisor of Elections sent Appellant a Notice of Delinquency by certified mail. The Notice was sent to Appellant at 11644 Crest Creek Drive,

Riverview, Florida. Records from the United States Postal Service indicate only that the mailing was processed through a postal facility, but do not confirm whether it was delivered to Appellant.

4. On August 20, 2021, the Commission on Ethics mailed Appellant a postcard intended to remind her of her obligation to file a 2020 CE Form 1. The Commission mailed the postcard to Appellant at the 11644 Crest Creek Drive address.

5. On September 8, 2021, the Commission mailed Appellant a courtesy notice stating that fines had begun to accrue. The notice was sent to the same Crest Creek Drive address.

6. The Commission sent Appellant a Notice of Assessment of Automatic Fine by certified mail on October 19, 2023. This mailing—sent to the Crest Creek Drive address—indicated the total of Appellant's accrued automatic fine, and included a notice of the right to appeal the fine, stating that the appeal had to be received by the Commission by November 17, 2023, to be considered timely.

7. The total amount of the automatic fine levied against Appellant was \$1,500.

8. The Commission received Appellant's 2020 CE Form 1 on November 2, 2023, and accepted it on behalf of the Supervisor of Elections' Office.

9. That same date, November 2, 2023, the Commission received Appellant's Appeal of Automatic Fine for Form Year 2020. In the appeal, Appellant stated her son was "critically ill" and had open heart surgery during the time in which the filing was due. Appellant indicated she stayed with him "full time at the hospital" and was not home for weeks. Moreover, Appellant asserted she did not receive notice of her filing obligation. In particular, she stated that the house numbers are very similar in her neighborhood, "so our mail gets mixed up and delivered to the wrong address often." Appellant indicated she does not recall receiving notice of her filing requirement, and stated she was "so anxious about my son [that] I didn't realize it." Appellant also

noted the filing obligation occurred during the COVID emergency, and that paying the \$1,5000 would be a significant hardship because, after paying her son's medical bills, she does not "have any expendable income left."

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.

12. Section 112.3145(8)(g)3., Florida Statutes (subsequently renumbered to Section 112.3145(8)(f)2., Florida Statutes), states:

Any reporting person may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and is entitled to a hearing before the commission, which may waive the fine in whole or in part for good cause shown. Any such request must be in writing and received by the commission within 30 days after the notice of payment due is transmitted. In such a case, the reporting person must, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission. For purposes of this subparagraph, the term "unusual circumstances" does not include the failure to monitor an e-mail account or failure to receive notice if the person has not notified the commission of a change in his or her e-mail address.

13. Here, three notices were sent to Appellant of her filing obligation prior to the expiration of the grace period at the close of business on September 1, 2021. Two were sent by the Supervisor of Elections, including a notice sent by certified mail, and the third was a postcard sent by the Commission. Appellant claims she did not receive any of these notices, and there is no evidence to refute her claim. Indeed, the records from the United States Postal Service do not

indicate the certified mailing was ever delivered. Moreover, Appellant indicates she was caring for her son at the hospital during the time period in question, staying with him there full time. Because there is no evidence showing Appellant received timely notice of her filing obligation, and considering that she was undergoing personal hardship in caring for her son during the period in which the filing was due, including being away from home for extended time, there are "unusual circumstances" here that justify waiving the \$1,500 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby waives the assessed fine of \$1,500.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, April 25, 2025.

Date Rendered

Luis M. Fusté
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.

AL: gps

Ms. Lisa Fernandez
11644 Crest Creek Drive
Riverview, Florida 33569-2050



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 02 2023

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2020

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: Lisa G Fernandez

Address: 11644 Crest Creek Dr City: Riverview State: FL Zip: 33569

Daytime Tel.: 813-215-7896 Cell: 813-215-7896

Email: lisfernandez@icloud.com Filer ID# (if known): _____

Public Employer: Rivercrest CDD

Public Position: Supervisor, Rivercrest CDD, Seat 4

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, 2020** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2020)
- e. ☐ **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)
- f. ☐ **Not required to file** (Explain in Part C and provide documentation that supports reason for not required to file)

PART C: DETAILED EXPLANATION OF YOUR APPEAL

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

My son was critically ill at the time and had open heart surgery in 2021. I wasn't home for weeks due to staying with him around the clock in the hospital. My legal residence was still my home address however the mail piled up. I never received notice. Mail is often mixed in and placed in the incorrect mailbox in my neighborhood. Addresses are all similar.

OPTIONAL REQUEST FOR HEARING

☐ In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(f)3 or Section 112.3145(8)(g)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.

11/02/2023

DATE

Lisa Fernandez
SIGNATURE

11/02/2023

Lisa G Fernandez
Supervisor, Rivercrest CDD, Seat 4
Appeal of fine for 2020 filing.

Due to my son being critically ill and a hospital inpatient for several months during the indicated year I am requesting an appeal. I stayed with him full time at the hospital. Taking care of him and making sure he survived was the only thing on my mind. When I got home and checked my mail I didn't have the notice to file. Due to my pre-occupation with my son I didn't think about the Financial form without receiving the notice. This was all during the COVID emergency.

In my neighborhood, the addresses are all similar, street names have the same words Crest side, Crest Creek, Whisper Creek, Holly Crest, and other similar names. The house numbers are also very similar all starting with 11 and all having 6 numbers so our mail gets mixed up and delivered to the wrong address often. I didn't get the form and being so anxious about my son I didn't realize it. I remember now looking back at that year that I didn't think to look for it. I was extremely pre-occupied and this was during COVID.

I don't have \$1500.00. My son who I support and file as a dependent on my taxes, has incurred high medical bills. I've had to pay these medical bills which has severely depleted my savings. I've borrowed money from my 401k to pay them. I don't have any expendable income left.

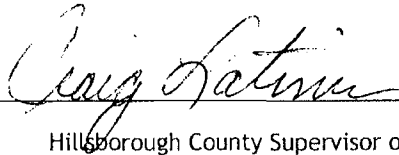
Please consider these extraordinary circumstances with my son, my financial status, and not receiving this notice to file when deciding the status of this fine.

If you decide I do have to pay, is there a way I can make monthly payments or some other arrangement?

I Craig Latimer, the Supervisor of Elections of Hillsborough 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, 2021 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2021;
2. was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2021;
3. was sent a delinquency notice by certified mail not later than August 1, 2021 advising him or her of the grace period in effect until September 1, 2021; and of the penalties that could be imposed as provided in Section 112.3145(8)(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, 2021; 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

A handwritten signature in cursive script, reading "Craig Latimer", written over a horizontal line.

Hillsborough County Supervisor of Elections



Craig Latimer
Supervisor of Elections
Our Vision: To be the best place in America to vote

GOVERNOR'S
STERLING
AWARD
RECIPIENT

Name: Lisa Fernandez

Filer ID: 218572

Receipt Date: N/A

Submitted via: N/A

VoteHillsborough.gov ★ (813) 744 - 5900

Fred B. Karl County Center
601 E. Kennedy Blvd., 16th Floor, Tampa, FL 33602

Robert L. Gilder Elections Service Center
2514 N. Falkenburg Rd., Tampa, FL 33619

See website for regional office locations.

**Return address:**

HILLSBOROUGH COUNTY
SUPERVISOR OF ELECTIONS
2514 N FALKENBURG RD
TAMPA, FL 33619

Recipient address:

LISA
FERNANDEZ
11644 CREST CREEK DR
RIVERVIEW FL 33569

USPS CERTIFIED MAIL

9214 8901 9403 8344 6938 23

USPS Tracking Label Number: 9214 8901 9403 8344 6938 23

USPS Event	Postal Facility	Date/Time
PRE-SHIPMENT INFO SENT USPS AWAITS ITEM	TAMPA,FL 33602	07/15/2021 14:27
ORIGIN ACCEPTANCE	TAMPA,FL 33602	07/15/2021 20:13
PROCESSED THROUGH USPS FACILITY	TAMPA,FL 33630	07/15/2021 21:28
PROCESSED THROUGH USPS FACILITY	TAMPA,FL 33630	07/16/2021 06:17
PROCESSED THROUGH USPS FACILITY	TAMPA,FL 33630	07/17/2021 20:54
PROCESSED THROUGH USPS FACILITY	TAMPA,FL 33630	07/18/2021 06:00

PROCESSED

11/2/23

218572

FORM 1	STATEMENT OF FINANCIAL INTERESTS	2020																
<p>Lisa Fernandez Rivercrest Community Development District Board of Supervisors 11644 Crest Creek Dr Riverview FL 33569 -2060</p> <p>218572</p>		<p>FOR OFFICE USE ONLY:</p> <p style="text-align: center;">218572</p> <p style="text-align: right;">Fernandez Lisa</p>																
<p>CHECK ONLY IF <input type="checkbox"/> CANDIDATE OR <input type="checkbox"/> NEW EMPLOYEE OR APPOINTEE</p>																		
<p>**** THIS SECTION <u>MUST</u> BE COMPLETED ****</p>																		
<p>DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.</p>																		
<p>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):</p> <p style="text-align: center;"><input type="checkbox"/> COMPARATIVE (PERCENTAGE) THRESHOLDS OR <input type="checkbox"/> DOLLAR VALUE THRESHOLDS</p>																		
<p>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")</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME OF SOURCE OF INCOME</th> <th style="width: 35%;">SOURCE'S ADDRESS</th> <th style="width: 30%;">DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th> </tr> </thead> <tbody> <tr> <td>SALVIA H (VA Hospital)</td> <td>16000 Bruce B Downs Blvd Tampa, FL 33612</td> <td>Hospital</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	SALVIA H (VA Hospital)	16000 Bruce B Downs Blvd Tampa, FL 33612	Hospital										
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<p>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")</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">NAME OF BUSINESS ENTITY</th> <th style="width: 25%;">NAME OF MAJOR SOURCES OF BUSINESS INCOME</th> <th style="width: 25%;">ADDRESS OF SOURCE</th> <th style="width: 25%;">PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th> </tr> </thead> <tbody> <tr> <td>n/a</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE	n/a											
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n/a																		
<p>PART C - REAL PROPERTY (Land, buildings owned by the reporting person - See instructions) (If you have nothing to report, write "none" or "n/a")</p> <p>n/a</p>		<p>You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.</p> <p>FILING INSTRUCTIONS for when and where to file this form are located at the bottom of the form.</p> <p>INSTRUCTIONS on how to fill out this form and how to file it are on page 2.</p>																

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	
n/a		
PART E — LIABILITIES (Major debts - See instructions) (If you have nothing to report, write "none" or "n/a")		
NAME OF CREDITOR	ADDRESS OF CREDITOR	
PNC Mortgage	PO Box 271021 Chicago, IL 60677-1021	
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	n/a	
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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.		
<input checked="" type="checkbox"/> 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:

11/02/2023

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: _____

LONG INSTRUCTIONS:

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

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.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. It will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form to obtain their official statement of financial interests. **MULTIPLE FILING UNNECESSARY.** A candidate who files Form 1 with a qualifying office is not required to file with the Commission or Supervisor of Elections.

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 qualification 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, 2020.

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

In re **Lisa Fernandez**
Board of Supervisors
Rivercrest Community Development District

PID#: 218572

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(8)(g), Florida Statutes, due to your failure to timely file your 2020 CE Form 1, Statement Of Financial Interests. Under the law, your 2020 CE Form 1, Statement of Financial Interests, was due by July 1, 2021. The law provided for a penalty-free grace period extending the due date to September 1, 2021. 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(8)(g), Florida Statutes.

Inasmuch as your 2020 CE Form 1 has not been filed with the Supervisor of Elections for Hillsborough County within the 60 days of the grace period date (September 1, 2021), 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. Unless the fine is successfully appealed, the Commission is required to investigate public officers and employees who receive the maximum \$1,500 fine, to determine whether their failure to file was willful. The penalty for willfully failing to file disclosure is removal from public office or employment.

HOW TO APPEAL

1. Read these instructions carefully before submitting your appeal.
2. **LEGAL AUTHORITY:** Appeals are governed by Section 112.3145(8)(g)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 **November 17, 2023**. **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, 2021, 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, 2020:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2020; 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.

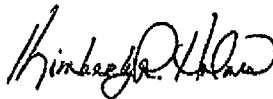
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

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

**Lisa Fernandez
11644 Crest Creek Dr
Riverview, FL 33569 -2050**

by Certified Mail on this Thursday, October 19, 2023.



**KIMBERLY R. HOLMES
Program Administrator**

Florida Commission on Ethics
P. O. Drawer 15709
Tallahassee, FL 32317-5709

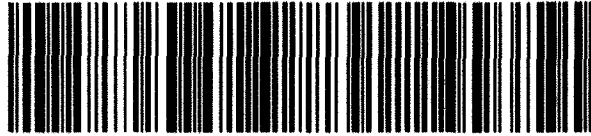
-or-

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



STATE OF FLORIDA
COMMISSION ON ETHICS
PO DRAWER 15709
TALLAHASSEE, FL 32317-5709



9214 8901 0661 5400 0189 9376 36

RETURN RECEIPT (ELECTRONIC)

218572

LISA FERNANDEZ
11644 CREST CREEK DR
RIVERVIEW, FL 33569-2050

2A

URGENT - Open Immediately!

CUT FOLD HERE

Zone 3

CUT FOLD HERE

CUT FOLD HERE



Financial Disclosure Management System

THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 218572 - Lisa Fernandez

Filer Information

Org Membership

Forms

Communications

Fines and Appeals >

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Filer Flags

[2000](#) [2001](#) [2002](#) [2003](#) [2004](#)

[2005](#) [2006](#) [2007](#) [2008](#) [2009](#)

[2010](#) [2011](#) [2012](#) [2013](#) [2014](#)

[2015](#) [2016](#) [2017](#) [2018](#) [2019](#)

[2020\(\\$\)](#) [2021](#) [2022](#) [2023](#) [2024](#)

<<2024 Form Year

Status

Filing: ACTIVE

Fine: No Fine

Flags

Public Address

Filing Extensions

Indefinite: None

Temporary:

None

Eligible for Fines

The filer has fines for: [2021 \(Appeal\)](#)

2021 Fines and Appeals

Form Year 2020 Filed Forms

Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments
11/02/23	Form 1	Yes	Yes	SOE	holmesk on 11/03/2023	Received by COE on behalf of Hillsborough Supervisor of Elections

2021 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	10/18/2023	\$1,500.00	\$1,500.00			

Fine Address 11644 Crest Creek Dr Riverview FL 33569-2050

Org/Suborg Rivercrest Community Development District-Board of Supervisors

2021 Fine Payment History

Date Posted	Description	Amount	Method	Payment ID	Comments
10/18/2023	Fine Levied	+ \$1,500.00			Fined \$1500.00

Current Balance: \$1,500.00

2021 Fine Year Event

Chronology

[Invalidate Transaction](#)

Date	Type	Description	Reference
------	------	-------------	-----------

Add a New Filer

 Jump To A Filer

PID:

 Quick Filer Search

First Name:

Last Name:


 08/20/2021 Postcard Sent Courtesy Postcard Reminder Print Queue:8/20/2021

Printing Confirmed:

8/20/2021

Letter Sent To:

Lisa Fernandez
 11644 Crest Creek Dr
 Riverview, FL 33569 -2050

 09/8/2021 Letter Sent Courtesy Notice of Fines Print Queue: 9/8/2021

Accruing

Printing Confirmed:

9/8/2021

Letter Sent To:

Lisa Fernandez
 11644 Crest Creek Dr
 Riverview, FL 33569 -2050

10/18/2023 Fine Levied Fined \$1500.00

Journal: 10/18/20234:42 PM

10/18/2023 Notice of Initial Fine Notice
 Assessed Fine

Journal: 10/18/20234:52 PM 10/19/2023 Letter Sent Notice of Assessed Fine - Filer Print Queue:

1st Fine Letter

10/19/2023

Printing Confirmed:

10/19/2023

Letter Sent To:

Lisa Fernandez
 11644 Crest Creek Dr
 Riverview, FL 33569 -2050

 11/2/2023 Form Received Form 1 Received, Signed

Form 1 Received by
 Received by COE on
 behalf of Hillsborough
 Supervisor of Elections
 SOE

Form Received By:

Filing Location: Hillsborough County SOE
 Record Created By: Kimberly Holmes on 11/03/2023

 11/7/2023 Letter Sent Fine Appeal Print Queue:11/7/2023

Printing Confirmed:

11/7/2023

Letter Sent To:

Lisa Fernandez
11644 Crest Creek Dr
Riverview, FL 33569 -2050

11/13/2023 Fine Appeal FD 21-051

Journal: 11/13/20231:33 AM

2021 Fine Appeal – FD
21-051

[Update Appeal](#)[Withdraw Appeal](#)[Assign Attorney](#)[Request More Info](#)[Record Appeal Outcome](#)

Appeal Status: Active

No Hearing Requested

Appeal Receipt Date:

11/02/2023

Timely Filed: Yes

Print Appeal Letter: Yes

Hearing Requested: No

Appeal Reason: Family

Illness, Lack of

Notification

Appeal Notes:

Appeal Number: FD 21-

051

Appeal Analyst Assigned:

Final Order Number:

Final Order Date: