BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re RAVEN SNOW	)	Financial Disclosure Appeal
	)	No. FD 23-001
Appellant.	)	Final Order No. XXX
	)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on April 24, 2026, on the appeal of Appellant, pursuant to Section 112.3145(8)(g), Florida Statutes (2022) (subsequently redesignated to Section 112.3145(8)(f), Florida Statutes (2025)). There are no matters in dispute. Appellant did not request a hearing before the Commission.

Financial disclosure in the form of an annual CE Form 1 Statement of Financial Interests is required of certain public officials and employees because it enables the public to evaluate potential conflicts of interest, deters corruption, and increases public confidence in government. Section 112.3145(8)(f) 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" contributing to the failure to file by the designated date.

Here, Appellant served as a Finance & Accounting Director for the Florida Department of Health, a position requiring the filing of a 2022 CE Form 1, Statement of Financial Interests, by the designated due date of July 3, 2023, with a grace period ending on September 1, 2023. §§ 112.3145(2)(b), (8)(c), Fla. Stat. (2023). Appellant filed her 2022 CE Form 1 on September 21, 2023, 20 days late, and has been assessed a fine of $500 ($25 a day for 20 days late).

Appellant alleges she failed to timely file her 2022 CE Form 1 because she was not knowledgeable about the requirement in her new position with the Department of Health. However, a lack of knowledge of the law does not amount to an "unusual circumstance" that excuses the timely filing of a CE Form 1.

Appellant also contends she had "other personal circumstances going on through this time period," but does not elaborate. We find that general existence of other life circumstances around the time the CE Form 1 was due also does not amount to an "unusual circumstance" that excuses the timely filing of a CE Form 1.

Based on the foregoing facts and conclusions of law, the Commission hereby affirms the assessed fine of $500 and dismisses 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 above or by telephone at (850) 488-7864.

ORDERED by the State of Florida Commission on Ethics meeting in public session on April 24, 2026.

_____
Date Rendered

_____
Jon M. Philipson
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.

JMP: sen

Raven Snow
1640 Campbell Dr. N
Fort Walton Beach, FL 32547

23-001

302822

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

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2022

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: Raven Adelia Snow

Address: 1640 Campbell Dr. N City: Fort Walton Beach State: FL Zip: 32547

Daytime Tel.: _____ Cell: 850-612-6560

Email: ravensnow61@gmail.com Filer ID# (if known): _____

Public Employer: FDOH

Public Position: _____

CONTINUED ON REVERSE SIDE

PART B: GENERAL REASON(S) FOR YOUR APPEAL

Please choose any/all reasons that apply to your appeal.

I hereby appeal the Notice of Assessment of Automatic Fine on the following basis:

a. **Sickness or injury** (Explain in Part C and attach a statement from attending physician, including dates and nature of illness or injury)

b. **Lack of notification – Failure to receive notice** (Explain in Part C and provide documentation that supports your assertion that you never received certified mail delinquency notice: for example, incorrect address; misdelivered mail; change in employment; extended absence from home, etc.)

c. **Claim of timely filing of financial disclosure** (Explain in Part C and provide copy of certified mail receipt and/or copy of completed form which had been previously filed, along with a sworn notarized statement that you filed prior to the deadline)

d. **Left public position prior to December 31, 2022** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2022)

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.

Unknowledgable about the process. I was unaware that this was a requirement for me in this new position through the Department of Health. There were other personal circumstances going on during this time period, that were unexpected. Moving forward, I have been educated on this process to proceed with 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(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.

09/21/23
DATE

Aaron Snow
SIGNATURE

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2022

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

FOR OFFICE USE ONLY:

302822
Processed 9/21/23

FILE COPY

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Snow, Raven Adelia

MAILING ADDRESS :
1640 Campbell Dr. N.

CITY : Fort Walton Beach | ZIP : FL | COUNTY : Okaloosa

NAME OF AGENCY :
DOH

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Finance and Accounting Director I

CHECK ONLY IF ☐ CANDIDATE OR ☑ NEW EMPLOYEE OR APPOINTEE

****** THIS SECTION MUST BE COMPLETED ******

DISCLOSURE PERIOD:
THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

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
FDOH	221 Hospital Dr. NE Fort Walton Beach, FL	Public Health

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
N/A	N/A	N/A	N/A
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")

none

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

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
N/A	N/A
N/A	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
N/A	N/A
N/A	N/A

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	N/A
ADDRESS OF BUSINESS ENTITY	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A

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.

☐ **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: Raven Shaw

Date Signed: 09/21/23

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:

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. 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 together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer 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 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, 2022.

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re **Raven Adelia Snow** **PID#: 302822**
Employees
Department of Health -Central Office

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)(f), Florida Statutes, due to your failure to timely file your 2022 CE Form 1, Statement Of Financial Interests. Under the law, your 2022 CE Form 1, Statement of Financial Interests, was due by July 3, 2023. The law provided for a penalty-free grace period extending the due date to September 1, 2023. After that date, you accrued fines of $25.00 per day for each day your financial disclosure was late, pursuant to Section 112.3145(8)(f), Florida Statutes.

Inasmuch as your 2022 CE Form 1 was filed September 21, 2023 with the Commission on Ethics, you are fined the amount of $500.00 ($25.00 per day for 20 day(s) late). 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(8)(f)2., 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 **April 29, 2024.** 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, 2023, 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, 2022:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2022; or

f. **UNCLAIMED CERTIFIED MAIL**: if deliquency 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 you 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:

Raven Adelia Snow
1640 Campbell Dr. N
Fort Walton Beach, FL 32547

by Certified Mail on this Friday, March 29, 2024.

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

Mail Piece Details

Print this page

Recipient Address

RAVEN ADELIA SNOW
1640 CAMPBELL DR N
FORT WALTON BEACH, FL 32547-6801

Record / Case Number:
302822

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 9214890106615400018775090 9
Date Created: 07/27/2023 05:14:45 PM
Mail Class: USPS First Class Mail
Special Services: Certified Mail
Return Receipt Electronic
Memo: --
Created By: Kimberly Holmes - Commission on Ethics

Signature Information

Signed For By: RAVEN ADELIA SNOW
Signature Status: Available (Click Here)

Having issues viewing the signature file?
Make sure you are using the latest version of Adobe Acrobat Reader

Tracking Information

Pre-Shipment Info Sent To Usps, Usps Awaiting Item, July 27, 2023, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, July 27, 2023, 04:30:00 PM, TALLAHASSEE,FL 32317

Origin Acceptance, August 01, 2023, 07:30:00 PM, TALLAHASSEE,FL 32317

Processed Through Usps Facility, August 01, 2023, 08:45:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301

Departed Usps Regional Facility, August 01, 2023, 10:57:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301

Processed Through Usps Facility, August 02, 2023, 02:58:00 PM, PENSACOLA FL PROCESSING CENTER 32522

Processed Through Usps Facility, August 02, 2023, 03:15:00 PM, PENSACOLA FL PROCESSING CENTER 32522

Delivered To Agent For Final Delivery, August 03, 2023, 04:45:00 PM, FORT WALTON BEACH,FL 32547

UNITED STATES POSTAL SERVICE

August 13, 2023

Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number: **9214 8901 0661 5400 0187 7509 09**.

Item Details

Status:	Delivered to Agent for Final Delivery
Status Date / Time:	August 3, 2023, 4:45 pm
Location:	FORT WALTON BEACH, FL 32547
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic
Recipient Name:	RAVEN ADELIA SNOW

Recipient Signature

Signature of Recipient: (Authorized Agent)

Address of Recipient: 1640

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

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

Reference ID: 9214890106615400018775090 9
302822
RAVEN ADELIA SNOW
1640 Campbell Dr N
Fort Walton Beach, FL 32547-6801

Financial Disclosure Management System
THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 302822 - Raven Adelia Snow

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 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

Add a New Filer

The filer has fines for: 2023 (Appeal)

2023 Fines and Appeals

Form Year 2022 Filed Forms

Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments
09/21/23	Form 1	Yes	Yes	COE	prinee on 09/22/2023	

2023 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
$500.00	Appeal	3/29/2024	$500.00	$500.00			

Fine Address 1640 Campbell Dr. N Fort Walton Beach FL 32547
Org/Suborg Department of Health -Central Office-Employees

2023 Fine Payment History

Date Posted	Description	Amount	Method	Payment ID	Comments
3/29/2024	Fine Levied	+ $500.00			Fined $500.00

Current Balance: $500.00

2023 Fine Year Event Chronology

Invalidate Transaction

Date	Type	Description	Reference
07/18/2023	Letter Sent	Form 1 Official List - Form 1 Official Filers List	Print Queue: 7/18/2023 7:34

Jump To A Filer

PID:

Go

Quick Filer Search

First Name:

Last Name:

Search

AM
Printing
Confirmed:
7/18/2023 7:34
AM

Letter Sent To:
Raven Adelia Snow
1640 Campbell Dr. N
Fort Walton Beach, FL 32547

07/28/2023 Letter Sent — Certified Letter Sent — Print Queue: 7/28/2023 Printing Confirmed: 7/28/2023

Letter Sent To:
Raven Adelia Snow
1640 Campbell Dr. N
Fort Walton Beach, FL 32547

08/22/2023 Postcard Sent — Courtesy Postcard Reminder — Print Queue: 8/22/2023 Printing Confirmed: 8/22/2023

Letter Sent To:
Raven Adelia Snow
1640 Campbell Dr. N
Fort Walton Beach, FL 32547

09/14/2023 Letter Sent — Courtesy Notice of Fines Accruing — Print Queue: 9/14/2023 Printing Confirmed: 9/14/2023

Letter Sent To:
Raven Adelia Snow
1640 Campbell Dr. N
Fort Walton Beach, FL 32547

09/21/2023 Form Received — Form 1 Received, Signed

Form Received By:
Filing Location: COE

Record Created By: Emily Prine on 09/22/2023

09/21/2023	Filer Communication: Email	**From:**Raven Snow <ravensnow61@gmail.com> **Sent:** Thursday, September 21, 2023 6:24 PM **To:** disclosure <disclosure@leg.state.fl.us> **Subject:** Appeal- Raven Snow	Emily Prine
09/22/2023	Filer Communication: Email	**From:** COE-Form1 **Sent:** Friday, September 22, 2023 8:59 AM **To:** Raven Snow <ravensnow61@gmail.com> **Subject:** RE: Raven Snow form 1 Raven Snow, Both your Form 1 2022 along with your appeal were received. The form was posted as of 9/21/23. Total fine imposed $500.00. The appeal process is lengthy and it will be after first of year before a determination is made. During this time if your address, phone or email changes please,	Emily Prine

notify our office.

Thank you.

03/29/2024	Fine Levied	Fined $500.00	Journal: 3/29/2024 12:01 PM
03/29/2024	Notice of Assessed Fine	Initial Fine Notice	Journal: 3/29/2024 12:03 PM
03/29/2024	Fine Appeal	FD 23-001	Journal: 3/29/2024 12:14 PM
03/29/2024	Letter Sent	Notice of Assessed Fine - Filer 1st Fine Letter	Print Queue: 3/29/2024 Printing Confirmed: 3/29/2024

Letter Sent To:
Raven Adelia Snow
1640 Campbell Dr. N
Fort Walton Beach, FL 32547

2023 Fine Appeal – FD 23-001

Update Appeal | Withdraw Appeal | Assign Attorney | Request More Info | Record Appeal Outcome

Appeal Status: Active
Appeal Receipt Date: 09/21/2023
Timely Filed: Yes
Print Appeal Letter: Yes
Hearing Requested: No
Appeal Reason: Other
Appeal Notes:
Appeal Number: FD 23-001
Appeal Analyst Assigned:

No Hearing Requested

	Final Order Number:
	Final Order Date: