

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re MARGARET MICKLER)
)
)
)
Appellant.)

)

Financial Disclosure Appeal No. FD 22-038

Final Order No. XXX

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on October 23, 2026, on the appeal of Appellant, pursuant to Section 112.3145(8)(g), Florida Statutes, (subsequently renumbered to Section 112.3145(8)(f)) 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 requested a hearing.

Findings of Fact

1. According to information provided to the Commission, Appellant served as the Deputy Assistant Secretary of Economic Self-Sufficiency for the Department of Children and Families, a position requiring the filing of a 2021 CE Form 1, Statement of Financial Interests. In 2022, the designated due date for submitting a 2021 CE Form 1 was July 1, 2022, with a grace period ending on September 1, 2022.

2. No later than June 1, 2022, the Commission on Ethics sent Appellant a 2021 CE Form 1.

3. No later than August 1, 2022, the Commission on Ethics sent Appellant a notice of delinquency by certified mail. This was sent 1317 Winewood Blvd, Tallahassee, Florida 32399-6570.

4. On September 13, 2022, the Commission on Ethics sent Appellant a courtesy notice of fines accruing. This was sent to Appellant at the 1317 Winewood Blvd address.

5. On November 17, 2023, the Commission mailed Appellant a Notice of Assessed Fine. This was mailed to Appellant at 1003 Piedmont Drive, Tallahassee, Florida 32312. It indicated the total of Appellant's accrued automatic fine was \$1,500 (\$25 per day for up to 60 days late) and provided that the Commission must receive an appeal of the fine by December 18, 2023.

6. On December 12, 2023, the Commission received Appellant's appeal of her automatic fine for Form Year 2021. In part B of her appeal form, Appellant checked "Lack of Notification" as the general reason for her appeal. In part C of her appeal form, where an appellant is asked to provide a detailed explanation of his or her appeal, Appellant wrote that she left her public position in May of 2022. Appellant noted that since leaving her public position, she has not had access to her former public email address, nor has she received any mail that was delivered to her former office. Appellant also noted that the only mailing she has received was her Notice of Assessed Fine.

7. On October 4, 2026, the Commission on Ethics received Appellant's 2021 CE Form 1.

Conclusions of Law

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

9. 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.

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

11. Pursuant to Rule 34-8.215(4), F.A.C., "unusual circumstances" means 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. Circumstances which allow for time in which to take those steps necessary to assure compliance with the filing requirements shall be deemed not to constitute unusual circumstances.

12. Here, Appellant explained that since leaving her public position, she did not receive any mail that was sent to her former office address. The first mailing that Appellant stated that she received regarding her 2021 Form 1 was her Notice of Assessed Fine, which Commission records indicate was sent to a different address than the previous notices. Considering Appellant's claims, and that there is no evidence showing otherwise, there are "unusual circumstances" here that prevented the timely filing of the financial disclosure form that justify waiving the \$1,500 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby finds that unusual circumstances for failure to timely file have been demonstrated. We therefore waive the assessed fine of \$1,500.

ORDERED by the State of Florida Commission on Ethics meeting in public session on October 23, 2026.

Date Rendered

Jeremy M. Rodgers
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.

JMR: aln

Margaret (Maggie) Mickler
1003 Piedmont Drive
Tallahassee, Florida 32312



22-038 282371
HAND DELIVERED
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

DEC 12 2023

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2021

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: Maggie Mickler

Address: 1003 Piedmont Dr. City: Tallahassee State: FL Zip: 32312

Daytime Tel.: 850-509-6001 Cell: _____

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

Public Employer: NA

Public Position: NA

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, 2021** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2021)
- 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.

- see attached correspondence.

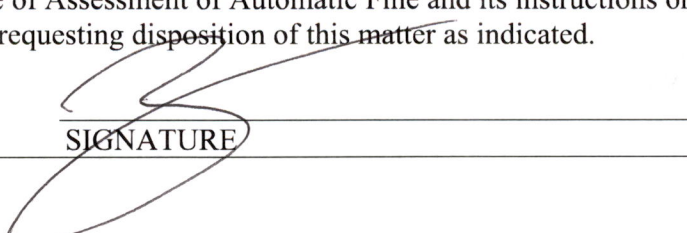
OPTIONAL REQUEST FOR HEARING

☒ 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.

12-3-2023
DATE


SIGNATURE

HAND DELIVERED

FLORIDA
COMMISSION ON ETHICS

DEC 12 2023

RECEIVED

December 6, 2023

Florida Commission on Ethics
Attn: Ms. Kimberly Holmes
325 John Knox Road, Bldg E, Ste 200
Tallahassee, FL 32303

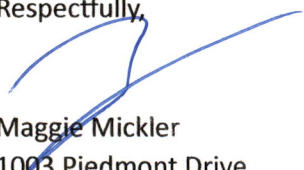
Dear Ms. Holmes,

Pursuant to the correspondence received from the Florida Commission on Ethics (hereinafter the Commission), dated November 17, 2023, I have been noticed that I missed the deadline to file my 2021 CE Form 1, Statement of Financial Interests (PID# 282371). I seek an appeal to the automatic fine in its entirety for form-year 2021, due to unusual circumstances outlined below. In summary, I have no record, nor was there ever any notification provided to or received by me to file the form. Additionally, I have no record of, nor was there ever any subsequent notification or correspondence, sent to me to file the form before or after I vacated my position with the State of Florida.

Previously, I served as the Deputy Assistant Secretary for the Office of Economic Self-Sufficiency at the Florida Department of Children and Families (hereinafter the Department). I left this position after gaining employment within the private sector on or about May 11, 2022. Since my separation from the Department, I no longer have access to Department electronic mail (email) or tangible documents that were intended to be delivered to me in-person at the Department. I have not received any correspondence from the Commission, nor the Department, other than the certified letter aforementioned above from the Commission on this issue or topic. My belief, based on my experience, is that all notifications were sent to the Department as addressed in the correspondence referenced above PID# 282371 (see attached and highlighted addressed to "Deputy Assistant Sec of economic Self-Sufficiency Employees DCF; Headquarters". To achieve compliance upon being properly and officially notified of the deficiency, I have completed the attached 2021 CE Form 1, Statement of Financial Interests.

In essence, I have completed this form to ensure compliance throughout my tenure as a public servant with the State of Florida and take this requirement seriously. However, I was not properly noticed until the Commission provided a certified mail to my residence. I encourage a review of my filings to be conducted in hopes to plea my case that this unusual circumstance of non-compliance. I look forward to working with you and the Commission to resolve this matter.

Respectfully,



Maggie Mickler
1003 Piedmont Drive
Tallahassee, FL 32312
ingram.maggie@gmail.com
850-509-6001

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2020**

FOR OFFICE USE ONLY:

**Processed
6-30-21**

*****AUTO**5-DIGIT 32399 T14 P1 255 2793

MARGARET (MAGGIE) MICKLER
DEPUTY ASSISTANT SEC OF ECONOMIC SELF-SUFFICIENCY
DCF; Headquarters
Employees
1317 WINEWOOD BLVD
TALLAHASSEE FL 32399-6570

ID CODE



ID NO. 282371

CONF. CODE

Mickler, Margaret (Maggie)

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, 2020.

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
none		

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
none			

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
Investment Account	Fidelity

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
University Lending Group	42452 Hayes, Ste 1, Clinton Township, MI 48038

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	None	
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		

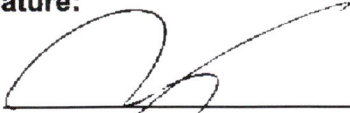
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ 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:



Date Signed:

7-23-2021

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, 2020.

HAND DELIVERED

282371

FLORIDA

FORM 1F

FINAL STATEMENT OF FINANCIAL INTERESTS

COMMISSION ON ETHICS 2021

DEC 12 2023

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

LAST NAME — FIRST NAME — MIDDLE NAME: Mickler Margaret Ingram			NAME OF REPORTING PERSON'S AGENCY: Dept. of Children and Families
MAILING ADDRESS: 1003 Piedmont Drive			CHECK <u>ONE</u> OF THE FOLLOWING (see "Who Must File" on page 3): ☐ LOCAL OFFICER ☐ STATE OFFICER ☒ SPECIFIED STATE EMPLOYEE
CITY: Tallahassee	ZIP: 32312	COUNTY: Leon	LIST OFFICE OR POSITION HELD: <u>Deputy Assistant Secretary of Economic Self-Sufficiency</u>

BOTH PARTS OF THIS SECTION MUST BE COMPLETED**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2021 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS _____, 2021. (Date must be prior to 12/31/24)

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
None		

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
None			

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

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.

PROCESSED

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
Investment Acct - stocks, bonds	Fidelity

PART E — LIABILITIES [Major debts - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
University Lending Group	42452 Hayes Ste 1, Clinton Township, MI 48038

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	None	
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		

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

SIGNATURE OF FILER:

Signature: _____

Date Signed: _____

12-6-23

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:

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 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.

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 2021, you may not have filed Form 1 for 2020. In that case, this is not the last form you will file. Form 1F covers January 1, 2021, through your last day of office or employment. You will be required to file Form 1 for 2020 by July 1, 2021, 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.

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2021**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Mickler, Margaret Ingram (Maggie)

Processed 10/4/2026

MAILING ADDRESS :

1003 Piedmont Drive

PID 282371

CITY :

Tallahassee

ZIP :

32312

COUNTY :

Leon

NAME OF AGENCY :

Florida Dept. of Children and Families

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Asst. Secretary for ESS

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, 2021.

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
none		

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
none			

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
Investment Account	Fidelity

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
University Lending Group	42452 Hayes, Ste 1, Clinton Township, MI 48038

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	none	
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.

**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:

/s/ Margaret I. Mickler

Date Signed:

10.4.2026**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, 2021.

Mail Piece Details



Print this page

Recipient Address

MARGARET (MAGGIE) MICKLER
1317 WINEWOOD BLVD
TALLAHASSEE, FL 32399-6570

Record / Case Number:
282371

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000177753279

Date Created: 07/29/2022 09:24:44 AM

Mail Class: USPS First Class Mail

Special Services: Certified Mail
Return Receipt Electronic

Memo: 2021

Created By: Kimberly Holmes - Commission on Ethics

Signature Information

Signed For By: J WHITAKER

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 29, 2022, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, July 29, 2022, 08:51:00 AM, TALLAHASSEE,FL 32317

Origin Acceptance, July 29, 2022, 10:04:00 PM, TALLAHASSEE,FL 32317

Processed Through Usps Facility, July 29, 2022, 11:19:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301

Departed Usps Regional Facility, July 29, 2022, 11:24:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301

In Transit, Arriving On Time, July 30, 2022, 12:00:00 AM

In Transit, Arriving On Time, July 31, 2022, 12:00:00 AM

Departed Usps Regional Facility, August 01, 2022, 02:55:00 AM

In Transit, Arriving Late, August 02, 2022, 12:00:00 AM

Arrived At Post Office, August 03, 2022, 05:18:00 AM, TALLAHASSEE,FL 32301

Available For Pickup, August 03, 2022, 05:52:00 AM, TALLAHASSEE,FL 32301

Delivered Individual Picked Up At Usps, August 03, 2022, 11:16:00 AM, TALLAHASSEE,FL 32301



August 3, 2022

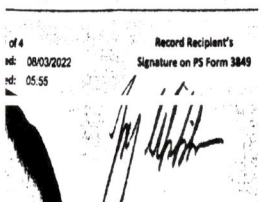
Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0177 7532 79.

Item Details

Status: Delivered, Individual Picked Up at Postal Facility
Status Date / Time: August 3, 2022, 11:16 am
Location: TALLAHASSEE, FL 32301
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Return Receipt Electronic
Recipient Name: MARGARET MAGGIE MICKLER

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

of 4
id: 08/03/2022
id: 05:55
Record Recipient's
Signature on PS Form 3849

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: 92148901066154000177753279
282371
MARGARET (MAGGIE) MICKLER
1317 Winewood Blvd
Tallahassee, FL 32399-6570
2021

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

In re **Margaret (Maggie) Mickler**
 Deputy Assistant Sec of Economic Self-Sufficiency
 Employees
 DCF; Headquarters

PID#: 282371

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 2021 CE Form 1, Statement Of Financial Interests. Under the law, your 2021 CE Form 1, Statement of Financial Interests, was due by July 1, 2022. The law provided for a penalty-free grace period extending the due date to September 1, 2022. 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)(f), Florida Statutes

Inasmuch as your 2021 CE Form 1 has not been filed with the Commission on Ethics within the 60 days of the grace period date (September 1, 2022), 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)(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 **December 18, 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, 2022, 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, 2021:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2021; 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:

**Margaret (Maggie) Mickler
1003 Piedmont Drive
Tallahassee, FL 32312**

by Certified Mail on this Friday, November 17, 2023.



KIMBERLY R. HOLMES
Program Administrator

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

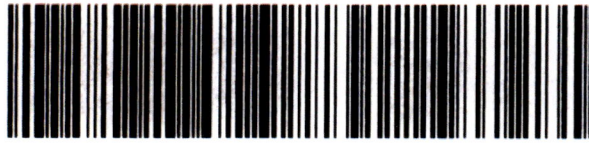
-or-

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 0190 6674 30

RETURN RECEIPT (ELECTRONIC)

282371

MARGARET (MAGGIE) MICKLER
1003 PIEDMONT DR
TALLAHASSEE, FL 32312-2432

19

URGENT - Open Immediately!

CUT FOLD HERE

Zone 1

6"x9" ENVELOPE
CUT FOLD HERE

CUT FOLD HERE

Mail Piece Details



Print this page

Recipient Address

MARGARET (MAGGIE) MICKLER
1003 PIEDMONT DR
TALLAHASSEE, FL 32312-2432

Record / Case Number:
282371

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000190667430

Date Created: 11/17/2023 04:36:55 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: MARGARET MAGGIE M

Signature Status: Not Yet Available

Tracking Information

Mailed, November 17, 2023, 04:36:55 PM, TALLAHASSEE,FL 32317

Pre-Shipment Info Sent Usps Awaits Item, November 17, 2023, 03:58:00 PM, TALLAHASSEE,FL 32317

Delivered Left With Individual, November 20, 2023, 05:48:00 PM, TALLAHASSEE,FL 32312

Form Year 2021 Filed Forms

FORM TYPE	DATE SUBMITTED	FORM SIGNED	FILED BY EMAIL?	UPDATED BY	COMMENTS
No Results Found					

Fine Year 2022 Fine Information

FINE BALANCE	STATUS	FINE DATE	ORIGINAL FINE AMOUNT	ADJUSTED FINE AMOUNT	LAST PAYMENT DATE	PAYMENT PLAN START DATE	PAYMENT PLAN AMOUNT	TOTAL PAYMENT PLAN AMOUNT DUE
\$1,500.00	Appeal	11/17/2023	\$1,500.00	\$1,500.00				

Fine Address: 1003 Piedmont Drive, Tallahassee, FL 32312

Email: MAGGIE.MICKLER@MYFLFAMILIES.COM

Org/Suborg: DCF; Headquarters - Employees

Fine Year 2022 Appeal Information

2022 FINE APPEAL - FD 22-038			No Hearing Scheduled		
APPEAL STATUS			Active		
APPEAL RECEIPT DATE			12/12/2023		
APPEAL TIMELY FILED			Yes		
PRINT APPEAL LETTER					
HEARING REQUESTED			Yes		
APPEAL REASON			Lack of Notification		
APPEAL NOTES					
APPEAL NUMBER			FD 22-038		
APPEAL ANALYST ASSIGNED					
FINAL ORDER NUMBER					
FINAL ORDER DATE					

Fine Year 2022 Payment Information

DATE POSTED	DESCRIPTION	AMOUNT	METHOD	PAYMENT ID	COMMENT
11/17/2023	Fine Levied	+\$1,500.00			Fined \$1500.00
Current Balance: \$1,500.00					

Fine Year 2022 Event Chronology

DATE	TYPE	DESCRIPTION	ADDRESS/EMAIL	REFERENCE
08/18/2022	Filer Communication Email	From: Prine,Emily Sent: Thursday, August 18, 2022 1:54 PM To: 'MAGGIE.MICKLER@MYFLFAMILIES.C		admin system

09/01/2022	Filer Communication Email	Good morning, Ms. Mickler: Earlier this year, you were notified of your obligation to file your CE For		admin system
09/13/2022	Filer Correspondence: Letter	Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing	1317 Winewood Blvd, Tallahassee, FL 32399-6570 MAGGIE.MICKLER@MYFLFAMILIES.COM	KimberlyHolmes
11/17/2023	Filer Correspondence Letter	Notice of Assessed Fine - Filer 1st Fine Letter	1003 Piedmont Drive, Tallahassee, FL 32312 MAGGIE.MICKLER@MYFLFAMILIES.COM	Correspondence Queue: <u>2023-11-17</u> <u>00:00:00</u> Correspondence Sent: 2023-11-17 00:00:00.0000000
11/17/2023	Fine Levied	Fined \$1500.00		Journal: <u>Fine COE 2023-11-</u> <u>17-12:59</u>
11/17/2023	Notice of Assessed Fine	Initial Fine Notice		Journal: <u>Fine1st 2023-11-</u> <u>17-01:03</u>
06/05/2024	Filer Correspondence: Fine Appeal - Fine Appeal Letter		1003 Piedmont Drive, Tallahassee, FL 32312 MAGGIE.MICKLER@MYFLFAMILIES.COM	Correspondence Queue: <u>2024-06-05</u> <u>00:00:00</u> Correspondence Sent: 2024-06-05 00:00:00.0000000
06/05/2024	Fine Appeal	FD 22-038		Journal: <u>Appeal 2024-06</u>

Created Date: 6/5/2024**Type:** Letter**Created By:** System**Description:** Fine Appeal - Fine Appeal**Created Date:** 11/17/2023**Type:** Letter**Created By:** System**Description:** Notice of Assessed Fine - Filer 1st Fine Letter**Created Date:** 9/13/2022**Type:** Letter**Created By:** System**Description:** Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing**Created Date:** 9/1/2022**Type:** Email**Created By:** admin system**Description:** maggie.mickler@myflfamilies.com A problem occurred during the delivery of this message. Please try to resend the message later. If the problem continues, contact your helpdesk

Created Date: 9/1/2022

Type: Email

Created By: admin system

Description: Good morning, Ms. Mickler: Earlier this year, you were notified of your obligation to file your CE Form 1, Statement of Financial Interests, for the year ending December 31, 2021, and our records show you still have not filed your form. The grace period for filing this form will expire on September 1, 2022 at 5 p.m., and a fine of \$25 per day (up to a maximum fine of \$1,500) will be assessed against you. Failure to file may also result in removal from public office or employment. Please file your form immediately. You may do so by mail (make sure it is postmarked on or before September 1st), or you may email your form to CEForm1@leg.state.fl.us Thank you very much.

Created Date: 8/18/2022

Type: Email

Created By: admin system

Description: From: Prine,Emily Sent: Thursday, August 18, 2022 1:54 PM To: 'MAGGIE.MICKLER@MYFLFAMILIES.COM' Subject: FW: Delinquent/Fines Importance: High We have not received your annual Form 1 2021 disclosure filing that was due 7/1/22. Form is required based off your service as of 12/31/21 with University of Florida. The grace period is ending soon and fines will start to be assessed at \$25.00 per day up to \$1500.00. To avoid please complete the attached document and return to me as PDF attachment as soon as possible. If you have any questions, please let me know. Thank you! From: Prine,Emily Sent: Friday, August 12, 2022 1:10 PM To: 'MAGGIE.MICKLER@MYFLFAMILIES.COM' Subject: Delinquent/Fines Importance: High We have not received your annual Form 1 2021 disclosure filing that was due 7/1/22. Form is required based off your service as of 12/31/21 with DCF. To avoid fines and penalties up to \$1500.00 please complete the attached document and return to me as PDF attachment as soon as possible. If you have any questions, please let me know.

Created Date: 8/18/2022

Type: Email

Created By: admin system

Description: Delivery has failed to these recipients or groups: MAGGIE.MICKLER@MYFLFAMILIES.COM A problem occurred during the delivery of this message. Please try to resend the message later. If the problem continues, contact your helpdesk.

Created Date: 8/18/2022

Type: Other

Created By: admin system

Description: Separated: MICKLER, MARGARET 850-509-6001 Form Receipt Not Recorded 05-23-2022

Created Date: 8/18/2022

Type: Postcard

Created By: System

Description: Courtesy Postcard Reminder - Courtesy Postcard Reminder

Created Date: 7/29/2022

Type: Letter

Created By: System

Description: Certified Letter Sent - Certified Letter Sent

Created Date: 5/17/2022

Type: Letter

Created By: System

Description: Form 1 Official List - Form 1 Official Filers List