

BEFORE THE  
STATE OF FLORIDA  
COMMISSION ON ETHICS

In re RENITA LEE,	)	Financial Disclosure Appeal No. FD 21-024
	)	
Appellant.	)	Final Order No. 24-XXX
_____	)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on September 13, 2024, on the appeal of Appellant, pursuant 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 did not request a hearing before the Commission.

Findings of Fact

1. According to information provided to the Commission, Appellant served as a Principal for Miami-Dade County Public Schools, a position requiring the filing of a 2020 CE Form 1, Statement of Financial Interests. In 2021, the designated due date for submitting a 2020 CE Form 1 was July 1, 2021, with a grace period ending on September 1, 2021.

2. On May 28, 2021, the Miami-Dade County Supervisor of Elections sent Appellant a 2020 CE Form 1. This notice was sent to Appellant at 13302 SW 255<sup>th</sup> Terrace, Princeton, FL 33032.

3. On July 29, 2021, the Miami-Dade County Supervisor of Elections sent Appellant a notice of delinquency by certified mail. This notice was sent to Appellant at the 13302 SW 255<sup>th</sup> Terrace address.

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 the 13302 SW 255<sup>th</sup> Terrace address.

5. On September 10, 2021, Appellant submitted her 2020 CE Form 1 to the Miami-Dade County Supervisor of Elections, which was nine days after the expiration of the grace period.

6. On October 26, 2023, the Commission sent Appellant a notice of assessment of her automatic fine. The notice was sent by mail to the 13302 SW 255<sup>th</sup> Terrace address. It indicated the total of Appellant's accrued automatic fine was \$225.

7. On November 1, 2023, the Commission received Appellant's appeal of automatic fine for Form Year 2020. In part B of her appeal form, Appellant checked "sickness or injury" as the general reason for her appeal. In part C of her appeal form, where an appellant is asked to provide detailed explanation of his or her appeal, Appellant wrote that she was dealing with a sickness during the relevant time period, which resulted in her having to take a leave of absence and later retiring from employment. Appellant provided medical records documenting her illness and medical leave from employment. The medical documents described Appellant's diagnosis as "severe."

#### 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)(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.

11. Here, Appellant claims she was unable to file her 2020 CE Form 1 due to a sickness. There is no evidence to dispute Appellant's claim that she was dealing with a sickness. Considering Appellant's claim of sickness, and that there is no evidence showing otherwise, there are "unusual circumstances" here that justify waiving the \$225 fine.

#### Order

Based on the foregoing facts and conclusions of law, the Commission hereby finds that unusual circumstances for failure to file have been demonstrated. We therefore waive the assessed fine of \$225.

ORDERED by the State of Florida Commission on Ethics meeting in public session on  
Friday, September 13, 2024.

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Date Rendered

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XXXXX

*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.

XXX: sjz/aln

Ms. Renita Lee  
13302 SW 255<sup>th</sup> Terrace  
Princeton, FL 33032-5607

256263

21-024



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

REV 01 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: Renita Lee

Address: 13302 SW 255 Ter City: Miami State: FL Zip: 33032

Daytime Tel.: \_\_\_\_\_ Cell: 786-390-9209

Email: mrsrenita@gmail.com Filer ID# (if known): \_\_\_\_\_

Public Employer: Miami Dade County Public Schools

Public Position: School Principal

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.

*I was dealing with a sickness during the time it was due. My sickness resulted in me taking a leave of absence and later retiring from employment. I was not in the mind frame to responsibly meet deadlines and follow through with my responsibilities.*

## 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.

*10/31/23*  
DATE

*[Signature]*  
SIGNATURE

**MICHAEL D. FELDMAN, D.O. P.A.**  
**FAMILY PRACTICE**

**MICHAEL D FELDMAN, D.O.**

**KENDRA DAVIS, A.R.N.P.**

Friday, September 3, 2021

RE: Renita Lee

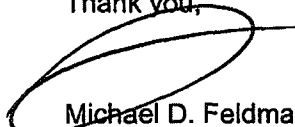
DOB: 01/30/1969

To Whom It May Concern:

Please be advised that the patient mentioned above will be out from September 3 until October 1, 2021 secondary to illness. Patient referred to specialist for follow up and evaluation.

If you have any questions, please feel free to contact my office.

Thank you,

A handwritten signature in black ink, appearing to be "Michael D. Feldman", written over a horizontal line.

Michael D. Feldman, D.O.

NOEL E. DELGADILLO, M.D.  
DIPLOMATE OF THE AMERICAN BOARD  
OF PSYCHIATRY AND NEUROLOGY  
8700 NORTH KENDALL DRIVE, SUITE 218  
MIAMI, FL 33176

(305) 598-7001 TEL.

(305) 598-7032 FAX

BATCH # MDI16062400523431014

DEA # BD 4738071

LIC. # ME 0069708

NAME RENITA LEE

DOB 01/30/69

ADDRESS \_\_\_\_\_

DATE 8/30/21

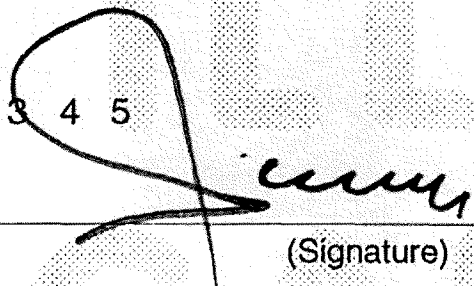
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

**Rx** OFF work until  
September 14, 2021

- 1-24
  - 25-49
  - 50-74
  - 75-100
  - 101-150
  - 151 and over
- \_\_\_\_\_ Units

Label

Refill NR 1 2 3 4 5



(Signature)

In order for the brand name product to be dispensed, the prescriber must write 'Medically Necessary' on the front of this prescription.



## MEDISCRIPTS – TAMPER-RESISTANT SECURITY FEATURES

### STANDARD FEATURES:

- ✓ SAFETY-BLUE ERASE-RESISTANT BACKGROUND
- ✓ "ILLEGAL" PANTOGRAPH
- ✓ REFILL INDICATOR
- ✓ SERIALIZATION
- ✓ ARTIFICIAL WATERMARK ON BACK
- ✓ MICROPRINTING

### ADDITIONAL FEATURES (where applicable):

- ✓ QUANTITY CHECK-OFF BOXES (optional in some states)
- ✓ UNIQUE TRACKING IDENTIFICATION NUMBER (FL)
- ✓ THERMOCHROMIC APPROVED STATE SEAL (WA)



## Miami-Dade County Public Schools LEAVE OF ABSENCE MEDICAL DOCUMENTATION

**For Completion by the EMPLOYEE:** \_\_\_\_\_ Renita Lee  
Employee Name / Employee Number

I hereby authorize Miami-Dade County Public School's healthcare representative to contact my healthcare provider for purposes of verification, clarification and/or authentication of the information on this form. Approval of my requested absences which meet the criteria of the Family and Medical Leave Act (FMLA), will be designated as part, or all of, my FMLA entitlement.

\_\_\_\_\_  
Employee Signature

9/17/21  
Date

The healthcare provider must indicate beginning and end dates of leave, otherwise your application will be considered incomplete, will not be approved and you may face disciplinary action or termination.

### For Completion by the Healthcare Provider:

Your patient has requested an extended leave of absence. In providing the information, be specific. Terms such as "lifetime," "unknown," or "undetermined" are not acceptable. Employees on leaves of absence receive Board Paid benefits. Our medical consultant may contact you to discuss the diagnosis and confinement period.

● **FOR ILLNESS OF EMPLOYEE:**

- Describe relevant medical facts related to the condition; such as symptoms, diagnosis or any regimen of continuing treatment.

\_\_\_\_\_

- Recommend leave of absence from 10/4/21 to 4/3/22  
Date (be specific) Date (be specific)

● **FOR ILLNESS OF FAMILY MEMBER:**

Relationship to Miami Dade School Board Employee (must be accompanied by FM-7497)

\_\_\_\_\_ is a patient of mine and needs to be cared for by your employee.  
Patient Name/Date of Birth

- Describe relevant medical facts related to the condition; such as symptoms, diagnosis or any regimen of continuing treatment.

\_\_\_\_\_

- Recommend leave of absence from \_\_\_\_\_ to \_\_\_\_\_  
Date (be specific) Date (be specific)

● **FOR PARENTAL LEAVE:** Estimated date of Confinement (EDC) \_\_\_\_\_

NOEL E. BELGIBULO  
Physician's Name Printed

[Signature]  
Physician's Signature

09/07/2021  
Date

PSYCHIATRY  
Specialty

(3) 598-7001  
Phone Number

FD 022626 ✓

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2020

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME :

LEE, RENITA

MAILING ADDRESS :

13302 SW 255TH TER

CITY : ZIP : COUNTY :

PRINCETON, FL 33032

NAME OF AGENCY :

MIAMI-DADE COUNTY PUBLIC SCHOOLS, EMPLOYEES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

PRINCIPAL

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

2021 SEP 14 PM 12:22

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

Processed Date: 9/14/21 MB

Scanned Date: 10/11/21 RSL

Filing Status Code: \_\_\_\_\_



\* F D O 2 2 6 2 6 \*

9/10/21

\*\*\*\* 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1 contains 'N/A'.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1 contains '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")

Table with 1 column: REAL PROPERTY. Row 1 contains 'N/A'.

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	

**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	

**PART F — INTERESTS IN SPECIFIED BUSINESSES** (Ownership or positions in certain types of businesses - See instructions)  
(If you have nothing to report, write "none" or "n/a")

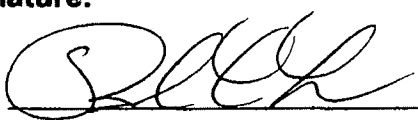
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
		N/A
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**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: 8/22/2021

**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.



Renita Lee  
13302 SW 255th Ter.  
Homestead, FL 33032-5607

138 01 343 976

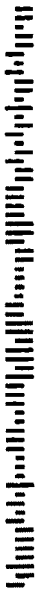
REC  
2021 SEP 14 PM 12: 22  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

9.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT  
SUPERVISOR OF ELECTIONS  
FINANCIAL DISCLOSURE SECTION  
PO BOX 521550  
MIAMI FL 33152-1550

MIAMI FL 330

10 SEP 2021 PM 4 L



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

In re **Renita Lee**  
**Principal**  
**Employees**  
**Miami-Dade County Public Schools**

**PID#: 256263**

**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, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2020 CE Form 1 was filed September 10, 2021 with the Supervisor of Elections for Miami-Dade County, you are fined the amount of \$225.00 (\$25.00 per day for 9 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)(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](http://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 27, 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.

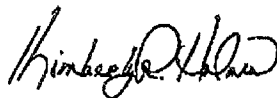
Please contact our office if you have any questions about this matter.

### **CERTIFICATE OF MAILING**

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

**Renita Lee**  
13302 Sw 255th Ter  
Princeton, FL 33032 -5607

by Certified Mail on this Thursday, October 26, 2023.



**KIMBERLY R. HOLMES**  
Program Administrator

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

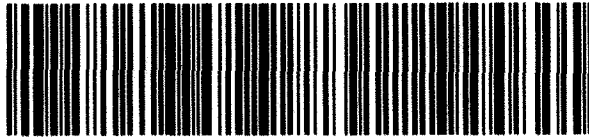
-or-

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](mailto:disclosure@leg.state.fl.us)



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



9214 8901 0661 5400 0190 1381 69

**RETURN RECEIPT (ELECTRONIC)**

**256263**

**RENITA LEE  
13302 SW 255TH TER  
PRINCETON, FL 33032-5607**

<sup>40</sup>  
**URGENT - Open Immediately!**

-----  
CUT - FOLD HERE

Zone 4

-----  
6" X 6" ENVELOPE  
CUT - FOLD HERE

-----  
CUT - FOLD HERE



**Florida Commission on Ethics  
Financial Disclosure Notification System  
Delinquency Certification (2021)**

Cristina White, the Supervisor of Elections of miami-dade County, hereby certify that each person whose ID 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 \_\_\_\_\_

  
SUPERVISOR OF ELECTIONS

**Miami Dade County Elections Department**

**Financial Disclosure Details**

<b>Tax Year</b>	<b>Name</b>	<b>FD#</b>	<b>ID#</b>	<b>Filing Status</b>
2020	LEE RENITA	FD022626	256263	Filed-Filed

**Mailing Activity**

<b>Mail Date</b>	<b>Address Mailed to</b>	<b>Correspondence</b>	<b>Certified</b>	<b>Delivered</b>	<b>Tracking#</b>
05/28/2021	13302 SW 255TH TER, PRINCETON, FL 33032-5607	FIRST FINANCIAL DISCLOSURE MAILING	N	Y	
07/29/2021	13302 SW 255TH TER, PRINCETON, FL 33032-5607	SECOND FINANCIAL DISCLOSURE MAILING	Y	Y	94148149022668493 53378

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**Filing Activity**

<b>Form Name</b>	<b>Filed Date</b>	<b>Valid</b>	<b>Comments</b>	<b>County</b>	<b>Date Filed in County</b>
Form 1	09/10/2021	Y		MIAMI-DADE	

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Miami Dade County Elections Department

Financial Disclosure Details

Tax Year	Name	FD#	ID#	Filing Status



**Elections**  
Supervisor of Elections Financial Disclosure Section  
PO Box 521550  
Miami Florida 33152-1550  
ADDRESS SERVICE REQUESTED

**IMPORTANT:**  
YOUR ANNUAL DISCLOSURE FORM IS ENCLOSED  
AND MUST BE FILED BY JULY 1, 2021



F D 0 2 2 6 2 6  
RENITA LEE  
13302 SW 255TH TER  
PRINCETON, FL 33032

# Memorandum



**To:** Local Officer

**From:** Christina White  
Supervisor of Elections

**Subject:** State Financial Disclosure Filing Requirement for the 2020 Tax Year

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The position you held in 2020 was determined to be one that requires the filing of a financial disclosure form. According to Florida Statute 112.3145, the enclosed **Form 1, Statement of Financial Interests (2020,)** must be filed with the Elections Department by **Thursday, July 1, 2021** to satisfy your financial disclosure filing requirement for the 2020 tax year.

Persons serving as of December 31, 2020 are required to file this year. If you left the position in 2020, you are required to file a Form 1F covering the portion of 2020 you served. If you left the position in 2021, you are required to file a Form 1 for 2020 and a Form 1F for the portion of 2021 you served. See the Form 1 instructions for more information, and additional forms may be downloaded on the Elections Department website at [https://www8.miamidade.gov/global/service.page?Mduid\\_service=ser1513200320703181](https://www8.miamidade.gov/global/service.page?Mduid_service=ser1513200320703181).

The Elections Department is the records custodian for these forms. **Please do not file this form with the Florida Commission on Ethics in Tallahassee.** As such, kindly send your **completed and signed** financial disclosure form via email to [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov) so long as it is a legible scanned copy, or by returning it to the Miami-Dade County Supervisor of Elections, Financial Disclosure Section, PO Box 521550, Miami, Florida 33152-1550. A business reply envelope has been provided for your convenience.

Please note the following:

- You can check receipt of your financial disclosure form on the Miami-Dade Elections Department website at [https://www8.miamidade.gov/global/service.page?Mduid\\_service=ser1513200320703181](https://www8.miamidade.gov/global/service.page?Mduid_service=ser1513200320703181).
- Persons who fail to file the annual disclosure form by September 1 are subject to automatic fines of \$25 for each late day. In addition, by law, the Commission on Ethics must initiate investigations of delinquent filers in certain circumstances. This can result in your being removed from your public office or employment. See Section 112.3145(8)(c), Florida Statutes.
- If your home address is exempt from public records, please provide your office or other address.

Instructions for completing this form are included. Additional questions on how to complete this form should be directed to the Florida Commission on Ethics at 800-262-8824. If you have questions regarding the distribution or collection of this form, please contact Maria Boucourt, Miami-Dade Financial Disclosure Coordinator, at 305-499-8413 or via email at [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov).

If you think you have received this notification in error, please contact the coordinator for your agency who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Florida Commission on Ethics to remove your name from the list. To find your coordinator, you can contact Ms. Boucourt at the number above or view the coordinator list provided on the Commission on Ethics' website at <http://www.ethics.state.fl.us>.

Enclosures



**Elections**

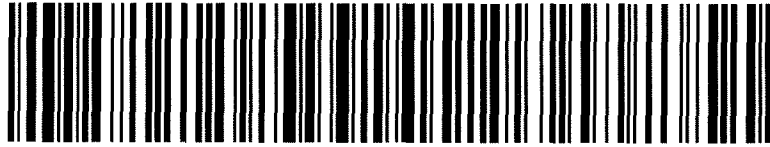
Supervisor of Elections Financial Disclosure Section  
PO Box 521550  
Miami Florida 33152-1550  
ADDRESS SERVICE REQUESTED

**IMPORTANT:**

YOUR ANNUAL DISCLOSURE FORM IS ENCLOSED AND  
MUST BE FILED BY SEPT. 1, 2021

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USPS CERTIFIED MAIL



9414 8149 0226 6849 3533 78

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FD022626

RENITA LEE  
13302 SW 255TH TER  
PRINCETON, FL 33032



Date Produced: 08/09/2021

MIAMI-DADE COUNTY:

The following is the delivery information for Certified Mail™/RRE item number 9414 8149 0226 6849 3533 78. Our records indicate that this item was delivered on 08/02/2021 at 06:18 p.m. in HOMESTEAD, FL 33033. The scanned image of the recipient information is provided below.

Signature of Recipient :

C 17  
C 19

Address of Recipient :

C 17

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representative.

Sincerely,  
United States Postal Service

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

Customer Reference Number: ELESTATEz3zFD022626

## Track Another Package +

**Tracking Number:** 9414814902266849353378

Remove X

Your item was delivered to an individual at the address at 6:18 pm on August 2, 2021 in HOMESTEAD, FL 33033.

### **Delivered, Left with Individual**

August 2, 2021 at 6:18 pm  
HOMESTEAD, FL 33033

**Get Updates** v

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**Text & Email Updates**



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**Return Receipt Electronic**



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**Tracking History**



**August 2, 2021, 6:18 pm**

Delivered, Left with Individual  
HOMESTEAD, FL 33033

Your item was delivered to an individual at the address at 6:18 pm on August 2, 2021 in HOMESTEAD, FL 33033.

**August 1, 2021, 5:32 pm**

Departed USPS Regional Facility  
OPA LOCKA FL DISTRIBUTION CENTER



**July 31, 2021, 5:49 am**

Arrived at USPS Regional Facility  
OPA LOCKA FL DISTRIBUTION CENTER

**July 31, 2021, 4:34 am**

Accepted at USPS Origin Facility  
MIAMI, FL 33128

**July 23, 2021**

Pre-Shipment Info Sent to USPS, USPS Awaiting Item

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**Product Information**



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**See Less** ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

**FAQs**



**Financial Disclosure Management System**  
THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 256263 - Renita Lee

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\(S\)](#) [2021](#) [2022](#)

<<2022 Form Year

**Status**

Filing: INACTIVE

Fine: No Fine

**Flags**

Public Address

Filing Extensions

Indefinite: None

Temporary:

None

Eligible for Fines

Update Flags

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

2021 Fines and Appeals

Form Year 2020 Filed Forms						
Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments
09/10/21	Form 1	Yes	No	SOE	HOLMESK(SOE IMPORT) on 12/13/2021	Miami-Dade

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
\$225.00	Appeal	10/25/2023	\$225.00	\$225.00			
Fine Address 13302 Sw 255th Ter Princeton FL 33032-5607							
Org/Suborg Miami-Dade County Public Schools-Employees							

2021 Fine Payment History						
Date Posted	Description	Amount	Method	Payment ID	Comments	
10/25/2023	Fine Levied	+ \$225.00			Fined \$225.00	
Current Balance: \$225.00						

 Add a New Filer

 Jump To A Filer

PID:



 Quick Filer Search

First Name:


Last Name:

2021 Fine Year Event


Chronology

 Date	Type	Description	Reference
 08/20/2021	Postcard Sent	Courtesy Postcard Reminder	Print Queue: <a href="#">8/20/2021</a> Printing Confirmed: <a href="#">8/20/2021</a>

Letter Sent To:  
Renita Lee  
13302 Sw 255th Ter  
Princeton, FL 33032 -5607

 09/8/2021	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: <a href="#">9/8/2021</a> Printing Confirmed: <a href="#">9/8/2021</a>
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Letter Sent To:  
Renita Lee  
13302 Sw 255th Ter  
Princeton, FL 33032 -5607

 09/10/2021	Form Received	Form 1 Received, Signed	Form 1 Received by Miami-Dade SOE
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Form Received By: Miami-Dade County SOE  
Filing Location: Miami-Dade County SOE  
Record Created By: HOLMESK(SOE IMPORT) on 12/13/2021

10/25/2023 Fine Levied    Fined \$225.00    Journal: [10/25/2023 9:58 AM](#)

10/25/2023 Notice of Assessed Fine    Initial Fine Notice    Journal: [10/25/2023 10:20 AM](#)

 10/26/2023	Letter Sent	Notice of Assessed Fine - Filer 1st Fine Letter	Print Queue: <a href="#">10/26/2023</a> Printing Confirmed: <a href="#">10/26/2023</a>
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Letter Sent To:  
Renita Lee

13302 Sw 255th Ter  
 Princeton, FL 33032 -5607

11/8/2023 Fine Appeal FD 21-024 Journal: 11/8/2023  
 2:40 PM

2021 Fine Appeal – FD 21-024	<input type="button" value="Update Appeal"/>	<input type="button" value="Withdraw Appeal"/>
	<input type="button" value="Assign Attorney"/>	<input type="button" value="Request More Info"/>
	<input type="button" value="Record Appeal Outcome"/>	
Appeal Status:	No Hearing Requested	
Active		
Appeal Receipt Date:		
11/01/2023		
Timely Filed:		
Yes		
Print Appeal Letter: Yes		
Hearing Requested: No		
Appeal Reason:		
Illness or Injury		
Appeal Notes:		
Appeal Number:		
FD 21-024		
Appeal Analyst Assigned:		
Final Order Number:		
Final Order Date:		