BEFORE THE  
STATE OF FLORIDA  
COMMISSION ON ETHICS  

In re JAN BARNES,  
Appellant.  

Financial Disclosure Appeal No. FD 18-003  
Final Order No.  

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on April 12, 2019, on the timely appeal of Appellant, pursuant to Section 112.3145(7)(f), Florida Statutes, which assesses an automatic fine of $25 per day on a person who fails to timely file the 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 the information provided to the Commission, Appellant was a Medical Disability Hearing Officer for the Florida Department of Health. A position that requires the filing of a CE Form 1, Statement of Financial Interests, for the year 2017. In 2018, the designated due date for submitting a 2017 CE Form 1 was July 2, 2018, with a grace period ending on September 4, 2018.

2. On May 9, 2018, the Commission sent Appellant a 2017 CE Form 1. The Commission sent this mailing to Appellant at 742 Eagle View Drive, Tallahassee, Florida 32311.

3. On July 25, 2018, the Commission sent Appellant a Notice of Delinquency via certified mail. The Commission sent this notice to Appellant at the 742 Eagle View Drive address.
On August 23, 2018, at 10:44 a.m., the Notice of Delinquency was returned to the Commission stamped "return to sender", "unclaimed" and "unable to forward".

4. On August 16, 2018, the Commission sent Appellant a Courtesy Reminder Postcard intended to remind her to file her 2017 financial disclosure form with the Commission before the September 4\textsuperscript{th} grace period deadline. The Commission mailed the Courtesy Reminder Postcard to Appellant at the 742 Eagle View Drive address.

5. On August 23, 2018, the Commission sent an email to Angela Dennis, the Human Resources Manager at the Florida Department of Health, inquiring as to whether or not Appellant was still an employee of the Florida Department of Health. Ms. Dennis confirmed that Appellant was still with the Department. The Commission then sent Appellant an email at the email address it had on file for her: jsmrogers@gmail.com. In its' email the Commission advised Appellant that it had not yet received her 2017 CE Form 1 which had originally been due on July 2, 2018. The Commission's email included a blank 2017 CE Form 1 as an attachment.

6. On August 24, 2018, The Commission called the phone number it had on file for Appellant and left her a voicemail message reminding her that the Commission had still not received her 2017 CE Form 1 and she needed to have it filed before the grace period deadline.

7. On August 24, 2018, the Commission sent Appellant an email advising her that earlier this year she had been sent notice regarding of her obligation to file a 2017 CE Form 1. The Commission warned Appellant that the grace period deadline for her 2017 financial disclosure form would expire on September 4\textsuperscript{th} at 5 p.m. The Commission further advised Appellant that according to its' records Appellant had still not filed her required 2017 CE Form 1 with the Commission and pursuant to state law, an automatic fine would begin to accrue at a rate of $25 per day for each day her form remains unfilled after the September 4\textsuperscript{th}, grace period deadline.
8. On September 6, 2017, the Commission sent Appellant a Notice of Fines Accruing. The Commission mailed this notice to Appellant at the 742 Eagle View Drive address.

9. On September 20, 2018, the Commission sent another email to Angela Dennis at the Florida Department of Health advising her that to date the Commission has yet to receive Appellant's 2017 CE Form 1 and an automatic fine has been accruing against her at a rate of $25 a day since September 4th. The Commission advised Ms. Dennis that individuals who accrue the maximum fine of $1,500 and fail to file the required financial disclosure form are subject to an investigation to determine whether or not their failure to file was willful and if the Commission determines that their failure to file was willful, state statute requires that they be removed from public office or employment.

10. On September 21, 2018, Appellant came to the Commission's office in person to hand deliver her 2017 CE Form 1, Statement of Financial Interests and her Appeal of Automatic Fine for Form Year 2017. While in the Commission's office Appellant explained that she had been away from the Department of Health on extended medical leave due to an illness. Appellant advised the Commission that she would provide additional medical records to support her appeal, as soon as she received them from her doctor. On her appeal form, Appellant listed her mailing address as being 742 Eagleview Circle, Tallahassee, Florida 32311 and her email address as jsmrogers@gmail.com. In part B of her appeal form, Appellant checked sickness or injury as the general reason for her appeal. However, Appellant left part C of her appeal form which requests a 'Detailed Explanation of Your Appeal' blank.

11. On February 12, 2019, an automatic fine was levied against Appellant.

12. The total amount of the automatic fine levied against Appellant was $425.
13. On February 12, 2019, the Commission sent Appellant a Notice of Assessment of Automatic Fine, using certified mail. The Commission sent notice to Appellant at the 742 Eagle View Drive address. The notice informed Appellant what the total amount of her fine was and it advised her that she had until March 14, 2019 to file an appeal.

14. On February 12, 2019, the Commission sent Appellant a letter advising her that the Commission had received her appeal and it would send all future correspondence regarding this issue to the address she had listed on her appeal form. The letter advised Appellant that Commission staff would review her appeal along with any additional related documents she provided with it. The letter further advised Appellant that Commission staff may contact her if they need any additional information. Once Commission staff has completed their review, a draft order will be prepared and placed on the agenda of an upcoming Commission meeting. The letter advised Appellant she had the right to request a hearing before the Commission at whichever upcoming Commission meeting has her appeal on its' agenda. At the upcoming meeting, the Commission will make a ruling on her appeal and subsequently enter a final order. The Commission will provide Appellant a copy of this final order, usually within a week of the meeting.

Conclusions of Law

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

16. 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.

17. Section 112.3145(7)(f)3., 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 made 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.

18. The Notice of Delinquency the Commission sent Appellant on July 25, 2018, was later returned to it on August 23, 2018, stamped "return to sender", "unclaimed" and "unable to forward". Although the Commission also sent a series of emails to Angela Dennis, the Human Resources Manager for the Department of Health, prior to the September 4th grace period deadline which she could presumably have forwarded to Appellant, there is no evidence that Ms. Dennis relayed the Commission's message to Appellant before September 4th. There is also no evidence that Appellant heard any of the voicemails the Commission left for her prior to the grace period deadline. When Appellant came into the Commission's office on September 21, 2018 to hand deliver her 2017 CE Form 1 and her appeal form, she explained that at the time she had left the Department of Health for an extended medical leave. Appellant's extended medical leave would explain why she was not at the Florida Department of Health to receive and sign for the July 25th Notice of Delinquency when it was delivered. The emails the Commission sent Appellant before the September 4th grace period deadline were sent to JAN.BARNES@SSA.GOV not her email address: jsmrogers@gmail.com. Which indicates it is very unlikely that Appellant received any of the emails the Commission sent her to remind her to file a 2017 CE Form 1 before September 4th. It is also unlikely that Appellant received any of the voicemails left for her prior to September 4th if she had been away from DOH offices on extended medical leave at the time. Therefore, not only is there no proof that Appellant received any form of notice regarding her obligation to file a 2017 financial disclosure form prior to September 4th, all circumstantial evidence indicates it is very unlikely she received any form of notice of her need to file, prior to the grace period deadline. Not
receiving notice of her obligation to file a 2017 CE Form 1 prior to the September 4th grace period deadline is the kind of unusual circumstance that justifies waiving Appellant's fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby waives the assessed fine of $425.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, April 12, 2019.

Date Rendered

Guy W. Norris
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.

GWN:mlj
Copy furnished to:
Jan Rogers Barnes
742 Eagle View Drive
Tallahassee, Florida 32311
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 2017

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: JAN ROGERS BARNES
Address: 742 Eagleview Circle
City: TALLAHASSEE
State: FL
zip: 32311
Daytime Tel.: 850-445-3791
Cell: same
Email: jsmrogers@gmail.com
Filer ID# (if known):
Public Employer: SOF DOH DDD
Public Position: HEARING OFFICER

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, 2017 (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2017)

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.

OPTIONAL REQUEST FOR HEARING

[ ] In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(5)(e)3 or Section 112.3145(7)(f)3, Florida Statutes. Commission meetings occur in Tallahassee.

SIGNATURE

I have received and read the Notice of Assessment of Automatic Fine and its instructions on How to Appeal and I understand my options. I am requesting disposition of this matter as indicated.

DATE SIGNATURE

9/20/2019 Barnes
Recipient Address
JAN ROGERS BARNES
742 EAGLE VIEW CIR
TALLAHASSEE, FL 32311-1209

Record / Case Number:
256740

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

Entry Point ZIP:
32317

Mail Piece Information
Tracking Number: 92148901066154000126557408
Date Created: 07/24/2018 01:51:03 PM
Mail Class: USPS First Class Mail
Special Services: Certified Mail
Return Receipt Electronic
Memo: --
Created By: Kimberly Holmes - Commission on Ethics

Signature Information
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
Mailed, July 24, 2018, 01:51:03 PM, TALLAHASSEE, FL 32317
Reminder To Schedule Redelivery Of Your Item
Pre-Shipment Info Sent To Usps, Usps Awaiting Item, July 24, 2018, 12:00:00 AM
Accepted At Usps Origin Facility, July 25, 2018, 06:55:00 PM, TALLAHASSEE, FL 32317
Arrived At Usps Regional Facility, July 25, 2018, 08:10:00 PM
Departed Usps Regional Facility, July 26, 2018, 06:23:00 AM
In Transit To Next Facility, July 27, 2018, 12:00:00 AM
In Transit To Next Facility, July 28, 2018, 12:00:00 AM
In Transit To Next Facility, July 29, 2018, 12:00:00 AM
Arrived At Unit, July 31, 2018, 06:42:00 AM, TALLAHASSEE, FL 32301
Sorting Complete, July 31, 2018, 07:27:00 AM, TALLAHASSEE, FL 32311
Out For Delivery, July 31, 2018, 07:37:00 AM, TALLAHASSEE, FL 32311
Notice Left (No Authorized Recipient Available), July 31, 2018, 02:09:00 PM, TALLAHASSEE, FL 32311
Unclaimed/Being Returned To Sender, August 15, 2018, 02:36:00 PM, TALLAHASSEE, FL 32301
Arrived At Usps Regional Facility, August 19, 2018, 08:51:00 AM
Departed Usps Regional Facility, August 19, 2018, 11:47:00 PM
In Transit To Next Facility, August 20, 2018, 12:00:00 AM
Arrived At Usps Regional Facility, August 20, 2018, 11:15:00 PM
In Transit To Next Facility, August 21, 2018, 12:00:00 AM
In Transit To Next Facility, August 22, 2018, 12:00:00 AM
Delivered, To Original Sender, August 23, 2018, 10:44:00 AM, TALLAHASSEE, FL 32308
Date Produced: 08/24/2018

THE MAIL GROUP INC - 1 / CONFIRM DELIVERY INC:

The following is the delivery information for Certified Mail™/RRE item number 9214 8901 0661 5400 0126 5574 08. Our records indicate that this item was delivered on 08/23/2018 at 10:44 a.m. in TALLAHASSEE, FL 32308-9998. The scanned image of the recipient information is provided below.

Signature of Recipient:

[Signature]

Address of Recipient:

[Address]

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.

Reference ID: 92148901066154000126557408
256740
JAN ROGERS BARNES
742 Eagle View Cir
Tallahassee, FL 32311-1209
# FORM 1
## STATEMENT OF FINANCIAL INTERESTS

**2017**

**FOR OFFICE USE ONLY:**
- FLORIDA COMMISSION ON ETHICS
- SEP 21 2018
- RECEIVED
- 256740
- PROCESSED

### NAME:
- Barnes Jan Rogers

### Mailing Address:
- 742 Eaglevue Circle

### City:
- Tallahassee

### ZIP:
- Florida

### COUNTY:
- Leon

### NAME OF AGENCY:
- Florida Department of Health

### NAME OF OFFICE OR POSITION HELD OR Sought:
- Hearing Officer

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**DISCLOSURE PERIOD:**
- THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):
  - ☑ DECEMBER 31, 2017
  - □ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: ________

**MANNER OF CALCULATING REPORTABLE INTERESTS:**
- FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH Requires FEWER CALCULATIONS; OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):
  - □ COMPARATIVE (PERCENTAGE) THRESHOLDS
  - ☑ DOLLAR VALUE THRESHOLDS

### PART A - PRIMARY SOURCES OF INCOME

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>SOURCE'S ADDRESS</th>
<th>DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Florida DOH DDS</td>
<td>P.O. Box 6050 Tallahassee, Fl 32314</td>
<td>SOF</td>
</tr>
<tr>
<td>City of Tallahassee</td>
<td>408 N. Adams Street Tallahassee Fl,</td>
<td>COT</td>
</tr>
</tbody>
</table>

### PART B - SECONDARY SOURCES OF INCOME

- [Major customers, clients, and other sources of income to businesses owned by the reporting person - See Instructions]

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
</table>

### PART C - REAL PROPERTY
- [Land, buildings owned by the reporting person - See Instructions]

- 3018 Grove Street, Tallahassee Florida 32301
- 1435 Melvin Street, Tallahassee Florida 32301
- 2415 Saxon Street, Tallahassee, Florida 32301

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**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.

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(Continued on reverse side)
**PART D — INTANGIBLE PERSONAL PROPERTY**

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

<table>
<thead>
<tr>
<th>TYPE OF INTANGIBLE</th>
<th>BUSINESS ENTITY TO WHICH THE PROPERTY RELATES</th>
</tr>
</thead>
</table>

**PART E — LIABILITIES**

(Major debts - See instructions)

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

<table>
<thead>
<tr>
<th>NAME OF CREDITOR</th>
<th>ADDRESS OF CREDITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>TMFCU</td>
<td>345 S. Magnolia Drive, Tallahassee Florida 32301</td>
</tr>
</tbody>
</table>

**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"

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>BUSINESS ENTITY # 1</th>
<th>BUSINESS ENTITY # 2</th>
</tr>
</thead>
</table>

**PART G — TRAINING**

For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**SIGNATURE OF FILER:**

Signature:

Jan R. Barnes

Date Signed:

09/01/2018

**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 15700, 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) and send it to CEF1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 5’s 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, 2017.
BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re Jan Rogers Barnes
Medical Disability Hearing Officer
Employees
Department of Health - Central Office

PID#: 256740

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(7)(f), Florida Statutes, due to your failure to timely file your 2017 CE Form 1, Statement Of Financial Interests. Under the law, your 2017 CE Form 1, Statement of Financial Interests, was due by July 2, 2018. The law provided for a penalty-free grace period extending the due date to September 4, 2018. After that date, you accrued fines of $25.00 per day for each day your financial disclosure was late, pursuant to Section 112.3145(7)(f), Florida Statutes.

Inasmuch as your 2017 CE Form 1 was filed September 21, 2018 with the Commission on Ethics, you are fined the amount of $425.00 ($25.00 per day for 17 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(7)(f)3., Florida Statutes, and Commission Rule 34-8.215, Florida Administrative Code.

3. FORMAT: Your appeal must be in writing and mailed to Florida Commission on Ethics, P. O. Drawer 15709, Tallahassee, FL 32317-5709, or delivered to Florida Commission on Ethics, 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. The appeal may take the form of a letter or you may use the appeal form included in this mailing. The appeal form also is available at the Commission's website: www.ethics.state.fl.us. Click on "Financial Disclosure" and then the link to the sample appeal form.

4. DUE DATE: Your appeal must be received by the Commission on Ethics on or before March 14, 2019.

   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 4, 2018, 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, 2017: confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2017; 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:

Jan Rogers Barnes
742 Eagle View Dr
Tallahassee, FL 32311

by Certified Mail on this Tuesday, February 12, 2019.

/Kimberly R. Holmes/

KIMBERLY R. HOLMES
Program Administrator
Florida Commission on Ethics
P. O. Drawer 15709 -or-
325 John Knox Road, Building E, Ste. 200
Tallahassee, FL 32317-5709
Tallahassee, FL 32303

Tel.: (850) 488-7864
Fax: (850) 488-3077
Email: disclosure@leg.state.fl.us
The filer has fines for: **2018 (Appeal)**

### 2018 Fines and Appeals

#### Form Year 2017 Filed Forms

<table>
<thead>
<tr>
<th>Received Date</th>
<th>Form Type</th>
<th>Form Signed</th>
<th>Filed by Email</th>
<th>Filing Location</th>
<th>Updated Location</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/21/18</td>
<td>Form 1</td>
<td>Yes</td>
<td>No</td>
<td>COE</td>
<td>HOLMESK on 09/21/2018</td>
<td>Hand Delivered</td>
</tr>
</tbody>
</table>

#### 2018 Fine Information

<table>
<thead>
<tr>
<th>Fine Balance</th>
<th>Fine Status</th>
<th>Fine Date</th>
<th>Original Assessment</th>
<th>Fine Amount</th>
<th>Last Payment Date</th>
<th>Payment Plan Start Date</th>
<th>Payment Plan Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$425.00</td>
<td>Appeal</td>
<td>2/12/2019</td>
<td>$425.00</td>
<td>$425.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fine Address: 742 Eagle View Dr Tallahassee FL 32311
Org/Suborg Health, Department of - Central Office-Employees

#### 2018 Fine Payment History

<table>
<thead>
<tr>
<th>Date Posted</th>
<th>Description</th>
<th>Amount</th>
<th>Method</th>
<th>Payment ID</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/12/2019</td>
<td>Fine Levied</td>
<td>+ $425.00</td>
<td></td>
<td></td>
<td>Fined $425.00</td>
</tr>
</tbody>
</table>

Current Balance: $425.00

#### 2018 Fine Year Event

**Chronology**

- **05/9/2018** Letter Sent
  - Form 1 Official List · Form 1 Official Filers List

**Reference**
- Print
- Queue: 5/9/2018
- 4:00 PM
- Printing
- Confirmed:
Letter Sent To:
Jan Rogers Barnes
742 Eagle View Dr
Tallahassee, FL 32311

07/25/2018 Letter Sent Certified Letter Sent
Print
Queue: 7/25/2018
Printing Confirmed: 7/25/2018

Letter Sent To:
Jan Rogers Barnes
742 Eagle View Dr
Tallahassee, FL 32311

08/16/2018 Postcard Sent Courtesy Postcard Reminder
Print
Queue: 8/16/2018
Printing Confirmed: 8/16/2018

Letter Sent To:
Jan Rogers Barnes
742 Eagle View Dr
Tallahassee, FL 32311

08/23/2018 Filer delinquent notice unclaimed Emily
Communication: Prine
Other

08/23/2018 Filer From: Dennis, Angela Sent: Thursday, August 23, 2018 2:50 PM To: Prine.Emily ; Way, Jeremiah R Prine
Communication: Subject: RE: Jan Rogers Barnes Hi Emily, He is.
Email [mailto:PRINE.EMILY@leg.state.fl.us] Sent:
Thursday, August 23, 2018 2:30 PM To: Dennis, Angela Subject: Jan Rogers Barnes Importance: High Hi Angela, Is he still with the agency? His delinquent notice was returned unclaimed.

08/23/2018 Filer From: Prine.Emily Sent: Thursday, August 23, 2018 2:59 PM To: 'JAN.BARNES@SSA.GOV' Cc: 'jsmrogers@gmail.com' Subject: FORM 1 2017 DELINQUENT Importance: High Jan Rogers Barnes,
We have not received your required Form 1 2017 Financial Disclosure filing for your position with Department of Health due July 2, 2018. Most recent your delinquency notice was returned unclaimed. Attached is the form for completion, you can submit via email as a PDF to ceform1@leg.state.fl.us Failure to file will result in fines being levied. If you have any questions, please contact our office.

08/24/2018 Filer Left VM stating we had not received forms yet Staci France
Communication:
Phone
08/24/2018 Filer From: France, Staci Sent: Friday, August 24, 2018 Staci France
Communication: 10:00 AM To: 'jsmrogers@gmail.com' Cc:
Email 'Jan.Barnes@SSA.gov' Subject: CE Form 1 Earlier this year you were notified of your obligation to file a CE Form 1, Statement of Financial Interests, for the year ending ending December 31, 2017. The grace period for filing this form will expire on September 4th 2018 at 5 pm. According to our records, you still have not filed your CE Form 1. Pursuant to State Law, an automatic fine of $25 per day for each day late (maximum fine $1,500) will be assessed against you if your CE Form 1 is not received by September 4, 2018. Failure to file can result in removal from public office or employment. Please file your CE Form 1 immediately! If you have any questions please contact 800-262-8824 or 850-488-7864. You can also mail your form to address below.

09/6/2018 Letter Sent Courtesy Notice of Fines Accruing Print
Queue: 9/6/2018
Printing Confirmed: 9/6/2018

Letter Sent To:
Jan Rogers Barnes
742 Eagle View Dr
Tallahassee, FL 32311

09/13/2018 Filer From: Barnes, Jan DDS Tallahassee Sent: Thursday, Prine
Communication: September 13, 2018 4:32 PM To: Prine,Emily
Other Subject: Read: [EXTERNAL] FORM 1 2017
DELINQUENT Importance: High Your message To:
Subject: [EXTERNAL] FORM 1 2017 DELINQUENT
Sent: Thursday, September 13, 2018 4:32:50 PM
(UTC-05:00) Eastern Time (US & Canada) was read on
Thursday, September 13, 2018 4:32:17 PM (UTC-
05:00) Eastern Time (US & Canada).

09/20/2018 Filer From: Prine.Emily Sent: Thursday, September 20, 2018 10:15 AM To: JAN.BARNES@SSA.GOV
Cc: Emily

Communication: Delinquent Filing
Subject: 'Dennis, Angela' Subject: Delinquent Filing
Importance: High Jan Barnes, To date we have not
received your required Form 1 2017. The fines
levied thus far are as follows: 114 Health,
Department of -Central Office, Employees Jan
Barnes 2567401 $400.00 The fines are levied at
$25.00 per day; the maximum fine amount is
$1500.00.

09/20/2018 Filer From: Dennis, Angela Sent: Thursday, September 20, 2018 12:00 PM To: Prine.Emily Cc: Hall, Janelle

Communication: RE: Delinquent Filing Thanks
Subject: RE: Delinquent Filing Thanks
Angela his fines just keep accruing and in addition:
Additionally, individuals who accrue the maximum
fine and fail to file the required form are subject to
an investigation to determine whether the failure to
file was willful. If the Commission determines the
failure to file was willful, the statute requires the
Commission recommend the individual be removed
from public office or public employment.

09/20/2018 Filer From: Barnes, Jan DDS Tallahassee Sent: Thursday, September 20, 2018 3:21 PM To: Prine.Emily

Communication: Read: [EXTERNAL] Delinquent Filing
Subject: [EXTERNAL] Delinquent Filing Sent: Thursday,
September 20, 2018 3:20:51 PM (UTC-05:00) Eastern
Time (US & Canada) was read on Thursday,
September 20, 2018 3:20:48 PM (UTC-05:00) Eastern
Time (US & Canada).

09/20/2018 Filer From: Prine.Emily Sent: Thursday, September 20, 2018 3:41 PM To: 'Dennis, Angela' Subject: RE:

Communication: [EXTERNAL] FW: Delinquent Filing Thank you, I will
let you know when we receive! From: Dennis,
Angela Sent: Thursday, September 20, 2018 3:38 PM
To: Prine. Emily Subject: FW: [EXTERNAL] FW: Delinquent Filing FYI From: Barnes, Jan DDS Tallahassee [mailto:Jan.Barnes@ssa.gov] Sent: Thursday, September 20, 2018 3:33 PM To: Metcalf, Starr Cc: Henderson, Mark ; Dennis, Angela ; Blue, Stephanie Subject: RE: [EXTERNAL] FW: Delinquent Filing I will address immediately. From: Metcalf, Starr DDS Tallahassee Sent: Thursday, September 20, 2018 12:24 PM To: Barnes, Jan DDS Tallahassee Cc: Henderson, Mark DDS Tallahassee ; ‘Dennis, Angela’ Subject: FW: [EXTERNAL] FW: Delinquent Filing Jan, please see the request below. Thanks. Starr Metcalf Human Resources Division of Disability Determinations Florida Department of Health, Tallahassee, FL, Phone: (850) 488-4222 ext. 5307 Email: starr.metcalf@ssa.gov From: Dennis, Angela [mailto:Angela.Dennis@fhealth.gov] Sent: Thursday, September 20, 2018 11:00 AM To: Metcalf, Starr DDS Tallahassee ; Henderson, Mark DDS Tallahassee Subject: RE: [EXTERNAL] FW: Delinquent Filing According to the coding in Org management this position required financial disclosure. Would it be possible

09/21/2018 Form Received Form 1 Received, Signed Form 1 Received by Kim Holmes at COE

Form Received By: Kim Holmes Filing Location: COE Record Created By: Kim Holmes on 09/21/2018

09/21/2018 Filer Ms. Barnes came into our office to hand deliver her Communication: form. While in the office she explained that she has In Person been out of the office on extended medical leave due to an illness. She completed her form and an appeal form. She stated that she will also provide medical info for appeal but did not have with her, therefore, she will submit info when she gets it from her doctor.

02/12/2019 Fine Levied Fined $425.00 Journal: 02/12/2019 11:39 AM

02/12/2019 Notice of Initial Fine Notice Assessed Fine Journal: 02/12/2019
02/12/2019 Fine Appeal   FD 18-003

Letter Sent To:
Jan Rogers Barnes
742 Eagle View Dr
Tallahassee, FL 32311

Letter Sent To:
Jan Rogers Barnes
742 Eagle View Dr
Tallahassee, FL 32311

02/12/2019 Filer
Notice of Assessed Fine mailed with appeal
Kim Holmes
Communication: acknowledgement letter by regular mail due to receipt of early appeal.

<table>
<thead>
<tr>
<th>2018 Fine Appeal</th>
<th>Update Appeal</th>
<th>Withdraw Appeal</th>
<th>Assign Attorney</th>
</tr>
</thead>
<tbody>
<tr>
<td>FD 18-003</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appeal Status:</th>
<th>No Hearing Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Appeal Receipt</td>
<td></td>
</tr>
<tr>
<td>Date: 09/21/2018</td>
<td></td>
</tr>
<tr>
<td>Timely Filed:</td>
<td>Yes</td>
</tr>
<tr>
<td>Print Appeal</td>
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</tr>
<tr>
<td>Letter:</td>
<td>Yes</td>
</tr>
<tr>
<td>Hearing Requested:</td>
<td>No</td>
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<tr>
<td>Appeal Reason:</td>
<td>Illness or Injury</td>
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<tr>
<td>Appeal Notes:</td>
<td></td>
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</tbody>
</table>

http://fdms/admin/protected/content/coe/filer_fines_appeals.cfin?filer_id=256740 2/12/2019
<table>
<thead>
<tr>
<th>Appeal Number: FD 18-003</th>
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</thead>
<tbody>
<tr>
<td>Appeal Analyst Assigned:</td>
</tr>
<tr>
<td>Final Order Number:</td>
</tr>
<tr>
<td>Final Order Date:</td>
</tr>
</tbody>
</table>