BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re BERNARD S. REED, JR., ) Financial Disclosure Appeal No. FD 18-098
) Final Order No.
Appellant. )

FINAL ORDER
RESCINDING FINE

This matter came before the Commission on Ethics, meeting in public session on March 6, 2020, in the matter of Bernard S. Reed, Jr., pursuant to Section 112.3145(8)(g), Florida Statutes, (formerly, Section 112.3145(7)(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.

Findings of Fact

1. According to information provided to the Commission, Appellant serves as an Operations and Management Consultant Manager with 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 annual filing was July 2, 2018, with a grace period ending on September 4, 2018.

2. Appellant did not file his 2017 CE Form 1 until October 4, 2018, resulting in the accrual of a $750 fine.

3. On July 25, 2018, the Commission on Ethics mailed the Appellant a certified letter notifying him of his filing obligation. The certified letter was mailed to Appellant at 496 Brooke Hampton Dr., Tallahassee FL 32311.
4. On August 16, 2018, the Commission mailed the Appellant a courtesy postcard reminding him of his filing obligation. This letter was mailed to the 496 Brooke Hampton address.

5. On September 6, 2018, the Commission mailed the Appellant a courtesy notice that fines had begun to accrue arising from his failure to timely file his 2017 CE Form 1.

6. October 4, 2018, the Commission received Appellant's 2017 CE Form 1, Statement of Financial Interests.

7. On March 4, 2019, the Commission mailed Appellant a Notice of Assessment of Automatic Fine. The total amount of the automatic fine levied against Appellant was $750. This letter further advised Appellant of his right to appeal the fine based on the existence of "unusual circumstances." This letter was mailed to the 496 Brooke Hampton address.

8. On July 31 2019, a Default Final Order was rendered by the Commission which referred the collection of the Appellant's $750 fine to the Florida Department of Financial Services.

9. That same date, July 31, 2019, the Commission was advised as to the Appellant's change of address. All future correspondence was to be sent to Appellant at his new residence located at 900 Riggins Road, Apt. 322, Tallahassee, FL 32311.

10. On August 5, 2019, the Commission received a phone call from the Appellant wherein he advised Commission staff that due to his change of address he had not received many of the notices mailed by the Commission to the 496 Brooke Hampton address, including the Notice of Assessment of Automatic Fine advising Appellant of the right to appeal. He further stated that during the disclosure period he had been traveling extensively to and from Jacksonville to care for his sick mother-in-law. He advised that his mother-in-law succumb to her illness in October of 2018, shortly after the disclosure deadline. He further stated that on the basis of the foregoing, he would like to file an appeal of the fine.
11. On September 3, 2019, the Commission received Appellant's Appeal of Automatic Fine for Form Year 2017. In the appeal, the Appellant stated that in 2018 his mother-in-law suffered a serious illness which she succumbed to on October 9, 2018. Appellant stated that due to his mother-in-law's sudden illness and the ensuing travel necessary to see to her care, he failed to timely file his disclosure.

Conclusions of Law

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

13. 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. In order to increase compliance, beginning in 2001, the Legislature provided for an automatic fine of $25 per day, up to a cap of $1,500, on persons who do not timely file their financial disclosure statements. Under the law, the Legislature permitted the Commission to waive a fine only based upon unusual circumstances surrounding the failure to file on the designated date . . . ."

14. Commission Rule 34-8.215(4), F.A.C., defines "unusual circumstances" as follows:

[Un]common, 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.

15. Based on the particular and specific representations made by Appellant, the Commission rescinds the assessed fine, finding his failure to timely file his 2017 CE Form 1 due to the sudden and unforeseen illness of his mother-in-law, coupled with the Appellant's
representations that he failed to receive notice due to his change of address, constitutes an "unusual circumstance" that justifies waiving the $750 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby rescinds the Default Final Order entered on July 31, 2019, and waives the assessed fine of $750.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, March 6, 2020.

Date Rendered

Kimberly B. Rezanka
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.

KBR: cmk
Mr. Bernard S. Reed, Jr.
900 Riggins Road
Apt. 322
Tallahassee, FL 32311
# 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

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## PART A: YOUR INFORMATION

**Name:** Bernard S. Reed, Jr.

**Address:** 900 Riggins Road  
City: Tallahassee  
State: FL  
Zip: 32308

**Daytime Tel.:** 850.363.8299  
**Cell:** 850.363.8299

**Email:** bernard.reed@ssa.gov

**Public Employer:** Department of Health

**Public Position:** OMC Manager

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.

In 2018 my mother-in-law suffered a series of illnesses which she succumbed to on October 9, 2018. My wife and I traveled to Jacksonville extensively, almost every weekend beginning in the spring of 2018 up until her death. I prepared my financial disclosure forms and placed them in my car but failed to mail them in a timely fashion due to being distracted by my family crisis. I contacted the Commission on Ethics once I received the notifications and realized I forgot to mail my financial disclosure. I request to appeal the decision but realize it was ultimately due to my oversight and failure to submit the documentation on time. Any consideration to my appeal is greatly appreciated.

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 8/28/2019

SIGNATURE
Good afternoon.

To who it may concern:

Please see my attached appeal request. Please let me know if any additional documentation is required per the information I have provided. Thank you in advance for any consideration that can be given.

Bernard S. Reed, Jr. | FCCM
OMC Manager
Administrative Services, Division of Disability Determinations
Florida Department of Health
P.O. Box 6050
Tallahassee, Florida 32309
(850) 488-4222 ext. 5304 Blackberry 850-528-5564
Bernard.Reed@ssa.gov

DOH Mission: To protect, promote, & improve the health of all people in Florida through integrated state, county, & community efforts.

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Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

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Please note: All information transmitted electronically concerning Social Security clients is protected under the 1974 Privacy Act.
**STATEMENT OF FINANCIAL INTERESTS 2017**

**Reed, Bernard Samuel**

**Mailing Address:** 496 Brooke Hampton Drive, Tallahassee 32311, Leon County

**FDOH-DDD**

**Name of Agency:** Operations and Management Consultant Manager

**Name of Office or Position Held or Sought:**

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

**CHECK ONLY IF □ CANDIDATE OR □ NEW EMPLOYEE OR APPOINTEE**

**Processes 10/04/18, 272198**

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**Disclosures Period:**

This statement reflects your financial interests for the preceding tax year, whether based on a calendar year or a fiscal year. Please state whether this statement is for the preceding tax year ending either (must check one):

- [ ] December 31, 2017  OR  [ ] 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 choose one):

- [ ] Comparative (Percentage) Thresholds  OR  [ ] Dollar Value Thresholds

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**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>
<thead>
<tr>
<th>Name of Source of Income</th>
<th>Source's Address</th>
<th>Description of Source's Principal Business Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDOH-DDD</td>
<td>1321 Executive Center Blvd.</td>
<td>Disability Claims Determination</td>
</tr>
<tr>
<td>Hopping Green &amp; Sams</td>
<td>119 South Monroe Street Suite 300</td>
<td>LawFirm</td>
</tr>
<tr>
<td>USSI</td>
<td>325 John Knox Road</td>
<td>Janitorial</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]

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

<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>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART C – REAL PROPERTY**

[Land, buildings owned by the reporting person - See instructions]

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

| 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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CE FORM 1 - Effective: January 1, 2018

Incorporated by reference in Rule 544.02(1), F.A.C. (Continued on reverse side)
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

BB&T (Mortgage)

3233 Thomasville Road

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

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 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: 8/31/18

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) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 8s 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 the beginning of employment. Appointees who must be certified 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.
In re Bernard Samuel Reed
OMC Manager
Employees
Department of Health - Central Office

PID#: 272198

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 October 4, 2018 with the Commission on Ethics, you are fined the amount of $750.00 ($25.00 per day for 30 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), Florida Statutes, and Commission Rule 34-8.215, Florida Administrative Code.

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

4. DUE DATE: Your appeal must be received by the Commission on Ethics on or before April 3, 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:

Bernard Samuel Reed
496 Brooke Hampton Dr
Tallahassee, FL 32311 -7304

by Certified Mail on this Monday, March 04, 2019.

[Signature]

KIMBERLY R. HOLMES
Program Administrator
Florida Commission on Ethics
P. O. Drawer 15709
Tallahassee, FL 32317-5709

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
272198

BERNARD SAMUEL REED
496 BROOKE HAMPTON DR
TALLAHASSEE, FL 32311-7304

URGENT - Open Immediately!
### Mail Piece Details

**Recipient Address**

BERNARD SAMUEL REED  
496 BROOKE HAMPTON DR  
TALLAHASSEE, FL 32311-7304

**Record / Case Number:** 272198

**Return Address**

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

**Entry Point ZIP:** 32317

### Mail Piece Information

**Tracking Number:** 92148901066154000135121652  
**Date Created:** 03/04/2019 11:41:29 AM  
**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:** BERNARD SAMUEL REED  
**Signature Status:** Available (Click Here)

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**Tracking Information**

Mailed, March 04, 2019, 11:41:29 AM, TALLAHASSEE, FL 32317  
Pre-Ship Info Sent To Usps, Usps Awaiting Item, March 04, 2019, 12:00:00 AM  
Pre-Ship Info Sent Usps Awaits Item, March 04, 2019, 10:54:00 AM, TALLAHASSEE, FL 32317  
Accepted At Usps Origin Facility, March 04, 2019, 07:04:00 PM, TALLAHASSEE, FL 32317  
Origin Acceptance, March 04, 2019, 07:04:00 PM, TALLAHASSEE, FL 32317  
Arrived At Usps Regional Facility, March 04, 2019, 08:19:00 PM  
Processed Through Usps Facility, March 04, 2019, 08:19:00 PM, TALLAHASSEE, FL 32301  
Departed Usps Regional Facility, March 05, 2019, 03:42:00 AM  
Depart Usps Facility, March 05, 2019, 03:42:00 AM, TALLAHASSEE, FL 32301  
Arrived At Usps Regional Facility, March 06, 2019, 12:00:00 PM  
Processed Through Usps Facility, March 06, 2019, 12:00:00 PM, JACKSONVILLE, FL 32203  
Departed Usps Regional Facility, March 06, 2019, 10:31:00 PM  
Depart Usps Facility, March 06, 2019, 10:31:00 PM, JACKSONVILLE, FL 32203  
In Transit, Arriving Late, March 07, 2019, 12:00:00 AM  
Arrived At Usps Regional Facility, March 07, 2019, 10:30:00 PM  
Processed Through Usps Facility, March 07, 2019, 10:30:00 PM, TALLAHASSEE, FL 32301  
In Transit To Next Facility, March 08, 2019, 12:00:00 AM  
Delivered, Left With Individual, March 08, 2019, 01:35:00 PM, TALLAHASSEE, FL 32308

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Adobe is a registered trademark of Adobe Systems Incorporated in the United States and/or other countries. For the latest version of Adobe Reader®, click here.
April 22, 2019

Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number: 92148901066154000135121652.

<table>
<thead>
<tr>
<th>Item Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Status:</strong></td>
</tr>
<tr>
<td><strong>Status Date / Time:</strong></td>
</tr>
<tr>
<td><strong>Location:</strong></td>
</tr>
<tr>
<td><strong>Postal Product:</strong></td>
</tr>
<tr>
<td><strong>Extra Services:</strong></td>
</tr>
<tr>
<td><strong>Recipient Name:</strong></td>
</tr>
</tbody>
</table>

**Recipient Signature**

Signature of Recipient: [Signature]

Address of Recipient: [Address]

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: 92148901066154000135121652
272198
BERNARD SAMUEL REED
496 Brooke Hampton Dr
Tallahassee, FL 32311-7304
FINAL NOTICE OF ASSESSMENT OF AUTOMATIC FINE FOR FAILURE TO TIMELY FILE FORM 1, STATEMENT OF FINANCIAL INTERESTS

TO: Bernard Samuel Reed 272198
Department of Health -Central Office Employees

FROM: Kimberly R. Holmes, Program Administrator
DATE: May 22, 2019

On March 4, 2019, we notified you that your Form 1, Statement of Financial Interests, for the year 2017 was filed 30 day(s) late and that you therefore have been assessed a fine of $25 per day, for a total fine of $750. At that time, you were advised that you had 30 days from the date that letter was transmitted in which to either pay the fine or to appeal the fine to the Commission on Ethics.

It has been more than 30 days since we sent you that letter, and you have neither paid the fine nor filed an appeal. By not responding, you have waived your right to appeal the assessed fine.

If you do not pay the assessed fine by June 24, 2019 (30 days from the date of this letter) or contact our office to make arrangements for payment of the fine, the Commission on Ethics will enter an order setting your fine at $750 and will utilize all methods allowed by law to collect this fine including referral to a collection agency which can seek to garnish your wages.

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

Bernard Samuel Reed 272198
496 Brooke Hampton Dr
Tallahassee FL 32311 -7304

By United States Mail on this Wednesday, May 22, 2019.

Kimberly R. Holmes
Program Administrator
NOTIFICATION OF ISSUANCE OF DEFAULT FINAL ORDER

TO: BERNARD SAMUEL REED 272198
OMC MANAGER
Department of Health - Central Office
Employees

FROM: Kimberly R. Holmes, Program Administrator

DATE: July 31, 2019

Enclosed is an Order issued by the Commission on Ethics at its meeting on July 26, 2019.

If you do not pay the assessed fine by September 3, 2019 (30 days from the date of this letter) or contact our office to make arrangements to pay the fine in installments, the Commission will refer your fine to the Florida Department of Financial Services (DFS) and their contract collection agency—Transworld Systems Inc.—will undertake collecting the fine.

This referral will increase the amount you owe by adding a service fee of 13% of the fine to the balance due, and may affect your credit rating.

If you pay your fine now, you can do so online by credit card. See the enclosed flyer or call us for more information. Once your fine has been submitted to Collections you will no longer be able to take advantage of our online payment system.

Failure to pay, or make arrangements to pay, the fine by the above date will also result in a copy of the enclosed Order being provided to your agency head, appointing authority, and presiding officer, as well as to the Florida Bar, if you are an attorney.

If you have any questions, please do not hesitate to contact our office.

Enclosures
BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re BERNARD SAMUEL REED,

2017 CE Form 1

DEFAULT FINAL ORDER

This matter comes before the Commission on Ethics for the failure of BERNARD SAMUEL REED to pay the assessed fine. Pursuant to Section 112.3145(7), Florida Statutes [Now, Section 112.3145(8), Florida Statutes], the Florida Commission on Ethics is charged with assessing automatic fines of $25 per day up to a maximum of $1500 for persons who are required to file financial disclosure but who either file late, or not at all.

FINDINGS OF FACT

1. BERNARD SAMUEL REED, Health, Department of -Central Office, Employees, was on the list of persons required to file a Statement of Financial Interests for the year 2017.

2. Pursuant to Section 112.3145(7), Florida Statutes [Now, Section 112.3145(8), Florida Statutes], BERNARD SAMUEL REED was mailed a copy of the 2017 CE Form 1 no later than June 1, 2018, and was mailed a delinquency notice by certified mail no later than July 31, 2018. Additional attempts to contact BERNARD SAMUEL REED were also made by Commission staff.

3. However, BERNARD SAMUEL REED did not file a 2017 CE Form 1 by the designated due date. BERNARD SAMUEL REED was sent a notice of payment due advising of the statutory rights to appeal or dispute the automatic fine in a hearing before the Commission if
such appeal was received within 30 days of the notice of payment due. No timely appeal was received from BERNARD SAMUEL REED.

4. More than 60 days have elapsed since the notice of payment due was transmitted without BERNARD SAMUEL REED paying the fine.

5. On its own motion, the Commission voted to affirm that a fine in the amount of $750 has accrued in this matter.

CONCLUSIONS OF LAW

6. The Commission has jurisdiction over the parties to and subject matter of this case, pursuant to Section 112.3145, Florida Statutes.

7. BERNARD SAMUEL REED’s failure to timely appeal the assessed fine constitutes a waiver of the entitlement to an appeal, pursuant to Rule 34-8.215(2), Florida Administrative Code.

ORDER

8. Pursuant to Sections 112.3145 and 112.31455, Florida Statutes, the Commission on Ethics shall attempt to determine whether BERNARD SAMUEL REED is currently a public officer or public employee receiving salary or wages from a governmental entity. If so, the matter will be referred to either the Chief Financial Officer for the State of Florida or the governing body for Health, Department of -Central Office, as appropriate, for withholding of salary until the debt is satisfied.

9. If BERNARD SAMUEL REED is no longer a public officer or employee, or if the Commission cannot determine filer’s status, the matter will be referred to the Florida Department of Financial Services for collection or wage garnishment.
WHEREFORE, the automatic fine that BERNARD SAMUEL REED accrued in the amount of $750 is affirmed. The fine shall be paid to the Florida Commission on Ethics within 30 days of the date this Default Final Order is entered. After that date, nonpayment will result in collection as provided for in Section 112.3145 and 112.31455, Florida Statutes.

ORDERED by the State of Florida Commission on Ethics meeting in public session on July 26, 2019.

[Signature]
July 31, 2019
Date Rendered

KIMBERLY B. REZANKA
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 SECTIONS 112.3241 AND 120.68, 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, BY U.S. MAIL AT P.O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709 (OR BY DELIVERY TO 325 JOHN KNOX ROAD, BUILDING E, SUITE 200, TALLAHASSEE, FLORIDA 32303); AND BY FILING A COPY OF THE NOTICE OF APPEAL ACCOMPANIED BY THE APPLICABLE FILING FEES WITH THE APPLICABLE DISTRICT COURT OF APPEAL. THE NOTICE OF ADMINISTRATIVE APPEAL MUST BE FILED WITHIN 30 DAYS OF THE DATE THIS ORDER IS RENDERED.

Copy Furnished to:

BERNARD SAMUEL REED
900 Riggins Road
APT 322
Tallahassee FL 32311
The filer has fines for: 2018 (Appeal)

2018 Fines and Appeals

<table>
<thead>
<tr>
<th>Form Year 2017 Filed Forms</th>
</tr>
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<tbody>
<tr>
<td>Received Date</td>
</tr>
<tr>
<td>10/04/18</td>
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<table>
<thead>
<tr>
<th>2018 Fine Information</th>
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<tbody>
<tr>
<td>Fine Balance</td>
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<tr>
<td>$750.00</td>
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</table>

Fine Address 900 Riggins Road APT 322 Tallahassee FL 32311
Org/Suborg Health, Department of -Central Office-Employees

<table>
<thead>
<tr>
<th>2018 Fine Payment History</th>
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<tbody>
<tr>
<td>Date Posted</td>
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<td>2/26/2019</td>
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Current Balance: $750.00

Invalidate Transaction

http://fdms/admin/protected/content/coe/filer_fines_appeals.cfm?filer_id=272198

9/25/2019
### Chronology

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Description</th>
<th>Reference</th>
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<tbody>
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<td>05/9/2018</td>
<td>Letter Sent</td>
<td>Form 1 Official List - Form 1</td>
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**Letter Sent To:**
BERNARD REED  
496 Brooke Hampton Dr  
Tallahassee, FL 32311 -7304  

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<tr>
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<th>Date</th>
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<td>07/25/2018</td>
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<td>Print Queue: 7/25/2018</td>
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BERNARD REED  
496 Brooke Hampton Dr  
Tallahassee, FL 32311 -7304  

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<th>Reference</th>
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</tbody>
</table>

**Letter Sent To:**
BERNARD REED  
496 Brooke Hampton Dr  
Tallahassee, FL 32311 -7304  

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http://fdms/admin/protected/content/coe/filer_fines_appeals.cfm?filer_id=272198  
9/25/2019
Letter Sent To:
BERNARD REED
496 Brooke Hampton Dr
Tallahassee, FL 32311 -7304

09/26/2018 Filer
Communication: Wednesday, September 26, 2018 9:54 AM
Email To:
'bernard.reed@ssa.gov';
'bernard.reed@flhealth.gov'
From: Holmes, Kim
Sent: Kim Holmes

Subject: Department of Health-Financial Disclosure with Florida Commission on Ethics
Importance: High
Urgent Reminder! Please File Today! Dear Mr. Reed:
Earlier this year, you were notified of your obligation to file a Form 1, Statement of Financial Interests, for the year ending December 31, 2017. The grace period for filing expired on September 4, 2018 and according to records in our office you have not filed Form 1. I am writing to advise you, that pursuant to State law, an automatic fine of $25.00 per day for each day late ($1,500 maximum fine) is being assessed against you for your failure to timely file Form 1. In addition, pursuant to law, the
Commission on Ethics must initiate investigations of delinquent filers in certain circumstances. This can result in your being removed from public office or employment. See Section 112.3145(8)(C), Florida Statutes. Please file the form as soon as possible with our office. As of today, the fine is at $550. For your convenience, attached is a copy of the 2017 Form 1 for you to complete. Send completed form to: Florida Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709 or Scan as a PDF document (with any attachments) and email to CEFrm1@leg.state.fl.us If you have any questions or need further assistance, please do not hesitate to contact me. Sincerely, Kimberly R. Holmes Program Administrator Financial Disclosure Section Florida Commission on Ethics P.O. Drawer 15709 Tallahassee, FL 32317-5709 (850) 488-7864 (850) 488-3077 (Fax) www.ethics.state.fl.us

Form Received by: Kim Holmes
10/4/2018 Filer From: Reed, Bernard DDS Kim Holmes Communication: Tallahassee Sent: Thursday, Email October 04, 2018 9:06 AM To: Holmes, Kim Subject: RE: [EXTERNAL] Department of Health-Financial Disclosure with Florida Commission on Ethics Good morning. Kim— Please see the attached and let me know if you have any questions. Thank you in advance. Bernard S.Reed, Jr. OMC Manager Administrative Services, Division of Disability Determinations Florida Department of Health P. O. Box 6050 Tallahassee, Florida 32399 (850)488-4222 ext. 5304 Blackberry 850-528-5564 Bernard.Reed@ssa.gov

10/4/2018 Filer From: Holmes, Kim Sent: Kim Holmes Communication: Thursday, October 04, 2018 Email 10:31 AM To: 'Reed, Bernard DDS Tallahassee' Subject: RE: [EXTERNAL] Department of Health-Financial Disclosure with Florida Commission on Ethics Good Morning, This will acknowledge receipt of your 2017 Form 1. Attached is the appeal form to appeal the fine for failure to timely file by the grace
period date of September 4, 2018. Upon completion, email the appeal form to me at holmes.kim@leg.state.fl.us. If you have any questions or need further assistance, please do not hesitate to contact me. Sincerely, Kim Kimberly R. Holmes Program Administrator Financial Disclosure Section Florida Commission on Ethics P.O. Drawer 15709 Tallahassee, FL 32317-5709 (850) 488-7864 (850) 488-3077 (Fax) www.ethics.state.fl.us

02/26/2019 Fine Levied Fined $750.00 Journal: 2/26/2019 3:15 PM

Assessed Fine


Letter Sent To:
BERNARD SAMUEL REED
496 Brooke Hampton Dr
Tallahassee, FL 32311 -7304 Printing Confirmed: 3/4/2019


Letter Sent To:
BERNARD SAMUEL REED
496 Brooke Hampton Dr
Tallahassee, FL 32311 -7304

07/3/2019 Collection Orders

Collection Order Notice
Journal: 7/3/2019 5:36 PM

07/31/2019 Letter Sent

Collection Orders - Prepare Collection Orders

Print Queue: 7/31/2019
Printing Confirmed: 7/31/2019

Letter Sent To:
BERNARD SAMUEL REED
900 Riggins Road
APT 322
Tallahassee, FL 32311

07/31/2019 Filer Communication:
New address located on 2018 Form 1-Mailed default
Kim Holmes Order to new address.
Other

08/5/2019 Filer Communication:
Mr. Reed called regarding Phone the default final order. He
Kim Holmes stated that he wanted to appeal but never received
the information as the address we were sending notices, he was no longer
residing at that address. He stated that when the form was due he was traveling
back and forth due to his mother-in-law being sick and in rehab, then through
her transitioning, she passed away in October 2018. I checked our records
and the address fine notices were being sent was his old address. I
advised him of the appeal process and walked him through how to download a copy of the appeal form to submit to our office.

09/3/2019 Filer Collection Order rescinded. Kim Holmes Communication:
Other

09/12/2019 Fine Appeal FD 18-098 Journal: 9/12/2019
6:11 PM

09/24/2019 Letter Sent Fine Appeal Print Queue:
9/24/2019
Printing Confirmed:
9/24/2019

Letter Sent To:
BERNARD SAMUEL REED
900 Riggins Road
APT 322
Tallahassee, FL 32311

<table>
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<th>Update Appeal</th>
<th>Withdraw Appeal</th>
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<tbody>
<tr>
<td></td>
<td>Assign Attorney</td>
<td>Request More Info</td>
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<tr>
<td></td>
<td>Record Appeal Outcome</td>
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</tr>
</tbody>
</table>

Appeal Status: No Hearing Requested

Appeal Receipt Date:
09/03/2019
Timely Filed: No
Print Appeal Letter: Yes
Hearing Requested: No
Appeal Reason:
Illness or Injury
Appeal Notes:
Appeal Number:
FD 18-098
Appeal Analyst
Assigned:
Final Order
Number:
Final Order
Date: