

MAY 14 2021

RECEIVED

BEFORE THE  
STATE OF FLORIDA  
COMMISSION ON ETHICS

In Re MICHELE KLIGMAN,

Complaint No. 20-241

Respondent.

\_\_\_\_\_ /

**AFFIDAVIT OF MICHELE KLIGMAN**

STATE OF FLORIDA                    )  
  ) SS:  
COUNTY OF MIAMI-DADE            )

MICHELE KLIGMAN, being duly sworn, according to law, state that I have personal knowledge of the following:

1. My name is MICHELLE KLIGMAN and I reside at 8950 Dickens Avenue, Surfside, Florida 33154.
2. I have been employed at Jackson Health Systems since 2013. I was initially hired as Associate Director of Labor Relations and have been promoted throughout the years and I now hold the title of Senior Vice President of Human Resources and Chief Experience Officer.
3. Since my employment at Jackson, I have been required to, and have filed, a Form 1 Statement of Financial Interests.
4. In 2015, I timely filed my 2014 Form 1. [Stated on Advocate's recommendation]
5. In September of 2016, I filed my 2015 Form 1 late. [See Composite Exhibit "A"]
6. In June 2017, I timely filed my 2016 Form 1. [See Composite Exhibit "A"]
7. In 2018, I was sent a Miami-Dade County Source of Income Statement to file. I filed it in

May 2018. Although it did not list any intangible properties or liabilities, it did list my primary income. [See Composite Exhibit "A"]

8. 2018 was a stressful year with a between the death of my father in October 2017 and a lengthy marital separation that included the beginning of contentious divorce proceedings. Although the reports issued by the Commission on Ethics state that there was an attempt to contact me regarding my filing of an incorrect form rather than Form 1, I do not recall being contacted in all of 2018 by either the Miami-Dade Elections Department or the Commission on Ethics regarding my filing for 2017. For a significant period of time, I was living away from my original home and caring for my stepmother.
9. On August 6, 2018, I was copied on an email from the Miami Dade Elections Department on employees that had filed the wrong form for 2017. My name was NOT on that email as one of those employees. I turned this email over to counsel as part of the investigation to show that I was NOT properly informed that I had filed the incorrect form, however, this also shows how several other executives had also filed the incorrect form for 2017. [See Exhibit "B"]
10. Still not knowing that I had filed the incorrect form for 2017, in June of 2019, I timely filed my 2018 Form 1. [See Composite Exhibit "A"]
11. In June 2019, I had a conversation with Kimberly Holmes after I had emailed her still thinking I had filed the correct form. [See Exhibit "C"] I was traveling at the time and my comprehension of what was discussed could have easily been affected by exhaustion. However, my recollection of what Ms. Holmes was telling me at the time was about a fine assessed against me, not about my need to file a different form. Had I understood that Ms. Holmes was indicating that I needed to file a different form for 2017 than the one I filed, I

most certainly would have complied and filed a Form 1 as I had just done for 2018.

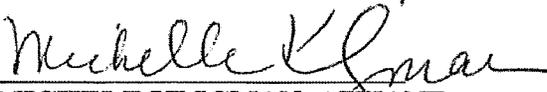
12. Still not realizing that I had filed the incorrect form for 2017, on July 1, 2020, I filed my 2019 Form 1. [See Composite Exhibit "A"]
13. It was not until late August or early September that I was finally made aware that I had filed the incorrect form for 2017. My recollection is that Assistant County attorney Eugene Shy notified me FOR THE FIRST TIME around the first or second of September 2020 of an email he received from Dianne Westberry of my immediate need to file the correct form. Immediately thereafter, I filed my 2017 Form 1 on September 3, 2020. Before this time, I had not been informed of anything by County Attorney Eugene Shy.
14. At the same time as I filed my 2017 Form 1 in September 2020, I was informed that it was late and I had been assessed the maximum fine. I recall hearing about a fine from before, but no one had followed up with me about paying it. Realizing my mistake, I paid the fine and did not contest it. At that moment, I believed that because I had now filed the correct form and paid the maximum fine, there was no other issue.
15. After paying the fine, I became aware of the investigation regarding my filing the incorrect 2017 form. Knowing full well that there was never any intent on my part to avoid any disclosure of my financial interests, I have cooperated with the investigation at all times.
16. A few days ago, on May 3, 2021, I filed my 2020 Form 1. [See Exhibit "D"]
17. At no time was there any willful intent on my part to evade reporting my financial interests. I firmly believed that I had filed the correct form for 2017 and not knowing any different, I then filed Form 1's for the following two years not realizing what I had filed in 2017 was incorrect.
18. A review of all of my filings show that I have been consistent with all disclosures. There

is nothing on my late filed 2017 Form 1 that I purposely omitted from this or other forms. Even the form I incorrectly filed for 2017 shows the same income from the same employment I have had since 2013. Simply stated, I have attempted to be as candid as possible during all filings and I have NEVER willfully failed to disclose anything required by law.

19. I have been told that the Commission has the power to recommend that I be terminated from my employment. This is extremely unnerving for me. I am good at my job and I have received the highest ranks in all performance evaluations during my eight-year tenure at Jackson despite the difficult year I had in 2018.

20. Although I made a mistake in filing the wrong form for 2017, I have NEVER evaded disclosure or willfully refused to file what I believed was the proper financial disclosure form. I have already paid the maximum fine and have now have to retain the services of an attorney out of fear for losing my employment. Accordingly, I believe that I have already endured a significant punishment for this incident even though it was an honest mistake with no intent to avoid any legal disclosure.

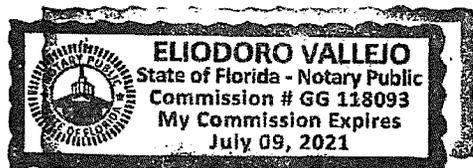
**FURTHER AFFIANT SAYETH NOT**

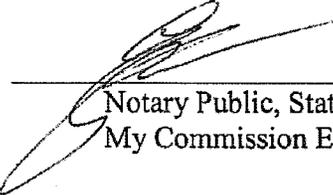
  
MICHELE KLIGMAN, AFFIANT

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

SWORN TO AND SUBSCRIBED before me this 14 day of May, 2021, by MICHELE KLIGMAN, who is ~~personally known~~ produced identification to me and who did take an oath.

(SEAL)



  
Notary Public, State of Florida  
My Commission Expires:

# **COMPOSITE EXHIBIT "A"**

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## Filer Information

### Filer History for Michelle Kligman

Form Year	Organizations	Statutory Filing Requirement	Filing Requirement Fulfilled
2012	<ul style="list-style-type: none"> <li><a href="#">Surfside, Town of-Mayor And Town Commission</a></li> </ul>	Form 1 with <a href="#">Miami-Dade County SOE</a>	06/28/2013
2013	<ul style="list-style-type: none"> <li><a href="#">Surfside, Town of-Mayor And Town Commission</a></li> </ul>	Form 1 with <a href="#">Miami-Dade County SOE</a>	09/15/2014
2014	<ul style="list-style-type: none"> <li><a href="#">Miami-Dade County Public Health Trust-Employees</a></li> </ul>	Form 1 with <a href="#">Miami-Dade County SOE</a>	06/24/2015
2015	<ul style="list-style-type: none"> <li><a href="#">Miami-Dade County Public Health Trust-Employees</a></li> </ul>	Form 1 with <a href="#">Miami-Dade County SOE</a>	09/13/2016
2016	<ul style="list-style-type: none"> <li><a href="#">Miami-Dade County Public Health Trust-Employees</a></li> </ul>	Form 1 with <a href="#">Miami-Dade County SOE</a>	06/16/2017
2017	<ul style="list-style-type: none"> <li><a href="#">Miami-Dade County Public Health Trust-Employees</a></li> </ul>	Form 1 with <a href="#">Miami-Dade County SOE</a>	09/02/2020
2018	<ul style="list-style-type: none"> <li><a href="#">Miami-Dade County Public Health Trust-Employees</a></li> </ul>	Form 1 with <a href="#">Miami-Dade County SOE</a>	06/18/2019
2019	<ul style="list-style-type: none"> <li><a href="#">Miami-Dade County Public Health Trust-Employees</a></li> </ul>	Form 1 with <a href="#">Miami-Dade County SOE</a>	07/01/2020

[Go Back](#)

FD 4708

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2015

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

LAST NAME - FIRST NAME - MIDDLE NAME :

KLIGMAN, MICHELLE

MAILING ADDRESS :

JACKSON MEDICAL TOWERS

1500 NW 12TH AVENUE

CITY :

MIAMI, FL

ZIP :

33136

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

MIAMI-DADE COUNTY PUBLIC HEALTH TRUST, EMPLOYEES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

ASSOCIATE VICE PRESIDENT, HUMAN RESOURCES

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

MIAMI-DADE ELECTIONS

SEP 13 PM 4:09

RECEIVED

Processed Date:

9/14/14

Scanned Date:

9/20/14

Filing Status Code:

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

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, 2015 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 check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
JACKSON HEALTH SYSTEM	1611 NW 12TH AVENUE MIAMI, FL 33136	HEALTHCARE

PART B - SECONDARY SOURCES OF INCOME

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

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			

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

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

[Redacted]
[Redacted]
[Redacted]

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
529	BLACK ROCK
	3455 PEACHTREE ROAD NE, SUITE 750, ATLANTA, GA 30326

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
SALLIE MAE	P.O. BOX 8459, PHILADELPHIA, PA 19101-8459

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

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NONE	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**  
For elected municipal officers 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

<p><b>SIGNATURE OF FILER:</b></p> <p>Signature: <u>Michelle Kligman</u></p> <p>Date Signed: <u>9/7/2016</u></p>	<p><b>CPA or ATTORNEY SIGNATURE ONLY</b></p> <p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>
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**FILING INSTRUCTIONS:**

<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <b>including signing and dating it</b>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b> <b>MULTIPLE FILING UNNECESSARY:</b> A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><b>Facsimiles will not be accepted.</b></p>	<p><b>WHERE TO FILE:</b></p> <p>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.</p> <p><b>Local officers/employees</b> 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.)</p> <p><b>State officers or specified state employees</b> file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b></p> <p><b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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. <b>Candidates</b> must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, file by July 31 of each calendar year in which they hold their position.</p> <p><b>Finally</b>, 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 Form 1 if the filer was in his or her position on December 31, 2015.</p>
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RECEIVED

FD 4708

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2016

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME : Kligman, Michelle

MAILING ADDRESS : JACKSON MEDICAL TOWERS

1500 NW 12TH AVENUE, Suite 106W

CITY: Miami ZIP: FL COUNTY: 33136

NAME OF AGENCY : MIAMI-DADE COUNTY PUBLIC HEALTH TRUST, EMPLOYEES

NAME OF OFFICE OR POSITION HELD OR SOUGHT : VICE PRESIDENT OF HUMAN RESOURCES

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

CHECK ONLY IF [ ] CANDIDATE OR [ ] NEW EMPLOYEE OR APPOINTEE

RECEIVED 2017 JUN 16 AM 11:24 MIAMI-DADE ELECTIONS Processed Date: 6/19/17 Scanned Date: 7/3/17 Filing Status Code:

\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*

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):

[x] DECEMBER 31, 2016 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 check one):

[ ] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [x] 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: JACKSON HEALTH SYSTEM, 1611 NW 12 AVENUE, MIAMI, FL 33136, HEALTHCARE.

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: NONE.

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

Table with 1 column for reporting person details, currently blank.

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.

FD 4708

**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
529	BLACK ROCK
	3455 PEACHTREE ROAD NE, SUITE 750, ATLANTA, GA 30326

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
SALLIE MAE	P.O. BOX 8459, PHILADELPHIA, PA 19101-8459

**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")

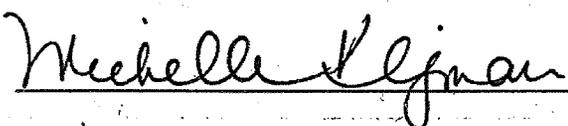
NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NONE		
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**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: \_\_\_\_\_

**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:**

<p><b>WHAT TO FILE:</b></p> <p>After completing all parts of this form, <u>including signing and dating it</u>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b>  <b>MULTIPLE FILING UNNECESSARY:</b>        A candidate who files a form with a qualifying officer is not required to file with the Commission or Supervisor of Elections.</p> <p><del>Facsimiles will not be accepted.</del></p>	<p><b>WHERE TO FILE:</b></p> <p>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.</p> <p><i>Local officers/employees</i> 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.)</p> <p><i>State officers or specified state employees</i> file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.</p> <p><i>Candidates</i> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see page 3 of instructions.</p>	<p><b>WHEN TO FILE:</b></p> <p><i>Initially</i>, each local officer/employee, state officer, and specified state employee must file <u>within 30 days</u> 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. <i>Candidates</i> must file at the same time they file their qualifying papers.</p> <p><i>Thereafter</i>, file by July 1 following each calendar year in which they hold their positions.</p> <p><i>Finally</i>, 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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2016.</p>
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# SOURCE OF INCOME STATEMENT

FD 4708

Section 2-11.1(f) of the County Ethics Code requires that certain employees, public officials, and consultants file a financial disclosure Statement on a yearly basis by July 1st of every year. For the last year of service, file SOI-F.

Disclosure for Tax Year Ending 2017	Last Name (or, Consultant or Consulting Firm name) Kligman	First Name Michelle	Middle Name/Initial M
Mailing Address - Street Number, Street Name, or P.O. Box [REDACTED]			
City, State, Zip [REDACTED]			

If your home address is your mailing address, and your home address is exempt from public records pursuant to Fla. Stat. §119.07, read instructions on the following page and check here.

### Filing as an Employee (check one)

<input type="checkbox"/> County <input checked="" type="checkbox"/> Public Health Trust <input type="checkbox"/> Municipal: _____ <span style="margin-left: 300px;">(Municipality)</span>		
Department Human Resources		
Position or Title Chief Experience Officer & VP of HR		Employee ID Number 106819
Work address 1611 NW 12 Avenue	Work telephone (305) 585-7268	Employment began on/ended on 12/2011 Jackson

### Filing as (check one)

<input type="checkbox"/> County Board <input type="checkbox"/> Municipal Board: _____ <input type="checkbox"/> Consultant for County or Municipal Agency <span style="margin-left: 150px;">(Municipality)</span>		
Board where serving or name of County or Municipal Agency Consultant is providing professional services to		
Alternate address (if home address is exempt)	Work telephone	Term began on/ended on

List below every source of income you received, along with the address and the principal activity of each source. Include your public salary. Place the sources of income in descending order, with the largest source first. Examples of sources of income include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, and social security payments. Also, include any source of income received by another person for your benefit. However, the income of your spouse or any business partner need not be disclosed. If continued on a separate sheet, check here.

Name of Source of Income	Address	Description of the Principal Business Activity
Jackson Health System	1611 NW 12 Avenue	Health Care System

I hereby swear (or affirm) that the information above is a true and correct statement.

Michelle Kligman  
 Signature of Person Disclosing

5/16/2018  
 Date signed

RECEIVED BY ELECTIONS DEPARTMENT: <input checked="" type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic Copy ELECTIONS MIAMI-DADE 2018 MAY 21 PM 1:17 RECEIVED
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FD 4708

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME: Kligman, Michelle M

MAILING ADDRESS:

247420

Processed by COE

CITY: ZIP: COUNTY:

9-2-20

Processed Date: 9/3/20

NAME OF AGENCY: Jackson Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Senior Vice President Human Resources, Chief Experience Officer

Scanned Date:

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

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

Filing Status Code:

\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\*

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 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 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: Jackson Health System, 1611 NW 12 Avenue, Miami, Florida 33136 Suite 108, Healthcare.

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: None.

PART C - REAL PROPERTY (Land, buildings owned by the reporting person - See instructions) (If you have nothing to report, write "none" or "n/a")

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
457 (b)	AIR Retirement Services, PO Box 15648, Amarillo, TX 79105-5648
529	BlackRock, 701 Brickell Avenue, Suite 1250

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Navient (Student Loan)	PO Box 9634 Wilkes-Barre, PA 18773-9635
Mr. Cooper Mortgage	PO Box 619098, Dallas, TX 75261

**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
		None
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**  
For elected municipal officers 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:  
*Michelle Kligman*

Date Signed:  
7/1/2017

**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) and send it to CEForm1@leg.state.fl.us. 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, 2017.

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2018**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

**KLIGMAN, MICHELLE**

MAILING ADDRESS :

CITY : ZIP : COUNTY :

NAME OF AGENCY :

**MIAMI-DADE COUNTY PUBLIC HEALTH TRUST, EMPLOYEES**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

**VICE PRES., HUMAN RES. ADM. & CXO**

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

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

Processed Date: 6/26/18  
Scanned Date: 9/19/19  
Filing Status Code: \_\_\_\_\_

RECEIVED  
2019 JUN 18 PM 12:38  
MIAMI-DADE ELECTIONS  
FD004708

\*\*\*\* **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** \*\*\*\*

**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, 2018 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 check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Jackson Health System.	1611 NW 12 Avenue Miami, FL. 33154	Health care

**PART B -- SECONDARY SOURCES OF INCOME**  
(Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions)  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")


**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
Black Rock	1395 Brickell Avenue
529 College fund	Meane, Fla. 33131

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Navigent	PO Box 505000
Student loans	Louisville, KY 40233

**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
		None
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

**PART G — TRAINING**

For elected municipal officers 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:

*Michelle Kligman*

Date Signed:

6/7/2019

**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) and send it to CEForm1@leg.state.fl.us. 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 the 1st following 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, 2018.

FD 4708

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Kligman Michelle M

MAILING ADDRESS :

[Redacted]

CITY : ZIP : COUNTY :

[Redacted]

NAME OF AGENCY :

Jackson Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Senior Vice President, Human Resources, Chief Experience Officer

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

Processed Date: 7/14/20  
Scanned Date: 7/16/20 CSC  
Filing Status Code: \_\_\_\_\_

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Jackson Health System	1611 NW 12 Avenue	healthcare
	Miami, Florida 33136 Suite 108	

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

[Redacted]

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
457 (b)	AIG Retirement Services, PO Box 15648, Amarillo, TX 79105-5648

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Navient (Student Loan)	PO Box 9634 Wilkes-Barre, PA 18773-9635
Mr Cooper Mortgage	PO Box 619098, Dallas, TX 75261

**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	2
ADDRESS OF BUSINESS ENTITY	None	
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:

*Michelle Kligman*

Date Signed:

7/1/2020

**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, 2019.

# **EXHIBIT “B”**



Juan-Carlos Planas &lt;jcplanas@planaslawfirm.com&gt;

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**Fwd: File Wrong Forms**

2 messages

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**Michelle Kligman** <jmkligman@gmail.com>  
To: Juan-Carlos Planas <jcplanas@planaslawfirm.com>

Wed, Mar 3, 2021 at 6:08 AM

JC,  
As you can see from below, this happened as a result of wrong guidance given as to the form to fill out. I never knew I had filled out the wrong form bc I was never advised, as such. Otherwise it would have been very easy for me to correct it. My disclosure hasn't changed in more than 10 years. I own one house and have had no investments other than a college fund for my kids. It's Apple pie - nothing nefarious or deliberate. I read the report from the investigator - it's convoluted.

Michelle

----- Forwarded message -----

From: **Kligman, Michelle M** <michelle.kligman@jhsiami.org>  
Date: Tue, Mar 2, 2021 at 3:27 PM  
Subject: File Wrong Forms  
To: jmkligman@gmail.com <jmkligman@gmail.com>

---

**From:** "Financial Disclosures (Elections)" <FINDISCELEC@miamidade.gov>  
**Date:** August 6, 2018 at 9:10:26 AM EDT  
**To:** "Shy, Eugene (CAO)" <Eugene.Shy@miamidade.gov>  
**Cc:** "Junior, Daniel (MDCR)" <Daniel.Junior@miamidade.gov>, "michelle.kligman@jhsiami.org" <michelle.kligman@jhsiami.org>, "Financial Disclosures (Elections)" <FINDISCELEC@miamidade.gov>  
**Subject:** File Wrong Forms

Good afternoon,

We need your help. The below individuals have filed the wrong financial disclosure forms with our office. The State Commission on Ethics has notified us that they have a state filing requirement.

Darryl Caulton (Source of Income)

5/13/2021

Law Office of Juan-Carlos Planas, P.A. Mail - Fwd: File Wrong Forms

- Jeremy Crowley (Form 1F)
- Carmen Fernandez (Source of Income)
- Tony Gomez (Source of Income)
- Ryan Hawkins (Source of Income)
- David Zambrana (Source of Income)

Please note, that we have already mailed them two separate packages, the first at the end of May and the second, certified, at the end of July. As part of the state filing requirement, you must file an originally signed and dated Form 1 Statement of Financial Interests with our office. A blank Form 1 may be found online at [http://www.ethics.state.fl.us/Documents/Forms/Form%201\\_2017i.pdf?cp=201813](http://www.ethics.state.fl.us/Documents/Forms/Form%201_2017i.pdf?cp=201813).

If their Form 1 are not received by September 4, 2018, a fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. In addition, I will be required by law to notify the State of Florida Commission on Ethics of the delinquency. In addition, pursuant to enacted legislation, the Commission on Ethics must initiate investigations of delinquent filers, in certain circumstances. This can result in your removal from public office or employment. See Section 112.3145(8)(c), Florida Statutes.

As such, please have them send their completed and signed financial disclosure form 1 via email to [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov) so long as it is a legible scanned copy, or via postal mail to the Miami-Dade County Supervisor of Elections, Financial Disclosure Section, PO Box 521550, Miami, Florida 33152-1550.

In the meantime, if we may be of any further assistance, please feel free to contact our office.

Regards,

Financial Disclosure and Outside Employment

Miami Dade Elections Department

2700 NW 87<sup>TH</sup> Avenue

Miami, Florida 33173

305-499-8413-Office

[financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov)

# **EXHIBIT “C”**



Search mail

Compose

Inbox 6

Starred

Snoozed

Sent

Drafts 60

[Gmail]

[imap]/Drafts

Notes

More

Meet

New meeting

My meetings

Hangouts

Juan-Carlos +

Michelle

----- Forwarded message -----

From: Michelle Kligman <jmkligman@gmail.com>

Date: Wed, Jun 19, 2019 at 3:09 PM

Subject: Re: Michelle Kligman #247420

To: [holmes.kim@leg.state.fl.us](mailto:holmes.kim@leg.state.fl.us) <

On Mon, Jun 17, 2019 at 5:40 PM Michelle Kligman <jmkligman@gmail.com> wrote:

Hi Kim,

I am hoping that you can help me in sorting out the best way I can resolve this issue. I also left you a phone message regarding any other income than my job. My disclosure is pretty straightforward.

Unfortunately, I am going through a divorce and I believe that between my divorce and my assistant being terminated, I have no issue coming into compliance and am eager to do so. However, need guidance as to how to clear my

Thank you in advance. I can be reached at 954-549-4173

Michelle Kligman

Best - Michelle

Best - Michelle

Best - Michelle

Thanks, I'll take a look.

Got it.

Thank you.

# **EXHIBIT “D”**

**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 :

Kligman, Michelle M

MAILING ADDRESS :

8950 Dickens Avenue

CITY : ZIP : COUNTY :

Surfside 33154 Dade

NAME OF AGENCY :

Jackson Health System

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Senior Vice President Human Resources, Chief Experience Officer

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE**\*\*\*\* THIS SECTION MUST BE COMPLETED \*\*\*\*****DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2020.

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

 **COMPARATIVE (PERCENTAGE) THRESHOLDS** OR  **DOLLAR VALUE THRESHOLDS****PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Jackson Health System	1611 NW 12 Avenue Miami, Florida 33136 Suite 108	Healthcare

**PART B -- SECONDARY SOURCES OF INCOME**[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

8950 Dickens Avenue, Surfside, Florida 33154

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
457(b)	AIR Retirement Services, PO Box 15648, Amarillo TX 79105-05648
529 College Fund	BlackRock, 701 Brickell Avenue, Suite 1250

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Navient (Student Loan)	PO Box 9634 Wilkes-Barre, PA 18773-9635
Mr. Cooper Mortgage	PO Box 619098, Dallas, TX 75261

**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
	ADDRESS OF BUSINESS ENTITY	None
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:  
*Michelle Kligman*

Date Signed:  
 5/3/2021

**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](mailto: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.