### BEFORE THE STATE OF FLORIDA COMMISSION ON ETHICS

In re JEANNE LANE,	)	Financial Disclosure Appeal No. FD 20-031
	)	
Appellant.	)	Final Order No.
	)	

### **FINAL ORDER**

This matter came before the Commission on Ethics, meeting in public session on July 22, 2022, on the timely appeal of the Appellant, pursuant to Section 112.3145(8)(g), Florida Statutes, which assesses an automatic fine of \$25 per day on a person who fails to timely file a required CE Form 1, Statement of Financial Interests. The Commission may waive the fine in whole or in part for good cause shown, based on "unusual circumstances" surrounding the failure to file by the designated date. There are no matters in dispute. Appellant did not request a hearing before the Commission.

### Findings of Fact

- 1. According to information provided to the Commission, the Appellant is employed by the Florida Department of Health's (DOH) Central Office in a position requiring the filing of a CE Form 1, Statement of Financial Interests, for the year 2019. In 2020, the designated due date for submitting a 2019 CE Form 1 annual filing was July 1, 2020, with a grace period ending on September 1, 2020.
- 2. On May 19, 2020, the Commission on Ethics mailed Appellant a 2019 CE Form 1. The 2019 CE Form 1 was sent to Appellant at 2209 Glenwood Ln, Tallahassee, FL 32308.

- 3. On July 31, 2020, the Commission sent Appellant a Notice of Delinquency by certified mail. This Notice was sent to Appellant at the same 2209 Glenwood Lane address.
- 4. On August 20, 2020, the Commission mailed Appellant a postcard intended to remind her of her obligation to file a 2019 CE Form 1. The Commission mailed the postcard to the same 2209 Glenwood Lane Address.
- 5. On September 8, 2020, the Commission sent Appellant a courtesy notice indicating that fines were beginning to accrue as her 2019 CE Form 1 had not been received. The notice was sent to the same 2209 Glenwood Lane address.
- 6. On September 11, 2020, Commission staff sent to the Appellant an email reminding her of the filing obligation regarding the 2019 CE Form 1 and advising her that fines in the amount of \$25 a day had begun to accrue. On the same day the Appellant contacted the Commission via telephone, advised the Commission staff that the reason for the delay in the filing of her 2019 CE Form 1 was caused by the unforeseen illness of her mother and that she intended to file the 2019 CE Form 1 that day. Pursuant to her request via telephone, the Commission staff provided Appellant with a blank 2019 CE Form 1 via email.
- 7. On September 29, 2020, Appellant submitted her 2019 CE Form 1 to the Commission. Given the date on which Appellant submitted the 2019 CE Form 1, which was twenty-nine days after the grace period for filing expired, the total amount of the automatic fine levied against her was \$700.
- 8. On March 16, 2021, the Appellant was mailed a Notice of Assessment of Automatic Fine apprising her of the fine amount and of the manner by which automatic fines may be appealed.
- 9. On April 15, 2021, Appellant submitted her appeal to the Commission via letter. In her appeal letter the Appellant stated that she failed to timely file the 2019 CE Form 1 due to a

series of unusual circumstances which occurred during the disclosure period including her husband contracting COVID-19 and Appellant's mother being hospitalized for an unforeseen illness, which required that Appellant provide at home care for her mother after she was discharged from the hospital as the primary care giver. Appellant further stated that the unexpected illnesses of her family members and the care she was required to provide associated therewith led to the late filing of her 2019 CE Form 1. In support of her appeal Appellant also included a timeline of events associated with the illnesses, hospitalization, and rehabilitative care of her mother and also her husband. Appellant also attached a Medicare summary indicating the Appellant and/or her family members did receive medical care during the financial disclosure filing period and immediately preceding the expiration of the penalty-free grace period on September 1, 2020.

### Conclusions of Law

- 10. The Commission has jurisdiction over the subject matter of this proceeding pursuant to Section 112.3145, Florida Statutes.
- 11. 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.
  - 12. Section 112.3145(8)(g)3., Florida Statutes, states:

Any reporting person may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and is entitled to a hearing before the commission, which may waive the fine in whole or in part for good cause shown. Any such request must be in writing and received by the commission within 30 days after the notice of payment due is transmitted. In such a case, the reporting person must, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission. For purposes of this subparagraph, the term "unusual circumstances" does not include the failure to monitor an e-mail account or failure to receive notice

if the person has not notified the commission of a change in his or her e-mail address.

- 13. Based on the merits, the Appellant's basis for appealing the fine is that her mother and her husband suffered unforeseen illnesses during the disclosure period, necessitating Appellant's provision of medical care prior to the expiration of the penalty free grace period.
- 14. On June 8, 2022, the Commission sent the Appellant an email asking for clarification over whether she was actively working with the DOH between the reporting period of July through September 2020 or if she was on leave due to her mother and husband's sickness. The Commission also asked Appellant if there were any unusual circumstances aside from the ones she listed in the appeal that prevented her from receiving the notices sent by the Commission. The Appellant never responded to the Commission's email.
- 15. Because there is no evidence to support the Appellant's claim that she did not receive any notices to timely file her 2019 CE Form 1, there are no "unusual circumstances" here that justify waiving the \$700 fine.

### Order

Based on the foregoing facts and conclusions of law, the Commission hereby affirms the assessed fine of \$700 and dismisses the appeal. The fine shall be paid to the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709, within 30 days of the date this order is rendered, unless other payment arrangements are made by contacting Kimberly Holmes, Financial Disclosure Coordinator, at the address above or by telephone at (850) 488-7864.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, April 22, 2022.

Date Rendered	t			
				30.0
John Grant				
Chair, Florida	Commis	sion on l	Tthice	

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.

JG: sc

Ms. Jeanne Lane 2209 Glenwood Ln Tallahassee, FL 32308 Jeanne Lane 2209 Glenwood Ln Tallahassee, Florida 32308 PID#: 277543

April 14, 2021

Florida Commission on Ethics 325 John Knox Road Building E, Suite 200 Tallahassee, FL 32303

Re: Appeal due to Unusual Circumstances

FLORIDA COMMISSION ON ETHICS

APR 15 2021

RECEIVED

I overlooked and forgot to file the CE form after the extended due date due to a series of unusual circumstances during 2020 which included: my husband contracting COVID-19, my mother being hospitalized for Sepsis and requiring follow up care, my younger brother's ongoing mental health and substance abuse occurrences. These events exacted a huge physical and psychological toll on me, as I was the primary care giver throughout my mother's and husband's recovery, and providing assistance to my younger brother, all the while working full time at the Department of Health — Central Office. I submitted the CE form after the extended due date, due to unusual circumstances related to family illness. The following is a chronological sequence of events during 2020.

December 25, 2019 - November 2020. My mother is 86 years old, a Type II diabetic, has hypothyroidism, experiences irrational behavior and cannot be left alone for more than a few hours. My mother contracted Sepsis from a Urinary Tract Infection and had to be hospitalized for 5 days, December 20 - December 24, 2019. She returned to my home when she was released from the hospital to continue her intravenous infection control and begin physical therapy. I was trained by the "home nurse" to give my mother her daily infusion of antibiotics which began on January 1, 2020 and completed on January 21, 2020. My mother required constant care and assistance for bathing, dressing and meal preparation as she was weak in her limbs and had limited mobility due to the infection. My sister who was visiting from overseas during that time and I shared these duties. My mother underwent six weeks of physical therapy at home two times a day to regain her balance and strength to walk and care for herself. My sister and I shared these duties all the while I was working full time in my office at the Department of Health. My sister departed for her home in the Seychelles the end of February. I provided my mother's care from the end of February thru mid-November 2020, until she returned to the Seychelles and COVID flight restrictions had been eased. During this time in 2020, I accompanied my mother to multiple medical appointments, managed her taking her prescription medications, did her laundry, cleaned her bathroom and bedroom, and prepared at least one of her meals daily.

My younger brother is a veteran and homeless, due to his mental health and substance abuse issues he is dealing with, and lives in Fort Walton, Florida area. He has been jailed more than 20 times over the past 16 years for reasons such as trespassing and he has completed multiple in-patient rehabilitation programs. During this past year, 2020, I was called by members of the Sacred Heart Hospital Emergency Department that my brother was there, several times and also by the local police asking for family assistance. Although I was not told why he was at the hospital I knew it was most likely from drinking alcohol. These calls were very upsetting to me and especially my mother and they weigh heavily on our minds. Sometimes I would get called twice a week. I have attended Al Anon and mental health and substance addiction presentations for family members.

Dec 25, 2019 -mid Feb 2020. As my mother's care giver during 2020 when she was living with me and my family, I administered her daily intravenous fluids of antibiotics for two weeks after being discharged from the hospital on December 24, 2019. I also assisted my mother with her physical therapy to regain strength to walk on her own. I was assisted by my sister who was visiting at that time from overseas. I prepared and served her meals, assisted with bathing, dressing. I managed and administered her diabetic and thyroid medications.

**Feb 15** – **Nov 2020**. I continued to manage and administer my mother's diabetic and thyroid medications daily, prepare meals, take her to her medical appointments, launder her clothes.

**July 28, 2020.** My husband tested positive for COVID-19 and this required immediate relocation of my mother to my older brother's residence in Destin, Florida. I became my husband's care giver during our two-week quarantine period and the following four weeks of his extended recovery. Although he did not require hospitalization, he was very fatigued and weak. He has now made a full recovery.

My mother moved back into our home in early September 2020, and I became my mother's care giver again. She stayed with us until November 17, 2020 when she departed for her home in the Seychelles.

Attached are the following supporting documents:

- a) Anne Lane (mother), TMH patient account information with hospitalization dates
- b) Anne Lane (mother), Medicare summary notice which includes physical therapy and skilled nursing services provided
- c) Bob Smith (husband), COVID-19 positive test results

Thank you very much for your consideration.

Sincerely,

Jeanne Lane

YES



The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services



ANNE M. LANE 2209 GLENWOOD LANE TALLAHASSEE FL 32308-6153 **JMA** 

### THIS IS NOT A BILL



Notice for Anne L	ane	
Medicare Number		
Date of This Notice	August 07, 2020	
Claims Processed Between	May 09 - August 07, 2020	

### **Your Deductible Status**

Your deductible is what you must pay each benefit period for most health services before Medicare begins to pay.

**Part A Deductible:** You did not have inpatient hospital claims this claim period, so you did not have to pay towards the Part A deductible.

### Be Informed!

We can send you, upon request, Medicare information for free in accessible formats like Braille and large print. Learn more at Medicare.gov/about-us/accessibility-nondiscrimination-notice.

### **Your Claims & Costs This Period**

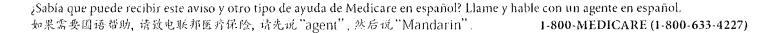
Did Medicare Approve All Services?

See page 2 for how to double-check this notice.

Total You May Be Billed \$0.00

### **Providers with Claims This Period**

December 25, 2019 - January 23, 2020 Capital Home Health Corp



## Making the Most of Your Medicare

## Now to Check This Notice

Do you recognize the name of each provider? Check the dates. Did you have a service or visit that day?

Did you get the claims listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. That plan may pay your share.

## How to Report Fraud

If you think a facility or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free medical services, or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

Only your physician can order medical equipment for you.

## How to Get Help with Your Questions

1-800-MEDICARE (1-800-633-4227) Ask for "hospital services." Your customer service code is 11001.

TTY 1-877-486-2048 (for hearing impaired)

Contact your State Health Insurance Program (SHIP) for free, local health insurance counseling. Cali 1-800-963-5337.

## Your Messages from Medicare

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

You have the right to request an itemized statement that details each Medicare item or service you have received any provider or supplier. Ask your provider or supplier for an itemized statement.

If you call 1-800-MEDICARE (1-800-633-4227) please have your complete Medicare number on hand so your record can be located.

Protect yourself from the sun! The sun's UV rays are the leading cause of skin cancer. Prevent skin cancer - wear sunscreen and sunglasses, and see your doctor if you notice any changes to your skin.

## Your Home Health Claims for Part A (Hospital Insurance)

Part A Inpatient Hospital Insurance helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care, and hospice care.

### **Definitions of Columns**

**Service Approved?:** This column tells you if Medicare covered the home health service.

**Amount Provider Charged:** This is your provider's fee for this service.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

Amount Medicare Paid: This is the amount Medicare paid the provider. This is usually 80% of the Medicare approved amount.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you. This is usually \$0. For durable medical equipment, it can include 20% of the Medicare-approved amount. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

### December 25, 2019 - January 23, 2020 Capital Home Health Corp, (850) 553-4002

2424 E Plaza Dr, Tallahassee, FL 32308-5301 Referred by Charles Kent

Quantity & Service Provided	Service Approved?	Amount Provider Charged	Medicare- Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
9 Physical Therp	Yes – adjusted	\$371.25	\$371.25	\$0.00	\$0.00	
10 Skilled Nursing	Yes - adjusted	375.00	375.00	0.00	0.00	••••••
Total for Claim #2		\$746.25	\$746.25	\$0.00	\$0.00	A,B,C

### **Notes for Claims Above**

- **A** The amount Medicare paid the provider for this claim is \$2,863.99.
- **B** This is an adjustment to a previously processed claim and/or deductible record.
- **C** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to federal, state and local rules.

## How to Handle Denied Claims or File an Appeal

### **Get More Details**

If a claim was denied, call or write the hospital or facility and ask for an itemized statement for any claim. Make sure they sent in the right information. If they didn't, ask the facility to contact our claims office to correct the error. You can ask the facility for an itemized statement for any service or claim.

Call 1-800-MEDICARE (1-800-633-4227) for more information about a coverage or payment decision on this notice, including laws or policies used to make the decision.

### If You Disagree with a Coverage Decision, Payment Decision, or Payment Amount on this Notice, You Can Appeal

Appeals must be filed in writing. Use the form to the right. Our claims office must receive your appeal within 120 days from the date you get this notice.

We must receive your appeal by:

December 10, 2020

## If You Need Help Filing Your Appeal

Contact us: Call 1-800-MEDICARE or your State Health Insurance Program (see page 2) for help before you file your written appeal, including help appointing a representative.

Call your provider: Ask your provider for any information that may help you.

Ask a friend to help: You can appoint someone, such as a family member or friend, to be your representative in the appeals process.

## **Find Out More About Appeals**

For more information about appeals, read your "Medicare & You" handbook or visit us online at www.medicare.gov/appeals.

### File an Appeal in Writing

Follow these steps:

- 1 Circle the service(s) or claim(s) you disagree with on this notice.
- 2 Explain in writing why you disagree with the decision. Include your explanation on this notice or, if you need more space, attach a separate page to this notice.
- 3 Fill in all of the following:

our or	vour re	presentat	ive's sia	nature	
	<i>y</i> = 4.	b. c. c. d. i i o. i	1 3 3 319		
				re annaesa j	
our te	lephone	e number			
1		<del></del>			

- 4 Include any other information you have about your appeal. You can ask your provider for any information that will help you.
- **5** Write your Medicare number on all documents that you send
- 6 Make copies of this notice and all supporting documents for your records.
- 7 Mail this notice and all supporting documents to the following address:

Medicare Claims Office c/o JM A/B MAC SC/HHH #11001 Palmetto GBA 2300 Springdale Drive Camden, SC 29020-7004

## Summary of Account For Anne M Lane

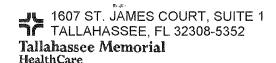
### Summary of Services:

Date: 12/30/19 12/30/19 01/09/20 01/13/20 01/21/20 03/03/20	Description: BILLED BALANCE M'CARE ADJ-PIP REMIT-UNSPEC YR M'CARE PAYMENT-PIP REMIT 2020 MR 2% SEQUESTRATION ADJ M'CARE ADJ-PIP REMIT-UNSPEC YR NON COVERED DIAG TEST/RELATED	Amount: \$31,557.88 \$-23,689.40 \$-6,410.61 \$-130.83 \$116.20 \$-51.00
	ACCOUNT BALANCE ESTIMATED INSURANCE LIABILITY PATIENT RESPONSIBILITY  CURRENT AMOUNT DUE	\$1,392.24 \$0.00 \$1,392.24 \$1,392.24

Please contact Customer Service if you would like to receive an itemized bill for this account.

Please contact your insurance company if you have any questions regarding your cost-sharing responsibilities. If you are unable to pay your account, please contact Customer Service to avoid further collection actions, including referral of your account to an external collection agency.

After completing this information detach along line above and



March 03, 2020
PATIENT ACCOUNT INFORMATION

Account#: Patient Name: Anne M Lane

Service Dates: 12/20/19 - 12/24/19

Current Balance: \$1,392.24

**The Amount Due is:** \$1,392.24 **Due Date:** March 17, 2020 Payment in Full is Appreciated.

Dear Anne M Lane,

Thank you for making Tallahassee Memorial Hospital your hospital for life. Your insurance claim has been processed and any payments received have now been applied to your account.

If you are unable to pay your account, you may be eligible for a payment plan or financial assistance. Please contact a representative or visit our office to discuss your options. You may also visit our website at tmh.org to learn more about our financial assistance program.

If you have a dispute regarding your account, please contact Customer Service at (850) 431-6200, or (800) 492-4892, extension 16200. You may also speak in person with a representative at our office location of 1607 St. James Court, Suite 1, Tallahassee, FL 32308.

Customer Service Department Call (850) 431-6200 or (800) 492-4892 ext. 16200 Monday through Friday 8:30 a.m. to 4:00 p.m.

Pay Your Account Online at www.tmh.org

Please note: This statement contains charges for hospital services only. If you have received professional services from a physician or medical specialist, then bills for those services will be sent to you separately.

Please detach and return with your payment

March NR 2020

Date of Birth: (70 years)





ients First 1/05 E. Mahan Dr Tallahassee, FL 32308-1534 850-877-7164 F: 850-656-1391

## In-House Lab Lab Report 1

Report Status: In Process, Unspecified

Collected: N/A Received: N/A

Reported: 7/28/2020 10:43:54 AM Who Pays For Lab: Practice Bills

**Additional Patient Information:** 

DOB:

Gender: M

Clinic Patient Number: Patient ID Number:

Additional Clinic Information: Clinic Account Number:

Secondary Account Number: Not Available

Ordering Physician:

Physician Not Specified

**Specimen Information:** 

Specimen:

PV Requisition Number:

Placer Order Number:

**Current Test Results** 

**Out Of Range** Ref. Range **Test Name** In Range

Coronavirus Antigen IA Rapid Test - Varied

Coronavirus Antigen IA Rapid Test

nucleocapsid protein detection, SARS-CoV \*Positive

Performing Laboratory Information:

Performing Lab Information Not Available

**Disclaimers** 

\* - Lab did not state whether or not these results were in range or out of range.

Ryne Least PA-C

Lab

### FORM 1

## STATEMENT OF FINANCIAL INTERESTS

2019

FOR OFFICE USE ONLY:

FLORIDA COMMISSION ON ETHICS

OCT 02 2020

RECEIVED

**DOLLAR VALUE THRESHOLDS** 

277543

LANE JEANNE

JEANNE LANE
Department of Health -Central Office
Employees
2209 Glenwood Ln
Tallahassee FL 32308 -6153

Latter Information of the Inform

## **PROCESSED**

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, 2019.

#### MANNER OF CALCULATING REPORTABLE INTERESTS:

**COMPARATIVE (PERCENTAGE) THRESHOLDS** 

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):

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
None		

### PART B - SECONDARY SOURCES OF INCOME

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

NAME OF BUSINESS ENTITY	OF BUSINESS' INCOME	OF SOURCE	ACTIVITY OF SOURCE
None			

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

None

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

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificate (If you have nothing to report, write "none" or "n/a")	s of deposit, etc See instructions]
	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
	e/f
Florida College Investment 9	elf
PART E LIABILITIES [Major debts - See instructions]	
(If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
TO WILL OF ONLINE OF	A STATE OF S
PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or position	no in contain tunes of huninesses. See instructional
(If you have nothing to report, write "none" or "n/a")	•
i e	S ENTITY # 1 BUSINESS ENTITY # 2
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 pur	suant to section 112.3142, F.S.
☐ I CERTIFY THAT I HAVE COMPL	ETED THE REQUIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON	A SEPARATE SHEET, PLEASE CHECK HERE
SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY
Signatura:	If a certified public accountant licensed under Chapter 473, or attorney
Signature:	in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:
to the	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
Date Signed: () 2 C / 2 >	disclosure herein is true and correct.
5 17 D	CPA/Attorney Signature:
1	
	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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2019.

# HAND DELIVERED

### BEFORE THE STATE OF FLORIDA COMMISSION ON ETHICS

FLORIDA COMMISSION ON ETHICS

APR 1 5 2021

RECEIVED

PID#: 277543

In re **JEANNE LANE** 

**Employees** 

**Department of Health - Central Office** 

## NOTICE OF ASSESSMENT OF AUTOMATIC FINE

The Commission on Ethics hereby gives notice of an assessment of a fine against you pursuant to Section 112.3145(8)(g), Florida Statutes, due to your failure to timely file your 2019 CE Form 1, Statement Of Financial Interests. Under the law, your 2019 CE Form 1, Statement of Financial Interests, was due by July 1, 2020. The law provided for a penalty-free grace period extending the due date to September 1, 2020. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2019 CE Form 1 was filed September 29, 2020 with the Commission on Ethics, you are fined the amount of \$700.00 (\$25.00 per day for 28 day(s) late). This fine must be paid to the Commission on Ethics within 30 days of the date of this notice unless you appeal the fine to the Commission. The Commission has the authority to consider the appeal and waive the fine in whole or in part if your failure to file on time was due to "unusual circumstances" surrounding the failure to file.

### **HOW TO APPEAL**

- 1. Read these instructions carefully before submitting your appeal.
- 2. **LEGAL AUTHORITY:** Appeals are governed by Section 112.3145(8)(g)3., Florida Statutes, and Commission Rule 34-8.215, Florida Administrative Code.
- 3. **FORMAT:** Your appeal must be in writing and mailed to <u>Florida Commission on Ethics</u>, P. O. <u>Drawer 15709</u>, <u>Tallahassee</u>, <u>FL 32317-5709</u>, or delivered to <u>Florida Commission on Ethics</u>, <u>325 John Knox Road</u>, <u>Building E, Suite 200</u>, <u>Tallahassee</u>, <u>FL 32303</u>. 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: <u>www.ethics.state.fl.us</u>. Click on "Financial Disclosure" and then the link to the sample appeal form.
- 4. **DUE DATE:** Your appeal must be <u>received</u> by the Commission on Ethics on or before <u>April 15, 2021</u>. <u>NOTE</u>: Failure to timely file an appeal will constitute a waiver of your right to appeal and will result in the entry of a default order against you.
- 5. UNUSUAL CIRCUMSTANCES: An appeal must demonstrate that you submitted your CE Form 1 after the extended due date because of "unusual circumstances." "Unusual circumstances" is defined in Commission Rule 34-8.215(4), Florida Administrative Code, as "uncommon, rare, or sudden events over which the reporting individual had no control and which directly result in the failure to act in accordance with the filing requirements." Therefore, circumstances that allowed for time to take steps necessary to file on time do not constitute "unusual circumstances" that will allow the Commission to waive the fine. You have the burden to establish "unusual circumstances." Your appeal must specifically state the circumstances that led to your not filing by September 1, 2020, 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, 2019: confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2019;
- f. UNCLAIMED CERTIFIED MAIL: if deliquency 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 you 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:

JEANNE LANE 2209 Glenwood Ln Tallahassee, FL 32308 -6153

by Certified Mail on this Tuesday, March 16, 2021.

KIMBERLY R. HOLMES Program Administrator

Florida Commission on Ethics

P. O. Drawer 15709 Tallahassee, FL 32317-5709 -or-

Florida Commission on Ethics 325 John Knox Road, Building E, Ste. 200
Tallahassee, FL 32303
864

Tallahassee, FL 32303

Tel.: (850) 488-7864 Fax: (850) 488-3077 Email: disclosure@leg.state.fl.us

### Chhabra, Suhail

From:

Chhabra, Suhail

Sent:

Wednesday, June 8, 2022 4:27 PM

To:

'jeanne.lane@flhealth.gov'

Subject:

Attorney questions for Ms. Jeanne Lane (FDA 20-031- FL Commission on Ethics)

### Good evening Ms. Lane:

By way of introduction, my name is Suhail Chhabra and I am assigned to your Financial Disclosure Appeal 20-031 with the FL Commission on Ethics. I have the following preliminary queries for you which will enable me to proceed with your matter. Please answer them to the best of your knowledge and as accurately as possible:

- 1. During the disclosure reporting period of July through September of 2020, <u>were you actively working (in person</u> or remotely) with the DOH or were you on leave to tend to the sickness of your mother and your <u>husband?</u>
- 2. If not, were there <u>any other circumstances</u> other than the ones that you have already mentioned in your appeal that kept you from filing the financial disclosure form within the allotted grace period of filing?

Please answer these questions as soon as you can, at your convenience, so that I can proceed with making a staff recommendation to the Commission. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

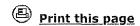
### Suhail Chhabra

Attorney Florida Commission on Ethics

325 John Knox Road Building E, Suite 200 Tallahassee, FL 32303. (850) 488-7864 (850) 488-3077 (Fax) ethics.state.fl.us

Please note: Florida has a broad public records law (Chapter 119, Florida Statutes). Most written communications to or from state employees are public records obtainable by the public upon request. Emails sent to me at this email address may be considered public and will only be withheld from disclosure if deemed confidential pursuant to the laws of the State of Florida.

### **Mail Piece Details**



### **Recipient Address**

JEANNE LANE 2209 GLENWOOD LN TALLAHASSEE, FL 32308-6153

**Record / Case Number:** 277543

#### **Return Address**

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

Entry Point ZIP: 32317

### **Mail Piece Information**

**Tracking Number:** 92148901066154000153073988

Date Created: 07/30/2020 04:08:03 PM Mail Class: USPS First Class Mail

Special Services: Certified Mail

Return Receipt Electronic

Memo: --

Created By: Kimberly Holmes - Commission on Ethics

### **Signature Information**

Signed For By: JEANNE LANE Signature Status: Available (Click Here)

Having issues viewing the signature file?

Make sure you are using the latest version of Adobe Acrobat Reader

### **Tracking Information**

Mailed, July 30, 2020, 04:08:03 PM, TALLAHASSEE,FL 32317

Pre-Shipment Info Sent To Usps, Usps Awaiting Item, July 30, 2020, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, July 30, 2020, 03:21:00 PM, TALLAHASSEE,FL

Accepted At Usps Origin Facility, July 31, 2020, 05:33:00 PM, TALLAHASSEE,FL 32317

Origin Acceptance, July 31, 2020, 05:33:00 PM, TALLAHASSEE,FL 32317

Arrived At Usps Regional Facility, July 31, 2020, 06:48:00 PM

Processed Through Usps Facility, July 31, 2020, 06:48:00 PM, TALLAHASSEE,FL 32301

Depart Usps Facility, July 31, 2020, 11:12:00 PM, TALLAHASSEE,FL 32301

Departed Usps Regional Facility, August 01, 2020, 12:32:00 AM

Processed Through Usps Facility, August 01, 2020, 12:32:00 AM, TALLAHASSEE,FL 32301

In Transit, Arriving On Time, August 02, 2020, 12:00:00 AM

In Transit, Arriving Late, August 03, 2020, 12:00:00 AM

Delivered Left With Individual, August 04, 2020, 04:34:00 PM, TALLAHASSEE,FL 32308

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Date Produced: 08/05/2020

THE MAIL GROUP INC - 1 / CONFIRM DELIVERY INC:

The following is the delivery information for Certified Mail™/RRE item number 9214 8901 0661 5400 0153 0739 88. Our records indicate that this item was delivered on 08/04/2020 at 04:34 p.m. in TALLAHASSEE, FL 32308. The scanned image of the recipient information is provided below.

Signature of Recipient:

T/4

Address of Recipient:

2209 VAN

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

Sincerely, United States Postal Service

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

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: 92148901066154000153073988 277543 JEANNE LANE 2209 Glenwood Ln Tallahassee, FL 32308-6153

### **Mail Piece Details**



### **Recipient Address**

JEANNE LANE 2209 GLENWOOD LN TALLAHASSEE, FL 32308-6153

**Record / Case Number:** 277543

### **Return Address**

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

Entry Point ZIP: 32317

#### **Mail Piece Information**

**Tracking Number:** 92148901066154000160863510

**Date Created:** 03/16/2021 04:49:48 PM **Mail Class:** USPS First Class Mail

Special Services: Certified Mail

Return Receipt Electronic

Memo: --

Created By: Kimberly Holmes - Commission on Ethics

### Tracking Information

Mailed, March 16, 2021, 04:49:48 PM, TALLAHASSEE,FL 32317

Pre-Shipment Info Sent To Usps, Usps Awaiting Item, March 16, 2021, 12:00:00 AM
Pre-Shipment Info Sent Usps Awaits Item, March 16, 2021, 04:02:00 PM, TALLAHASSEE,FL

Accepted At Usps Origin Facility, March 18, 2021, 07:35:00 AM, TALLAHASSEE,FL 32317

Origin Acceptance, March 18, 2021, 07:35:00 AM, TALLAHASSEE,FL 32317

Arrived At Usps Regional Facility, March 18, 2021, 08:50:00 AM

Processed Through Usps Facility, March 18, 2021, 08:50:00 AM, TALLAHASSEE,FL 32301

Depart Usps Facility, March 18, 2021, 11:22:00 PM, TALLAHASSEE,FL 32301

Departed Usps Regional Facility, March 19, 2021, 12:13:00 AM

Processed Through Usps Facility, March 19, 2021, 12:13:00 AM, TALLAHASSEE,FL 32301

Delivery Attempted - No Access To Delivery Locatio, March 19, 2021, 04:39:00 PM, TALLAHASSEE,FL 32308

No Access, March 19, 2021, 04:39:00 PM, TALLAHASSEE,FL 32308

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## Financial Disclosure Management System THE FLORIDA COMMISSION ON ETHICS

### 🚨 Filer - Fines and Appeals - PID 277543 - JEANNE LANE

Filer Information Org Membership

**Forms** 

Communications

Fines and Appeals >

View All

Filer Flags

2000 2001 2002 2003 2004 <u>2005</u> <u>2006</u> <u>2007</u> <u>2008</u> <u>2009</u> <u>2010</u> <u>2011</u> <u>2012</u> <u>2013</u> <u>2014</u> 2015 2016 2017 2018 2019(\$)

<<2020 Form Year

Status

Filing: ACTIVE Fine: No Fine

Flags

**Public Address** Filing Extensions Indefinite: None Temporary: None

Eligible for Fines

Update Flags

The filer has fines for: 2020 (Appeal)

2020 Fines and Appeals

Form Year 2019 Filed Forms								
Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments		
09/29/20	Form 1	Yes	No	COE	STACIF on 10/02/2020	used postmark date		

2020 Fine	e Informa	ation			Update Fine Information Assign Agency Contact		
Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$700.00	Appeal	3/16/2021	\$700.00	\$700.00			

Fine Address 2209 Glenwood Ln Tallahassee FL 32308-6153 Org/Suborg Health, Department of -Central Office-Employees

Date Posted	Description	Amount	Method	Payment ID	Comments
3/16/2021	Fine Levied	+ \$700.00			Fined \$700.00

2020 Fine Year Event Chronology

Invalidate Transaction

Date

Type

Description

Reference

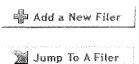
(3) 05/19/2020 Letter Sent

Form 1 Official List - Form 1 Official Filers List Print

Queue:

5/19/2020

7:55 AM



PID: Go  Quick Filer Search  First Name:  Last Name:	Letter Sent To: JEANNE LANE 2209 Glenwood Ln Tallahassee, FL 32308 -6153		Printing Confirmed: 5/19/2020 7:55 AM
Search	( ) 07/31/2020 Letter Sent	Certified Letter Sent	Print Queue: 7/31/2020 Printing Confirmed: 7/31/2020
	Letter Sent To: JEANNE LANE 2209 Glenwood Ln Tallahassee, FL 32308 -6153		
	(a) 08/20/2020 Postcard Sent	Courtesy Postcard Reminder	Print Queue: 8/20/2020 Printing Confirmed: 8/20/2020
	Letter Sent To:  JEANNE LANE  2209 Glenwood Ln  Tallahassee, FL 32308 -6153		
	@ 09/8/2020 Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: 9/8/2020 Printing Confirmed: 9/8/2020
	Letter Sent To: JEANNE LANE 2209 Glenwood Ln Tallahassee, FL 32308 -6153		
	09/11/2020 Filer	From: Prine.Emily Sent: Friday, September	Emily

	Communication:	11, 2020 8:37 AM To:	Prine
	Email	'JEANNE.LANE@FLHEALTH.GOV' Subject: Form 1 2019 Financial Disclosure DELINQUENT Importance: High Good Morning, We have not received your Form 1 2019 Financial Disclosure filing based off your service with Department of Health. You are now being fined \$25.00 per day with a maximum fine of up to \$1500.00. Additionally, individuals who accrue the maximum fine and fail to file the required form are subject to an investigation to determine whether the failure to file was willful. If the Commission determines the failure to file was willful, the statute requires the Commission recommend the individual be removed from public office or public employment. Form is attached, please complete and remit today! The form can be submitted via email, see instructions on page two of the form.	
09/25/2020	Filer Communication: Phone	Returned call to filer/LMTC	Emily Prine
09/25/2020		Lane, Jeanne R DOH 850-245-4007 4018 Tallahassee E-Mail Address: jeanne.lane@flhealth.gov Name	Emily Prine
09/25/2020		From: Prine.Emily Sent: Friday, September 25, 2020 12:50 PM To:  'JEANNE.LANE@FLHEALTH.GOV' Subject: Financial Disclosure Importance: High Ms. Lane, I received your voice message and I left you a message. Attached is the Form 1 2019, please complete as soon as possible and submit back to me. You can email the completed form as a PDF. Once the form is recorded this will stop the fines from accruing.	Emily Prine
09/25/2020	Filer Communication: Phone	Spoke with filer/going to send today/mother has been sick	Emily Prine
09/25/2020		From: Lane, Jeanne R Sent: Friday, September 25, 2020 5:29 PM To: Prine.Emily	Emily Prine

	Email	Subject: Read: Financial Disclosure Importance: High Your message To: Subject: Financial Disclosure Sent: Friday, September 25, 2020 5:28:57 PM (UTC-05:00) Eastern Time (US & Canada) was read on Friday, September 25, 2020 5:28:54 PM (UTC-05:00) Eastern Time (US & Canada).	
09/28/2020		rom: Prine.Emily Sent: Monday, September 28, 2020 8:03 AM To: 'Lane, Jeanne R' Subject: RE: Financial Disclosure Morning, No email submission was received. Sincerely, Emily E. Prine Program Specialist/Financial Disclosure 850-488-7864 Florida Commission on Ethics Post Office Drawer 15709 Tallahassee, FL 32317-5709 From: Lane, Jeanne R Sent: Friday, September 25, 2020 5:30 PM To: Prine.Emily Subject: Re: Financial Disclosure Thank you very much. I emailed the form this afternoon Jeanne lane  From: Prine.Emily Sent: Friday, September 25, 2020 12:49 PM	Emily Prine
09/29/2020	Form Received	Form 1 Received, Signed	Form 1 Received by Staci Swain at COE
			COL
Form Receive	ed By: Staci Swain		
Form Receive			
Filing Locatio			
Filing Locatio Record Create	n: COE		Journal: 3/16/2021 9:23 AM
Filing Locatio Record Create	n: COE ed By: Staci Swair Fine Levied	n on 10/02/2020	Journal: 3/16/2021

3/16/2021 Letter Sent To: JEANNE LANE 2209 Glenwood Ln Tallahassee, FL 32308 -6153 Ms. Lane called re: her fine. She received the Diana 04/1/2021 Filer Westberry Communication: fine notice & appeal form & plans on submitting the appeal. Phone Journal: 04/21/2021 Fine Appeal FD 20-031 4/21/2021 5:33 PM Print 04/23/2021 Letter Sent Fine Appeal Queue: 4/23/2021 Printing Confirmed: 4/23/2021 Letter Sent To: JEANNE LANE 2209 Glenwood Ln Tallahassee, FL 32308 -6153 Update Appeal Withdraw Appeal 2020 Fine Appeal Assign Attorney Request More Info - FD 20-031 Record Appeal Outcome No Hearing Requested **Appeal Status:** Active Appeal Receipt Date: 04/15/2021 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Illness or Injury, Other **Appeal Notes:** Appeal Number: FD 20-031

Filer - Fines and Appeals - Financial Disclosure System - The Florida Commission on Eth... Page 6 of 6

		1	
	Appeal Analyst		
	Appeal Analyst Assigned:		
	Final Order		
N.	Number:		
	Final Order Date:		