

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re TANIA MONDESIR	)	Financial Disclosure Appeal No. FD 19-068
	)	
Appellant.	)	Final Order No. XXX
_____	)	

FINAL ORDER

This matter came before the Commission on Ethics on its own motion during its meeting in public session on October 23, 2026, pursuant to Section 112.3145(8)(g), Florida Statutes, (subsequently renumbered to Section 112.3145(8)(f)) which assesses an automatic fine of \$25 per day on a person who fails to timely file a required CE Form 1, Statement of Financial Interests. 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.

Findings of Fact

1. According to information provided to the Commission, Appellant served as a Member of the Council of Licensed Midwifery, a position requiring the filing of a 2018 CE Form 1, Statement of Financial Interests. In 2019, the designated due date for submitting a 2018 CE Form 1 was July 1, 2019, with a grace period ending on September 1, 2019.
2. No later than June 1, 2019, the Commission on Ethics sent Appellant a 2018 CE Form 1. This was sent to Appellant at 1570 NE 142nd St., North Miami, FL 33161.
3. No later than August 1, 2019, the Commission on Ethics sent Appellant a notice of delinquency by certified mail. This notice was sent to Appellant at 1570 NE 142nd St.

4. On September 6, 2019, the Commission on Ethics mailed Appellant a courtesy notice of fines accruing. This notice was sent to the Appellant at 1570 NE 142nd St.

5. On February 10, 2020, the Commission mailed appellant a Notice of Assessed fine. The notice was sent by mail to the 1570 NE 142nd St. It indicated the total of Appellant's accrued automatic fine was \$1,500 (\$25 per day for up to 60 days late) and provided that the Commission must receive an appeal of the fine by March 11, 2020.

6. On August 27, 2021, the Commission on Ethics received Appellant's 2018 CE Form 1.

7. On August 2, 2021, the Commission received Appellant's appeal of her automatic fine for Form Year 2018. In Part C of her appeal form, where an appellant is asked to provide detailed explanation of his or her appeal, Appellant wrote that she had been displaced from her permanent residence due to roofing damage and repairs which caused mail delivery at the subject address to stop.

Conclusions of Law

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

9. Financial disclosure is required of public officials and employees because it enables the public to evaluate potential conflicts of interest, deters corruption, and increases public confidence in government.

10. Section 112.3145(8)(g)2., Florida Statutes, (subsequently renumbered to Section 112.3145(8)(f)(2)) states:

Any reporting person may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and is entitled to a hearing before the commission, which may waive the fine in whole or in part

for good cause shown. Any such request must be in writing and received by the commission within 30 days after the notice of payment due is transmitted. In such a case, the reporting person must, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission. For purposes of this subparagraph, the term "unusual circumstances" does not include the failure to monitor an e-mail account or failure to receive notice if the person has not notified the commission of a change in his or her e-mail address.

11. Pursuant to Rule 34-8.215(4), F.A.C., "Unusual circumstances" means 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. Circumstances which allow for time in which to take those steps necessary to ensure compliance with the filing requirements shall be deemed not to constitute unusual circumstances.

12. Here, Appellant stated that she experienced issues with mail delivery due to the damage and repairs to her residence. Considering Appellant's claims, and that there is no evidence showing otherwise, there are "unusual circumstances" here that prevented the timely filing of the financial disclosure form that justify waiving the \$1,500 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby finds that unusual circumstances for failure to timely file have been demonstrated. We therefore waive the assessed fine of \$1,500.

ORDERED by the State of Florida Commission on Ethics meeting in public session on
October 23, 2026.

Date Rendered

Jeremy M. Rodgers
Chair, Florida Commission on Ethics

THIS ORDER CONSTITUTES FINAL AGENCY ACTION. ANY PARTY WHO IS ADVERSELY AFFECTED BY THIS ORDER HAS THE RIGHT TO SEEK JUDICIAL REVIEW UNDER SECTION 120.68, AND SECTION 112.3241, FLORIDA STATUTES, BY FILING A NOTICE OF ADMINISTRATIVE APPEAL PURSUANT TO RULE 9.110 FLORIDA RULES OF APPELLATE PROCEDURE, WITH THE CLERK OF THE COMMISSION ON ETHICS, AT EITHER 325 JOHN KNOX ROAD, BUILDING E, SUITE 200, TALLAHASSEE, FLORIDA 32303 OR P.O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709; AND BY FILING A COPY OF THE NOTICE OF APPEAL ATTACHED TO WHICH IS A CONFORMED COPY OF THE ORDER DESIGNATED IN THE NOTICE OF APPEAL ACCOMPANIED BY THE APPLICABLE FILING FEES WITH THE APPROPRIATE DISTRICT COURT OF APPEAL. THE NOTICE OF ADMINISTRATIVE APPEAL MUST BE FILED WITHIN 30 DAYS OF THE DATE THIS ORDER IS RENDERED.

JMR: jfh

Tania Mondesir
12111 N.E. 18 Ave.
North Miami, FL 33181

19-068

260607



STATE OF FLORIDA COMMISSION ON ETHICS

325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303
Telephone: (904) 488-7864
Fax: (904) 488-3077
Email: disclosure@leg.state.fl.us

FLORIDA
COMMISSION ON ETHICS

AUG 02 2021

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2018

DIRECTIONS: The information you provide in this form is critical for processing your appeal in a timely manner.

In Part A, please provide current contact information. If your contact information changes while your appeal is being processed, please notify us.

In Part B, please check any boxes that specify the general reason(s) for your appeal.

In Part C, please explain in detail the reason(s) for your appeal. In addition to your written explanation in Part C, you may attach any documents that support your appeal.

IMPORTANT: TO PRESERVE YOUR RIGHT TO APPEAL, THIS FORM OR OTHER WRITTEN APPEAL (AND ANY ATTACHMENTS) MUST BE FILED WITH (RECEIVED BY) THE COMMISSION ON ETHICS WITHIN THIRTY (30) DAYS OF THE DATE THE NOTICE OF ASSESSMENT OF AUTOMATIC FINE WAS MAILED TO YOU.

PLEASE SEND YOUR COMPLETED FORM TO ONE OF THE FOLLOWING:

Mailing Address: Commission on Ethics
P.O. Drawer 15789
Tallahassee, FL 32317-5789

Physical Address: Commission on Ethics
325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303

Fax: (904) 488-3077

Email: disclosure@leg.state.fl.us

PART A: YOUR INFORMATION

Name: Tania Mordeir

Address: 12111 NE 18 Ave. City: North Miami State: FL Zip: 33181

Daytime Tel: (305) 754-2029 Cell: 766-267-8088

Email: tania.mordeir@yahoo.com Filer ID# (if known): 260607?

Public Employer: _____

Public Position: Council of Licensed Midwifery - Council Member

CONTINUED ON REVERSE SIDE

PART B: GENERAL REASON(S) FOR YOUR APPEAL

Please choose any/all reasons that apply to your appeal.

I hereby appeal the Notice of Assessment of Automatic Fine on the following basis:

- a. ☐ **Sickness or injury** (Explain in Part C and attach a statement from attending physician, including dates and nature of illness or injury)
- b. ☐ **Lack of notification -- Failure to receive notice** (Explain in Part C and provide documentation that supports your assertion that you never received certified mail delinquency notice; for example, incorrect address, undelivered mail, change in employment, extended absence from home, etc.)
- c. ☐ **Chain of timely filing of financial disclosure** (Explain in Part C and provide copy of certified mail receipt and/or copy of completed form which had been previously filed, along with a sworn notarized statement that you filed prior to the deadline)
- d. ☐ **Left public position prior to December 31, 2018** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2018)
- e. ☐ **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)
- f. ☐ **Not required to file** (Explain in Part C and provide documentation that supports reason for not required to file)

PART C: DETAILED EXPLANATION OF YOUR APPEAL

Please provide a detailed explanation of your appeal, including why each option you selected in Part B is applicable to you. You may use the space provided and/or attach additional pages.

I have been displaced from my permanent residence (15700 192 St. S., Suite 110, Ft. 2316) since end of year 2016. Because of some damage and repairs delivery of the mail was interrupted and stopped @ times. The displacement from home has caused issues of receiving mail. The current mailing address is:

OPTIONAL REQUEST FOR HEARING

☐ In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(g) or Section 112.3145(8)(g), Florida Statutes. Commission meetings occur in Tallahassee.

SIGNATURE

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

07/18/21
DATE

Tamara Jefferson
SIGNATURE

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:

Mendez - Tania

MAILING ADDRESS:

12111 NE 18 Ave

City: Miami ZIP: 33181

County: Miami Dade

NAME OF AGENCY: Health Department of Boards

NAME OF OFFICE OR POSITION HELD OR SOUGHT: Board Council of Medicine

Board Member

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

FLORIDA
COMMISSION ON ETHICS

AUG 27 2021

RECEIVED

PROCESSED

260607

**** 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
Miami Maternity Center	140 NE 119 St. MIA. FL 33161	Birth Center

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
N/A			

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

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

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
NONE	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
U.S. Dept. of Education	P.O. Box 105 026, Atlanta, Ga. 30348

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

PART G — TRAINING

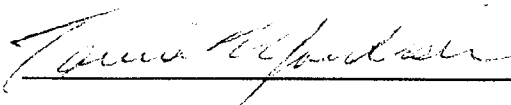
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ 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:

08/05/2021

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) 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, 2018.

Mail Piece Details

 [Print this page](#)

Recipient Address

TANIA MONDESIR
1570 NE 142ND ST
NORTH MIAMI, FL 33161-3015

Record / Case Number:
260607

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000140814945

Date Created: 07/23/2019 02:18:40 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: TANIA MONDESIR
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 23, 2019, 02:18:40 PM, TALLAHASSEE,FL 32317
Pre-Shipment Info Sent To Usps, Usps Awaiting Item, July 23, 2019, 12:00:00 AM
Pre-Shipment Info Sent Usps Awaits Item, July 23, 2019, 01:36:00 PM, TALLAHASSEE,FL 32317
Accepted At Usps Origin Facility, July 24, 2019, 07:24:00 PM, TALLAHASSEE,FL 32317
Origin Acceptance, July 24, 2019, 07:24:00 PM, TALLAHASSEE,FL 32317
Arrived At Usps Regional Origin Facility, July 24, 2019, 08:39:00 PM
Processed Through Usps Facility, July 24, 2019, 08:39:00 PM, TALLAHASSEE,FL 32301
Departed Usps Regional Facility, July 24, 2019, 09:33:00 PM
Depart Usps Facility, July 24, 2019, 09:33:00 PM, TALLAHASSEE,FL 32301
In Transit To Next Facility, July 25, 2019, 12:00:00 AM
Arrived At Usps Regional Destination Facility, July 26, 2019, 08:05:00 AM
Processed Through Usps Facility, July 26, 2019, 08:05:00 AM, MIAMI,FL 33152
Departed Usps Regional Destination Facility, July 26, 2019, 04:25:00 PM
Processed Through Usps Facility, July 26, 2019, 04:25:00 PM, MIAMI,FL 33152
In Transit, Arriving Late, July 27, 2019, 12:00:00 AM
In Transit To Next Facility, July 28, 2019, 12:00:00 AM
In Transit To Next Facility, July 29, 2019, 12:00:00 AM
Addressee Unknown, July 29, 2019, 07:14:00 PM, MIAMI,FL 33161
Vacant, August 08, 2019, 12:31:00 PM, MIAMI,FL 33181
Processed Through Usps Facility, August 10, 2019, 10:21:00 AM, MIAMI,FL 33152
Departed Usps Regional Destination Facility, August 10, 2019, 06:12:00 PM
Processed Through Usps Facility, August 10, 2019, 06:12:00 PM, MIAMI,FL 33152
In Transit To Next Facility, August 11, 2019, 12:00:00 AM
Arrived At Usps Regional Origin Facility, August 11, 2019, 04:04:00 PM
Processed Through Usps Facility, August 11, 2019, 04:04:00 PM, TALLAHASSEE,FL 32301
Departed Usps Regional Origin Facility, August 11, 2019, 10:57:00 PM
Processed Through Usps Facility, August 11, 2019, 10:57:00 PM, TALLAHASSEE,FL 32301
In Transit To Next Facility, August 12, 2019, 12:00:00 AM
In Transit To Next Facility, August 13, 2019, 12:00:00 AM
Delivered To Original Sender, August 14, 2019, 10:52:00 AM, TALLAHASSEE,FL 32308



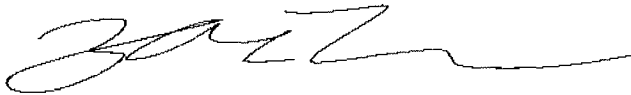
**UNITED STATES
POSTAL SERVICE**

Date Produced: 08/15/2019

THE MAIL GROUP INC - 1 / CONFIRM DELIVERY INC:

The following is the delivery information for Certified Mail™/RRE item number 9214 8901 0661 5400 0140 8149 45. Our records indicate that this item was delivered on 08/14/2019 at 10:52 a.m. in TALLAHASSEE, FL 32308-9998. The scanned image of the recipient information is provided below.

Signature of Recipient :


Zac Turner

Address of Recipient :

15709

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: 92148901066154000140814945
260607
TANIA MONDESIR
1570 NE 142nd St
North Miami, FL 33161-3015

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

In re **Tania Mondesir**
 Council of Licensed Midwifery
 Department of Health-Boards

PID#: 260607

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 2018 CE Form 1, Statement Of Financial Interests. Under the law, your 2018 CE Form 1, Statement of Financial Interests, was due by July 1, 2019. The law provided for a penalty-free grace period extending the due date to September 3, 2019. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, up to the maximum fine of \$1,500.00 (60 days late), pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2018 CE Form 1 has not been filed with the Commission on Ethics within the 60 days of the grace period date (September 3, 2019), you have accrued the maximum fine amount of \$1,500.00. 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. Unless the fine is successfully appealed, the Commission is required to investigate public officers and employees who receive the maximum \$1,500 fine, to determine whether their failure to file was willful. The penalty for willfully failing to file disclosure is removal from public office or employment.

HOW TO APPEAL

1. Read these instructions carefully before submitting your appeal.
2. **LEGAL AUTHORITY:** Appeals are governed by Section 112.3145(8)(g)3, Florida Statutes, and Commission Rule 34-8.215, Florida Administrative Code.
3. **FORMAT:** Your appeal must be in writing and mailed to Florida Commission on Ethics, P. O. Drawer 15709, Tallahassee, FL 32317-5709, or delivered to Florida Commission on Ethics, 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. The appeal may take the form of a letter or you may use the appeal form included in this mailing. The appeal form also is available at the Commission's website: www.ethics.state.fl.us. Click on "Financial Disclosure" and then the link to the sample appeal form.
4. **DUE DATE:** Your appeal must be received by the Commission on Ethics on or before **March 11, 2020**.
NOTE: Failure to timely file an appeal will constitute a waiver of your right to appeal and will result in the entry of a default order against you.
5. **UNUSUAL CIRCUMSTANCES:** An appeal must demonstrate that you submitted your CE Form 1 after the extended due date because of "unusual circumstances." "Unusual circumstances" is defined in Commission Rule 34-8.215(4), Florida Administrative Code, as "uncommon, rare, or sudden events over which the reporting individual had no control and which directly result in the failure to act in accordance with the filing requirements." Therefore, circumstances that allowed for time to take steps necessary to file on time do not constitute "unusual circumstances" that will allow the Commission to waive the fine. You have the burden to establish "unusual circumstances." Your appeal must specifically state the circumstances that led to your not filing by September 3, 2019, 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, 2018:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2018; or
 - f. **UNCLAIMED CERTIFIED MAIL:** if delinquency notice was addressed correctly but not received, you must explain why.
6. **YOUR RIGHT TO A HEARING:** You have the right to have your appeal heard by the Commission and to appear before the Commission at the hearing, but, to exercise this right, you must specifically request a hearing in your appeal. If you do not request a hearing, you will waive your right to a hearing, the Commission will determine the outcome of your appeal based upon the written record (including the documentation you provide and any documentation in your case file), and you will receive no further notice until after the Commission decides your appeal.

FAILURE TO PAY FINE OR FILE APPEAL WITHIN 30 DAYS

If you do not timely file an appeal or pay the assessed fine within 30 days of this Notice, a default order will be entered against you and the Commission will take the steps provided by law to collect the fine, including:

- Referral to the CFO of the Department of Financial Services, if you are a salaried state officer or employee, for withholding of a portion of your salary until the fine is satisfied; or
- Referral to your agency's governing body for withholding of a portion of your salary until the fine is satisfied;
- Referral to a collection agency, which can seek garnishment of your wages; and/or
- An additional civil penalty, not limited by this automatic fine, may be imposed if your disclosure statement is filed more than 60 days late and a complaint is filed against you pursuant to Section 112.324, Florida Statutes.

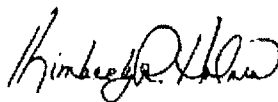
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

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

**Tania Mondesir
1570 Ne 142nd St
North Miami, FL 33161 -3015**

by Certified Mail on this Monday, February 10, 2020.



KIMBERLY R. HOLMES
Program Administrator

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

-or-

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

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

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2018****FOR OFFICE USE ONLY:**

Tania Mondesir
Council of Licensed Midwifery
Department of Health-Boards
Council of Licensed Midwifery
1570 Ne 142nd St
North Miami FL 33161 -3015



260607

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

Mondesir Tania

****** 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

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

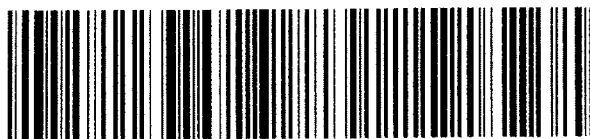
PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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.



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



9214 8901 0661 5400 0148 1866 48

RETURN RECEIPT (ELECTRONIC)

260607

TANIA MONDESIR
1570 NE 142ND ST
NORTH MIAMI, FL 33161-3015

46

URGENT - Open
Immediately!

CUT / FOLD HERE

Zone 4

6"x9" ENVELOPE
CUT / FOLD HERE

CUT / FOLD HERE

Mail Piece Details

 **Print this page**

Recipient Address

TANIA MONDESIR
1570 NE 142ND ST
NORTH MIAMI, FL 33161-3015

Record / Case Number:
260607

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000135121607

Date Created: 03/04/2019 11:41:24 AM

Mail Class: USPS First Class Mail

Special Services: Certified Mail
Return Receipt Electronic

Memo: --

Created By: Kimberly Holmes - Commission on Ethics

Signature Information

Signed For By: TANIA MONDESIR
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, March 04, 2019, 11:41:24 AM, TALLAHASSEE,FL 32317
Pre-Shipment Info Sent To Usps, Usps Awaiting Item, March 04, 2019, 12:00:00 AM
Pre-Shipment Info Sent Usps Awaits Item, March 04, 2019, 10:54:00 AM, TALLAHASSEE,FL 32317
Accepted At Usps Origin Facility, March 04, 2019, 07:04:00 PM, TALLAHASSEE,FL 32317
Origin Acceptance, March 04, 2019, 07:04:00 PM, TALLAHASSEE,FL 32317
Arrived At Usps Regional Origin Facility, March 04, 2019, 08:19:00 PM
Processed Through Usps Facility, March 04, 2019, 08:19:00 PM, TALLAHASSEE,FL 32301
Departed Usps Regional Facility, March 05, 2019, 03:42:00 AM
Depart Usps Facility, March 05, 2019, 03:42:00 AM, TALLAHASSEE,FL 32301
Arrived At Usps Regional Destination Facility, March 05, 2019, 05:37:00 PM
Processed Through Usps Facility, March 05, 2019, 05:37:00 PM, MIAMI,FL 33152
Departed Usps Regional Destination Facility, March 05, 2019, 06:47:00 PM
Processed Through Usps Facility, March 05, 2019, 06:47:00 PM, MIAMI,FL 33152
In Transit, Arriving Late, March 07, 2019, 12:00:00 AM
Addressee Unknown, March 07, 2019, 04:27:00 PM, MIAMI,FL 33161
Unable To Deliver Item, Problem With Address, March 08, 2019, 01:40:00 PM, MIAMI,FL 33181
Unable To Deliver Problem With Address, March 08, 2019, 01:40:00 PM, MIAMI,FL 33181
Vacant, March 08, 2019, 01:51:00 PM, MIAMI,FL 33181
Departed Usps Regional Destination Facility, April 04, 2019, 02:36:00 PM
Processed Through Usps Facility, April 04, 2019, 02:36:00 PM, MIAMI,FL 33152
In Transit, Arriving Late, April 05, 2019, 12:00:00 AM
In Transit To Next Facility, April 06, 2019, 12:00:00 AM
Arrived At Usps Regional Origin Facility, April 07, 2019, 08:26:00 AM
Processed Through Usps Facility, April 07, 2019, 08:26:00 AM, TALLAHASSEE,FL 32301
Departed Usps Regional Origin Facility, April 07, 2019, 09:07:00 PM
Processed Through Usps Facility, April 07, 2019, 09:07:00 PM, TALLAHASSEE,FL 32301
In Transit, Arriving Late, April 08, 2019, 12:00:00 AM
In Transit, Arriving Late, April 09, 2019, 12:00:00 AM
In Transit, Arriving Late, April 10, 2019, 12:00:00 AM
In Transit, Arriving Late, April 11, 2019, 12:00:00 AM
Delivered, To Original Sender, April 15, 2019, 10:47:00 AM, TALLAHASSEE,FL 32308



April 22, 2019

Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0135 1216 07.

Item Details

Status:	Delivered, To Original Sender
Status Date / Time:	April 15, 2019, 10:47 am
Location:	TALLAHASSEE, FL 32308-9998
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™
	Return Receipt Electronic
Recipient Name:	TANIA MONDESIR

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

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

Reference ID: 92148901066154000135121607
260607
TANIA MONDESIR
1570 NE 142nd St
North Miami, FL 33161-3015

JoAnne Leznoff
Chair
John Grant
Vice Chair
Michelle Anchors
Antonio Carvajal
Travis Cummings
Don Gaetz
Glenton "Glen" Gilzean, Jr.
William "Willie" N. Meggs
Jim Waldman



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, Florida 32317-5709

325 John Knox Road
Building E, Suite 200
Tallahassee, Florida 32303

C. Christopher Anderson, III
*Executive Director/
General Counsel*

Kerrie J. Stillman
Deputy Executive Director

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

"A Public Office is a Public Trust"

**FINAL NOTICE OF ASSESSMENT OF AUTOMATIC FINE FOR FAILURE TO
TIMELY FILE FORM 1, STATEMENT OF FINANCIAL INTERESTS**

TO: Tania Mondesir **260607**
Department of Health-Boards
Council of Licensed Midwifery
FROM: Kimberly R. Holmes, Program Administrator
DATE: June 11, 2021

On February 10, 2020, we notified you that your Form 1, Statement of Financial Interests, for the year 2018 was not filed and that you therefore have been assessed the maximum fine, for a total fine of \$1500. At that time, you were advised that you had 30 days from the date that letter was transmitted in which to either pay the fine or to appeal the fine to the Commission on Ethics.

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

If you do not pay the assessed fine by July 12, 2021 (30 days from the date of this letter) or contact our office to make arrangements for payment of the fine, the Commission on Ethics will enter an order setting your fine at \$1500 and will utilize all methods allowed by law to collect this fine including referral to a collection agency which can seek to garnish your wages.

Certificate of Mailing:

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

Tania Mondesir **260607**
12111 NE 18th Ave
Miami FL 33181

By United States Mail on this Friday, June 11, 2021.

A handwritten signature in black ink, appearing to read "Kimberly R. Holmes".

Kimberly R. Holmes
Program Administrator

Form Year 2018 Filed Forms

FORM TYPE	DATE SUBMITTED	FORM SIGNED	FILED BY EMAIL?	UPDATED BY	COMMENTS
Form 1	08/27/2021	No	No	Emily Prine	

Fine Year 2019 Fine Information

FINE BALANCE	STATUS	FINE DATE	ORIGINAL FINE AMOUNT	ADJUSTED FINE AMOUNT	LAST PAYMENT DATE	PAYMENT PLAN START DATE	PAYMENT PLAN AMOUNT	TOTAL PAYMENT PLAN AMOUNT DUE
\$1,500.00	Appeal	02/04/2020	\$1,500.00	\$1,500.00				

Fine Address: 12111 NE 18th Ave , Miami, FL 33181

Email: tania_mondesir@yahoo.com

Org/Suborg: Department of Health-Boards - Council of Licensed Midwifery

Fine Year 2019 Appeal Information

2019 FINE APPEAL - FD 19-068	No Hearing Scheduled
APPEAL STATUS	Active
APPEAL RECEIPT DATE	08/02/2021
APPEAL TIMELY FILED	No
PRINT APPEAL LETTER	
HEARING REQUESTED	No
APPEAL REASON	Lack of Notification
APPEAL NOTES	
APPEAL NUMBER	FD 19-068
APPEAL ANALYST ASSIGNED	
FINAL ORDER NUMBER	
FINAL ORDER DATE	

Fine Year 2019 Payment Information

DATE POSTED	DESCRIPTION	AMOUNT	METHOD	PAYMENT ID	COMMENT
02/04/2020	Fine Levied	+\$1,500.00			Fined \$1500.00
Current Balance: \$1,500.00					

Fine Year 2019 Event Chronology

DATE	TYPE	DESCRIPTION	ADDRESS/EMAIL	REFERENCE
08/20/2019		From: Sanders, Sylvia (MQA)		
	Filer	Sent: Tuesday, August 20, 2019 11:12 AM		
	Communication	To: Prine.Emily		
	Email	Subject: FW:		admin system

09/05/2019	Filer Communication Phone	8/23/19 - Made contact with Gerry Nielsen, Department of Health Program Operations Manager. He sent an		admin system
09/06/2019	Filer Correspondence: Letter	Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing	1570 Ne 142nd St, North Miami, FL 33161-3015 tania_mondesir@yahoo.com	KimberlyHolmes
09/13/2019	Filer Communication Email	From: Prine.Emily Sent: Friday, September 13, 2019 2:31 PM To: 'Tania_Mondesir@yahoo.com' Subject:		admin system
09/25/2019	Filer Communication: Letter	Fine letter returned unclaimed		admin system
10/07/2019	Filer Communication Letter	Fine letter returned vacant		admin system
02/04/2020	Fine Levied	Fined \$1500.00		Journal: Fine COE 2020-02- 04-04:56 Correspondence Queue: 2020-02-10 00:00:00 Correspondence Sent: 2020-02-10 00:00:00.0000000
02/10/2020	Filer Correspondence: Letter	Notice of Assessed Fine - Filer 1st Fine Letter	1570 Ne 142nd St, North Miami, FL 33161-3015 tania_mondesir@yahoo.com	Journal: Fine1st 2020-02- 10-09:22
02/10/2020	Notice of Assessed Fine	Initial Fine Notice		
05/13/2020	Filer Communication Other	Certified notice of assessed fine returned as "unclaimed"		admin system
06/11/2021	Filer Correspondence: Letter	Final Notice of Assessed Fine - Second Fine Notice	12111 NE 18th Ave , Miami, FL 33181 tania_mondesir@yahoo.com	Correspondence Queue: 2021-06-11 00:00:00 Correspondence Sent: 2021-06-11 00:00:00.0000000
06/11/2021	Final Notice of Assessed Fine	2nd Fine Notice		Journal: Fine2nd 2021-06-11- 09:38
08/23/2021	Fine Appeal	FD 19-068		Journal: Appeal 2021-08- Correspondence Queue: 2021-08-27 00:00:00 Correspondence Sent: 2021-08-27 00:00:00.0000000
08/27/2021	Filer Correspondence: Letter	Fine Appeal - Fine Appeal	12111 NE 18th Ave , Miami, FL 33181 tania_mondesir@yahoo.com	

Created Date: 8/27/2021

Type: Letter

Created By: System
Description: Fine Appeal - Fine Appeal

Created Date: 6/11/2021
Type: Letter
Created By: System
Description: Final Notice of Assessed Fine - Second Fine Notice

Created Date: 5/13/2020
Type: Other
Created By: admin system
Description: Certified notice of assessed fine returned as "unclaimed"

Created Date: 2/10/2020
Type: Letter
Created By: System
Description: Notice of Assessed Fine - Filer 1st Fine Letter

Created Date: 10/7/2019
Type: Letter
Created By: admin system
Description: Fine letter returned vacant

Created Date: 9/25/2019
Type: Letter
Created By: admin system
Description: Fine letter returned unclaimed

Created Date: 9/25/2019
Type: Letter
Created By: System
Description: Final Notice of Assessed Fine - Second Fine Notice

Created Date: 9/13/2019
Type: Email
Created By: admin system
Description: From: Prine,Emily Sent: Friday, September 13, 2019 2:31 PM To: 'Tania_Mondesir@yahoo.com' Subject: FW: Financial Disclosure DELINQUENT Importance: High Based off your service as a member of the Council of Licensed Midwifery you were required to file a Form 1 2018 by July 1, 2019. A grace period was given until September 3, 2019. To date we have not received your form. You are now being accessed fines at \$25.00 per day up to \$1500.00. I have attached the required form for completion. Form can be scanned and emailed to ceform1@leg.state.fl.us as PDF document. If you have any questions, please let me know. Thank you! Sincerely, Emily E. Prine Program Specialist/Financial Disclosure 850-488-7864 Florida Commission on Ethics Post Office Drawer 15709 Tallahassee, FL 32317-5709

Created Date: 9/10/2019
Type: Other

Created By: admin system
Description: PC returned vacant

Created Date: 9/6/2019
Type: Letter
Created By: System
Description: Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing

Created Date: 9/5/2019
Type: Phone
Created By: admin system
Description: 8/23/19 - Made contact with Gerry Nielsen, Department of Health Program Operations Manager. He sent an email to Board member Mondesir with a Commission on Ethics "Urgent Reminder." He stated that he has been trying to get this Board member to file the form. Email sent to Board member from Mr. Nielsen - As you may remember, your Statement of Financial Interests must be filed annually when serving on an appointed Board or Council (there are fines involved Oyikes!). We received the following from the Commission on Ethics. I have attached a fillable copy of the required Statement to this email, and would be happy to send it along for you to make sure you meet the deadline. The message provided from the COE is as follows: URGENT REMINDER! YOU MUST ACT NOW! Earlier this year, you were notified of your obligation to file a CE Form 1, Statement of Financial Interests, for the year ending December 31, 2018. The grace period for filing this form will expire on September 3, 2019 at 5 p.m., and according to our records, you still have not filed your CE Form 1. Pursuant to State law, an automatic fine of \$25 per day for each day late (up to a maximum fine of \$1,500) will be assessed against you if your CE Form 1 is not received by September 3, 2019. Failure to file can result in removal from public office or employment. Please file your CE Form 1 immediately! If you have ANY questions, please contact State of Florida Commission on Ethics (800) 262-8824 or (850) 488-7864. Thank you for what you do! (Get your forms in!) Gerry Nielsen Program Operations Administrator (850) 245-4586 Gerry.Nielsen@flhealth.gov

Created Date: 8/20/2019
Type: Email
Created By: admin system
Description: From: Sanders, Sylvia (MQA) Sent: Tuesday, August 20, 2019 11:12 AM To: Prine,EmilySubject: FW: Tania Mondesir Importance: High Emily: This is the contact information I have. I have sent a request to the board office for any updates. Tania Mondesir, LM, RN 1570 NE 142nd Street, Miami, FL 33161 Tania_Mondesir@yahoo.com home (786) 267-8088 | work (305) 754-2229 Sylvia R. Sanders, CP, FRP, CPM OMCII, Legislative Coordinator, Certified Paralegal Division of Medical Quality Assurance From: Prine,Emily Sent: Tuesday, August 20, 2019 11:07 AM To: Sanders, Sylvia (MQA)Subject: Tania Mondesir Importance: High We received her delinquency notice returned unclaimed. Do you have current contact information? We are trying to reach out; starting September 4, she will be fined \$25.00 per day up to \$1500.00 To confirm she was on the board as of December 31, 2018. Thank you!

Created Date: 8/20/2019
Type: Email
Created By: admin system
Description: From: Prine,Emily Sent: Tuesday, August 20, 2019 11:15 AM To: 'tania_mondesir@yahoo.com' Subject: Form 1 2018 Financial Disclosure DELINQUENT/Council of Licensed Midwifery Importance: High According to our records, your name was included on this year's list as being in a position that requires financial disclosure as of December 31, 2018. Even if you left the position during 2019, you are required to file the 2018 Form 1, Statement of Financial Interests, by virtue of your employment through December 31, 2018. For your convenience, attached is the 2018 Form 1 for your completion. Upon completion, send form to:

Created Date: 8/20/2019
Type: Postcard
Created By: System
Description: Courtesy Postcard Reminder - Courtesy Postcard Reminder

Created Date: 8/14/2019
Type: Letter
Created By: admin system
Description: Del notice returned unclaimed

Created Date: 7/24/2019
Type: Letter
Created By: System
Description: Certified Letter Sent - Certified Letter Sent

Created Date: 6/3/2019
Type: Other
Created By: admin system
Description: 1st mailing returned "vacant"

Created Date: 5/15/2019
Type: Letter
Created By: System
Description: Form 1 Official List - Form 1 Official Filers List

Created Date: 3/4/2019
Type: Letter
Created By: System
Description: Notice of Assessed Fine - Filer 1st Fine Letter