

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re KIMBERLY HUDE	)	Financial Disclosure Appeal No. FD 21-071
	)	
Appellant.	)	Final Order No. XXX
_____	)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on October 23, 2026, on the appeal of Appellant, 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 on the Lake Worth Beach Division 2 Fire Department Board, a position requiring the filing of a 2020 CE Form 1, Statement of Financial Interests. In 2021, the designated due date for submitting a 2020 CE Form 1 was July 1, 2021, with a grace period ending on September 1, 2021.

2. No later than June 1, 2021, the Palm Beach County Supervisor of Elections sent Appellant a 2020 CE Form 1.

3. No later than August 1, 2021, the Palm Beach County Supervisor of Elections sent Appellant a notice of delinquency by certified mail. This notice was sent to Appellant at 1020 Lucerne Ave, Lake Worth, FL 33460. According to materials provided to the Commission, it

appears this mailing was marked "RETURN TO SENDER UNCLAIMED UNABLE TO FORWARD," and was returned to the Palm Beach County Supervisor of Elections.

4. On September 8, 2021, the Commission on Ethics mailed Appellant a courtesy notice of fines accruing. This notice was also sent to the 1020 Lucerne Ave address.

5. On October 9, 2023, the Commission mailed Appellant a Notice of Assessed fine. The notice was sent by mail to [REDACTED] 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 November 8, 2023.

6. On November 2, 2023, the Commission on Ethics Received Appellant's 2020 CE Form 1.

7. On November 2, 2023, the Commission also received Appellant's appeal of her automatic fine for Form Year 2020. In part B of her appeal form, Appellant checked "lack of notification- failure to receive notice" as the general reason for her appeal. In part C of her appeal form, where an appellant is asked to provide detailed explanation of his or her appeal, Appellant wrote that Palm Beach County Fire Rescue took over the Lake Worth Fire Department many years ago. Appellant explained that the 1020 Lucerne Ave address where the notices were being sent is the Lake Worth municipal building, but her department is located at a different address in West Palm Beach. Appellant also noted that she has since updated her address to her home address so that there is no further confusion.

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)3., 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 assure compliance with the filing requirements shall be deemed not to constitute unusual circumstances.

12. Here, Appellant stated that she did not receive notice, and explained that the notices were being sent to an old municipal address. Further, materials provided by the Palm Beach County Supervisor of Elections confirm that the certified mailing that was sent to Appellant was returned to that Office as unclaimed and unable to forward. Considering Appellant's claims, and that there is no evidence showing otherwise, there are "unusual circumstances" here 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 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: aln

Kimberly Hude



NOV 02 2023

RECEIVED



STATE OF FLORIDA
COMMISSION ON ETHICS

325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303
Telephone: (850) 488-7864
Fax: (850) 488-3077
Email: disclosure@leg.state.fl.us

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2020

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

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

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

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

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

PLEASE SEND YOUR COMPLETED FORM TO ONE OF THE FOLLOWING:

Mailing Address: Commission on Ethics
P.O. Drawer 15709
Tallahassee, FL 32317-5709

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

Fax: (850) 488-3077

Email: disclosure@leg.state.fl.us

PART A: YOUR INFORMATION

Name: Kimberly Hyde

Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Daytime Tel.: [REDACTED] Cell: [REDACTED]

Email: Krhude@psc.gov Filer ID# (if known): _____

Public Employer: Palm Beach County Fire Rescue

Public Position: Deputy Chief of Administration

CONTINUED ON REVERSE SIDE

PART B: GENERAL REASON(S) FOR YOUR APPEAL

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

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

- a. ☐ **Sickness or injury** (Explain in Part C and attach a statement from attending physician, including dates and nature of illness or injury)
- b. ☒ **Lack of notification – Failure to receive notice** (Explain in Part C and provide documentation that supports your assertion that you never received certified mail delinquency notice: for example, incorrect address; misdelivered mail; change in employment; extended absence from home, etc.)
- c. ☐ **Claim of timely filing of financial disclosure** (Explain in Part C and provide copy of certified mail receipt and/or copy of completed form which had been previously filed, along with a sworn notarized statement that you filed prior to the deadline)
- d. ☐ **Left public position prior to December 31, 2021** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2021)
- 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.

Please See Supplement

OPTIONAL REQUEST FOR HEARING

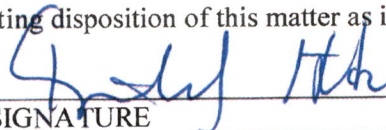
☐ In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(f)3 or Section 112.3145(8)(g)3, Florida Statutes. Commission meetings occur in Tallahassee.

SIGNATURE

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

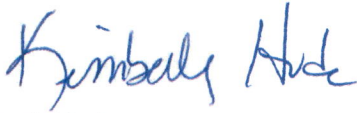
11/2/2023
DATE

SIGNATURE



To whom it may concern,

The Statement of Financial Interest Form for year 2020 and 2021 were sent to the wrong address as verified by the return of certified mail included in this packet. Palm Beach County Fire Rescue took over the Lake Worth Fire Department many years ago. Lake Worth city municipal building is at 1020 Lucerne Ave, where the mail was sent. My department is located at 405 Pike Road in West Palm Beach. I have since ensured that this form is being sent to my home address so that there is no further confusion. Please consider my appeal as I have provided all documents and ensued proper receipt and timely return of all future correspondence.

A handwritten signature in blue ink that reads "Kimberly Hude". The signature is written in a cursive, flowing style.

Kimberly Hude

PROCESSED

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2020

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Hude, Kimberly Renee

MAILING ADDRESS :

[REDACTED]

CITY :

ZIP :

COUNTY :

[REDACTED]

NAME OF AGENCY :

Palm Beach County Fire Rescue

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Deputy Chief of Administration

CHECK ONLY ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

FLORIDA
COMMISSION ON ETHICS

NOV 02 2023

RECEIVED

282677

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

DISCLOSURE PERIOD:

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
N/A		

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

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

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

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

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
None	

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

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

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:

Kimberley Nade

Date Signed:

11/02/2023

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2020.

NOV 05 2021

RECEIVED

**Florida Commission on Ethics
Financial Disclosure Notification System
Delinquency Certification (2021)**

I Wendy Sartory Link, the Supervisor of Elections of
Palm Beach County, hereby certify that each person whose ID
number, name, agency, and position appears above or on the attached
list:

(1) was sent a notice of the July 1, 2021 financial disclosure deadline and
a blank Form 1, Statement of Financial Interests, not later than June 1,
2021;

(2) was determined to be delinquent in filing a Form 1, Statement of
Financial Interests, by July 1, 2021;

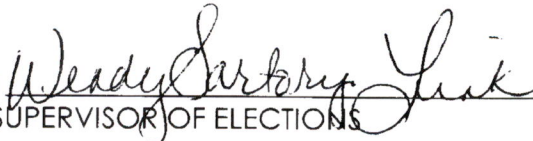
(3) was sent a delinquency notice by certified mail not later than August
1, 2021 advising him or her of the grace period in effect until September 1,
2021; and of the penalties that could be imposed as provided in Section
112.3145(8)(c), Florida Statutes; and

(4) did not file a Form 1, Statement of Financial Interests, until the date
shown or, had not filed a Form 1, Statement of Financial Interests by
October 31, 2021; and further

(5) that the date of filing shown is based upon the earliest of the following:

- (a) when the Form 1 was actually received by my office;
- (b) when the Form 1 was postmarked;
- (c) when the certificate of mailing (if any) was dated; or
- (d) when the receipt (if any) from an established courier company was
dated.

Signed


SUPERVISOR OF ELECTIONS

43		282677	Chief Kimberly Hude	Lake Worth Beach	Division 2 Fire Department	60	Palm Beach
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Wendy Sartory Link the Supervisor of Elections of Palm Beach County, hereby certify that each person whose PID number, name, agency, and position appears above or on the attached list:

1. was sent a notice of the July 1, 2021 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2021;

2. was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2021;
3. was sent a delinquency notice by certified mail not later than August 1, 2021 advising him or her of the grace period in effect until September 1, 2021; and of the penalties that could be imposed as provided in Section 112.3145(8)(c), Florida Statutes; and
4. did not file a Form 1, Statement of Financial Interests, until the date shown or, had not filed a Form 1, Statement of Financial Interests by October 31, 2021; and further
5. that the date of filing shown is based upon the earliest of the following:
 - a. when the Form 1 was actually received by my office;
 - b. when the Form 1 was postmarked;
 - c. when the certificate of mailing (if any) was dated; or
 - d. when the receipt (if any) from an established courier company was dated.

Signed


SUPERVISOR OF ELECTIONS



WENDY SARTORY LINK
PALM BEACH COUNTY SUPERVISOR OF ELECTIONS
Post Office Box 22309
West Palm Beach, FL 33416

7021 1970 0001 0829 0524
AM 11:46
PALM BEACH COUNTY FL

CERTIFIED MAIL®



7021 1970 0001 0829 0524

282677

Hude Kimberly
Lake Worth Beach
Division 2 Fire Department Board
1020 Lucerne Ave
Lake Worth, FL 33460

WIXIE

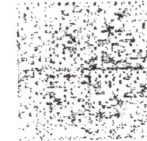
SEP 1 DE 1 0000 00 00

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

UNC

BC: 23416270909 *1106-05193-00-45

33416270909



U.S. POSTAGE & METS
ZIP 33416
01 434
00002843 04 11 2011

N/K
8/2/21

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

In re **Kimberly Hude**
Division 2 Fire Department
Division 2 Fire Department Board
Lake Worth Beach

PID#: 282677

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 2020 CE Form 1, Statement Of Financial Interests. Under the law, your 2020 CE Form 1, Statement of Financial Interests, was due by July 1, 2021. The law provided for a penalty-free grace period extending the due date to September 1, 2021. 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 2020 CE Form 1 has not been filed with the Supervisor of Elections for Palm Beach County within the 60 days of the grace period date (September 1, 2021), 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 **November 8, 2023**. **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 1, 2021, 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, 2020:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2020; 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.

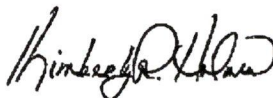
CERTIFICATE OF MAILING

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

Chief Kimberly Hude



by Certified Mail on this Monday, October 09, 2023.



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****2020**

FOR OFFICE USE ONLY:

Chief Kimberly Hude
Division 2 Fire Department
Lake Worth Beach
Division 2 Fire Department Board
[REDACTED]
[REDACTED]



282677

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

Hude Kimberly

****** THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

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

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

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")

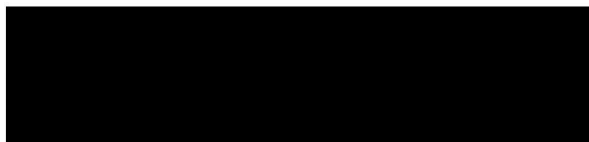
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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.



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



RETURN RECEIPT (ELECTRONIC)

282677

CHIEF KIMBERLY HUDE



42

URGENT - Open Immediately!

CUT / FOLD HERE

Zone 4

6"x9" ENVELOPE
CUT / FOLD HERE

CUT / FOLD HERE

Form Year 2020 Filed Forms

FORM TYPE	DATE SUBMITTED	FORM SIGNED	FILED BY EMAIL?	UPDATED BY	COMMENTS
Form 1	11/02/2023	No	Yes	Kimberly Holmes	Received by COE on behalf of Palm Beach Supervisor of Elections

Fine Year 2021 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	10/09/2023	\$1,500.00	\$1,500.00				
Fine Address: [REDACTED] Email: KRHude@pbc.gov Org/Suborg: Lake Worth Beach - Division 2 Fire Department Board								

Fine Year 2021 Appeal Information

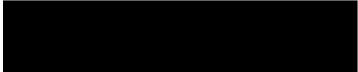
2021 FINE APPEAL - FD 21-071		No Hearing Scheduled
APPEAL STATUS		Active
APPEAL RECEIPT DATE		11/02/2023
APPEAL TIMELY FILED		Yes
PRINT APPEAL LETTER		
HEARING REQUESTED		No
APPEAL REASON		Lack of Notification
APPEAL NOTES		
APPEAL NUMBER		FD 21-071
APPEAL ANALYST ASSIGNED		
FINAL ORDER NUMBER		
FINAL ORDER DATE		

Fine Year 2021 Payment Information

DATE POSTED	DESCRIPTION	AMOUNT	METHOD	PAYMENT ID	COMMENT
10/09/2023	Fine Levied	+\$1,500.00			Fined \$1500.00
Current Balance: \$1,500.00					

Fine Year 2021 Event Chronology

DATE	TYPE	DESCRIPTION	ADDRESS/EMAIL	REFERENCE
09/08/2021	Filer Correspondence Letter	Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing	1020 Lucerne Ave, Lake Worth, FL 33460-3713 UNKNOWN@email.com	KimberlyHolmes

10/09/2023	Filer Correspondence Letter	Notice of Assessed Fine - Filer 1st Fine Letter	 KRHude@pbcgov.org	Correspondence Queue: 2023-10-09 00:00:00 Correspondence Sent: 2023-10-09 00:00:00.0000000
10/09/2023	Fine Levied	Fined \$1500.00		Journal: Fine Palm Beach 2023-10-09- 01:22
10/09/2023	Notice of Assessed Fine	Initial Fine Notice		Journal: Fine1st 2023-10- 09-02:04
03/22/2024	Filer Correspondence: Fine Appeal - Fine Appeal Letter		 KRHude@pbc.gov	Correspondence Queue: 2024-03-22 00:00:00 Correspondence Sent: 2024-03-22 00:00:00.0000000
03/22/2024	Fine Appeal	FD 21-071		Journal: Appeal 2024-03

Created Date: 3/22/2024**Type:** Letter**Created By:** System**Description:** Fine Appeal - Fine Appeal**Created Date:** 10/9/2023**Type:** Letter**Created By:** System**Description:** Notice of Assessed Fine - Filer 1st Fine Letter**Created Date:** 10/5/2022**Type:** Email**Created By:** Emily E Prine**Description:****From:** Kimberly Hude <KRHude@pbcgov.org>**Sent:** Wednesday, October 05, 2022 1:18 PM**To:** disclosure <disclosure@leg.state.fl.us>**Subject:** Attention Kim

Per our conversation, please find the attached appeal. Let me know if there is anything else that you will need for review.

Thank you,

Kimberly Hude

Deputy Chief of Administration

Palm Beach County Fire Rescue

405 Pike Road

West Palm Beach, FL 33411

[REDACTED]

[REDACTED]

krhude@pbcgov.org

From: disclosure <disclosure@leg.state.fl.us>

Sent: Wednesday, October 5, 2022 11:06 AM

To: Kimberly Hude <KRHude@pbcgov.org>

Cc: Amber Sacks M. <Amber@votepalmbeach.gov>; Daniel Reyes <daniel@votepalmbeach.gov>

Subject: RE: Attention Kim

This Message Is From an External Sender

This message came from outside your organization.

Good morning, Deputy Chief Hude.

This will acknowledge receipt of your 2021 Form 1, Statement of Financial Interests. The form receipt date has been entered in our database to reflect receipt on our website.

Form is forwarded to the Palm Beach County SOE office for appropriate filing.

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

Sincerely,

Kimberly R. Holmes

Program Administrator

Financial Disclosure Section

Florida Commission on Ethics

P.O. Drawer 15709

Tallahassee, FL 32317-5709

(850) 488-7864

(850) 488-3077 (Fax)

www.ethics.state.fl.us [ethics.state.fl.us]

Physical address :

325 John Knox Road

Building E, Suite 200

Tallahassee, FL 32303

From: Kimberly Hude <KRHude@pbcgov.org>

Sent: Tuesday, October 04, 2022 4:45 PM

To: disclosure <disclosure@leg.state.fl.us>

Subject: Attention Kim

Kimberly Hude

Deputy Chief of Administration

Palm Beach County Fire Rescue

405 Pike Road

West Palm Beach, FL 33411

[REDACTED]

[REDACTED]

krhude@pbcgov.org

Created Date: 9/8/2021

Type: Letter

Created By: System

Description: Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing

Created Date: 8/20/2021

Type: Postcard

Created By: System

Description: Courtesy Postcard Reminder - Courtesy Postcard Reminder