

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re ALAN BRUCE MILLER	)	Financial Disclosure Appeal No. FD 22-037
	)	
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 as a Trustee for the Hallandale Beach Police and Firefighters Trust, a position requiring the filing of a 2021 CE Form 1, Statement of Financial Interests. In 2022, the designated due date for submitting a 2021 CE Form 1 was July 1, 2022, with a grace period ending on September 1, 2022.

2. No later than June 1, 2022, the Palm Beach County Supervisor of Elections sent Appellant a 2021 CE Form 1. This was sent to Appellant at 7700 Congress Ave, Ste 1105, Boca Raton, Fl 33487. Records indicate this mailing was returned and marked "RETURN TO SENDER NOT DELIVERABLE AS ADDRESSED UNABLE TO FORWARD."

3. No later than August 1, 2022, the Palm Beach County Supervisor of Elections sent Appellant a notice of delinquency by certified mail. This was sent to the 7700 Congress Ave address. Records indicate this mailing was also returned to the Palm Beach County Supervisor of Elections by the postal service.

4. On September 13, 2022, the Commission on Ethics sent Appellant a courtesy notice of fines accruing. This was sent to Appellant at the 7700 Congress Ave address. Commission records indicate this was returned by the postal service as not deliverable as addressed.

5. On September 19, 2022, the Palm Beach County Supervisor of Elections received Appellant's 2021 CE Form 1.

6. On November 9, 2023, the Commission mailed Appellant a Notice of Assessed Fine. Commission records indicate this initial Notice was invalidated and the reason listed is "better address." On December 7, the Commission mailed Appellant a second Notice of Assessed Fine. This was mailed to Appellant at 10918 Rock Springs Terrace, Boca Raton, FL 33487-1353. It indicated the total of Appellant's accrued automatic fine was \$450 (\$25 per day for 18 days late) and provided that the Commission must receive an appeal of the fine by January 8, 2024.

7. On December 11, 2023, the Commission received Appellant's appeal of his automatic fine for Form Year 2021. In part B of his appeal form, Appellant checked "Sickness or injury" as the general reason for his appeal. In part C of his appeal form, where an appellant is asked to provide a detailed explanation of his or her appeal, Appellant wrote that he was having major problems with his teeth and gums, and was receiving major dental treatments in 2022. Appellant also attached dental records outlining the extensive treatment plan. The Commission received a second appeal form from Appellant on December 27, 2023. On this appeal form, Appellant checked "Other unusual circumstances," and wrote "the form was not received, although

filed." Appellant also attached a letter he sent to the Palm Beach County Supervisor of Elections explaining that he submitted the form prior to July 1, but never knew the form was not received.

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 explained that he was getting extensive dental work done in 2022. Appellant attached dental records to support this. Appellant also claimed that he did submit his Form prior to July 1, but did not know that it had not been received. Commission records do indicate that all of the notices that were sent to Appellant were returned by the postal service and marked as undeliverable, which lends credence to Appellant's claims that he was not aware his Form had not been received. Additionally, the returned mail indicates that Appellant never received proper notice of his filing requirement for Form year 2021. 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 \$450 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 \$450.

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

Alan Miller
10918 Rock Springs Terrace
Boca Raton, FL 33487-1353

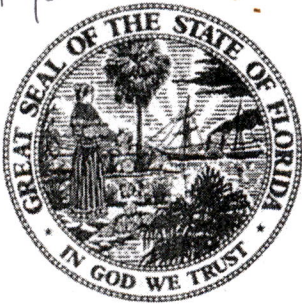
2020
& 2021
(additional
info email)
12/21/23

22-037 2193

FLORIDA
COMMISSION ON ETHICS

DEC 11 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 2021

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: ALAN MILLER

Address: 10918 ROCK SPRINGS TERRACE City: BOYNTON BEACH State: FL Zip: 33437

Daytime Tel.: 305/613-2624 Cell: 305/613-2624

Email: abmillercpa@gmail.com Filer ID# (if known): _____

Public Employer: HALLANDALE BEACH POLICE + FIRE FIGHTERS TRUST

Public Position: CHAIR

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.

I was having major problems with my teeth and gums. I paid \$10000 to my dentist to correct the problem. I was treated during 2022 to get the problem resolved.

I have been on the board of the Hallandale Beach Police Firefighters for over 20 years and have always filed form 1 timely. I request the penalty be abated.

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)2 or Section 112.3145(8)(f)2, Florida Statutes. Commission meetings occur in Tallahassee.

SIGNATURE

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

DATE

SIGNATURE



PROSTHODONTICS, IMPLANT & COSMETIC DENTISTRY

www.friedmandentalgroup.com

TREATMENT PLAN/FINANCIAL ARRANGEMENT

Patient Name: Allan Miller Date: 3/22/22
Treatment Being Performed: #13 \$15 Ext, bone graft, membrane 1200x2=2400
#13 \$15 Implants 2000x2 = 4,000
#21 Ext 400
Bridge 13 to 15 2000x3 = 6000
#13 \$15 Custom abutment 650x2 = 1300
Bridge #18 to 22 2000x5 = 10,000
Crown #31 21000

Recommended Follow-up Care: _____

Total Cost of Treatment: 25,300

This treatment plan includes all promotional offers and reflects the final treatment cost.

Non-Refundable Initial Payment: _____ I am aware that the initial payment is to begin my case and is nonrefundable. It includes the diagnostic digital x-rays (Individual and CT Scan), diagnostic impressions and casts of my teeth, the preparation of my case via our lab technician, and the coordination and scheduling of my surgical date. _____ Initial

Remaining Payments:

1st

\$ 10,000

Date: 3/22/22

2nd

\$ _____

Date: _____

3rd

\$ _____

Date: _____

I have been informed, understand, and accept the treatment plan prescribed above. I understand that in some instances, unforeseen changes in treatment may be necessary and that changes in insurance coverage may vary from the estimated treatment calculation. I acknowledge that this is an ESTIMATE ONLY. I understand that I, not the insurance company, am responsible for payment in full, for ALL services rendered. _____ Initial

Patient's Signature: _____

Date: 3/22/2022

Witness's Signature: _____

Date: 3/22/22

9825 W. SAMPLE ROAD * SUITE 100 * CORAL SPRINGS, FL 33065 (954) 752-5560
7420 NW 5TH STREET * SUITE 109 * PLANTATION, FL 33317 (954) 581-5922
254 SUNSET AVENUE * PALM BEACH, FL 33480 (561) 65-2347
6269 N. UNIVERSITY DRIVE * TAMARAC, FL 33321 (954) 721-2330

DEC 27 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 2021

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.

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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: Alan B. Miller

Address: 10918 Rock Spring Terr. City: Boynton Beach State: FL Zip: 33437

Daytime Tel.: (305) 613-2624 Cell: _____

Email: abmillercpa@gmail.com Filer ID# (if known): _____

Public Employer: Hallandale Beach Police & Firefighters Pension Trust

Public Position: Trustee

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.

The form was not received, although filed.

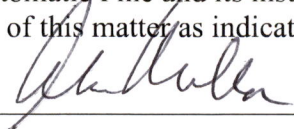
OPTIONAL REQUEST FOR HEARING

☐ In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(f)2 or Section 112.3145(8)(f)2, 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.

12/18/23
DATE


SIGNATURE

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2021

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

MILLER ALAN BRUCE

MAILING ADDRESS:

10918 ROCK SPRINGS TERR

CITY:

BOYNTON BEACH

ZIP:

33437

COUNTY:

PALM BEACH

NAME OF AGENCY:

HALLANDALE BEACH POLICE & FIRE FIGHTERS PENSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

TRUSTEE

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEESUPERVISOR OF ELECTIONS
2022 SEP 19 PM 4:45
PALM BEACH COUNTY, FL.**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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
ALAN MILLER CPA PA	10918 ROCK SPRINGS TER BOYNTON BEACH FL	TAX PREPARATION

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
STOCK SECURITIES	VARIOUS

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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	ALAN MILLER CPA PA	
ADDRESS OF BUSINESS ENTITY	10418 ROCK SPRINGS TER	
PRINCIPAL BUSINESS ACTIVITY	TAX PREPARATION	
POSITION HELD WITH ENTITY	PRES	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
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:



Date Signed:

9/19/2022

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, 2021.

Alan Miller CPA, P.A.

10918 Rock Springs Terrace
Boynton Beach, FL 33437
Phone: (305) 613-2624
Email: qbmillercpa@gmail.com

Sent by email: financialdisclosures@votepalmbeach.gov

September 19, 2022

Supervisor of Elections
P.O. Box 22309
West Palm Beach, FL 33416

SUPERVISOR OF ELECTIONS
2022 SEP 19 PM 4:45
PALM BEACH COUNTY, FL.

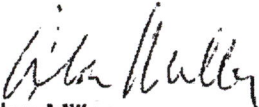
Dear Ms. Linkr:

Enclosed you will find my Form 1 as a Trustee for the Hallandale Beach Police and Firefighters' Pension Fund.

I request that the penalty be waived because I submitted this form prior to July 1 but never knew that the form was not received.

I would appreciate your favorable response.

Very truly yours,


Alan Miller

Encl: Form 1

Amber Sacks

From: Alan Miller <abmillercpa@gmail.com>
Sent: Monday, September 19, 2022 2:26 PM
To: Financial Disclosures
Subject: Form 1
Attachments: 2 Form 1 for 2021.pdf

Caution: This is an external email. Please be careful when clicking links or opening attachments. Think before you click! When in doubt, just contact your IT Department.

Attached is my Form 1 for 2021.

Please confirm receipt

Alan Miller

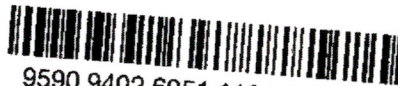
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bruce Miller - 278482
Finance Director, Lake Worth Beach
1212 Columbine Pl
Wellington, FL 33414

AS



9590 9402 6951 1104 0404 54

2. Article Number (Transfer from service label)

7021 1970 0001 0829 6717

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

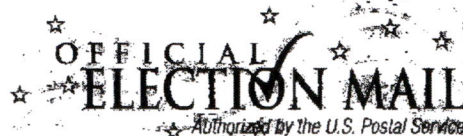
☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



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



USPOSTAGE
ZIP 33416 \$000.73⁰
02 JN
0000338137MA-01 0022

U/F

115 111:08

Enveloped 6/15/02

2193 - ALAN BRUCE MILLER
CHAIR, Hallandale Beach
7700 Congress Ave, Ste 1105
Boca Raton, FL 33487

NIXIE 322 PE 1 0000/12/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BT 33416230909 *1106-06722-31-98

3348731553 003

CERTIFIED MAIL

FWD

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

A22



7021 1970 0001 0529 6700



USPOSTAGE
ZIP 33416 \$008.06⁰
02 JN
0000338137MA-01 0022

Enveloped 6/15/02

MILL700* 326 DC 1
UNABLE TO FORWARD FOR REVIEW
C7208/08/22

BC: 3348799955 DU2175N220204-02298

Alan Bruce Miller - 2193
CHAIR
Hallandale Beach
7700 Congress Ave Ste 1105
Boca Raton, FL 33487

NIXIE 351 D2 1 0000/17/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2021



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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

MILLER ALAN BRUCE

MAILING ADDRESS:

10918 ROCK SPRINGS TERR

CITY:

BOYNTON BEACH

ZIP:

33437

COUNTY:

PALM BEACH

NAME OF AGENCY:

HALLANDALE BEACH POLICE & FIRE FIGHTERS PENSION

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

TRUSTEE

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEESUPERVISOR OF ELECTIONS
2022 SEP 19 PM 4:45
PALM BEACH COUNTY, FL.**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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
ALAN MILLER CPA PA	10918 ROCK SPRINGS TER BOYNTON BEACH FL	TAX PREPARATION

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
STOCK SECURITIES	VARIOUS

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
ADDRESS OF BUSINESS ENTITY	ALAN MILLER CPA PA 15418 ROBE SPRINGS TER	
PRINCIPAL BUSINESS ACTIVITY	TAX PREPARATION	
POSITION HELD WITH ENTITY	PRES	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	
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:

Date Signed:

9/19/2022

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, 2021.

Alan Miller CPA, P.A.

10918 Rock Springs Terrace
Boynton Beach, FL 33437
Phone: (305) 613-2624
Email: qbmillercpa@gmail.com

Sent by email: financialdisclosures@votepalmbeach.gov

September 19, 2022

Supervisor of Elections
P.O. Box 22309
West Palm Beach, FL 33416

SUPERVISOR OF ELECTIONS
2022 SEP 19 PM 4:45
PALM BEACH COUNTY, FL.

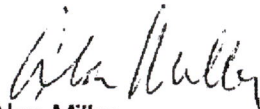
Dear Ms. Link:

Enclosed you will find my Form 1 as a Trustee for the Hallandale Beach Police and Firefighters' Pension Fund.

I request that the penalty be waived because I submitted this form prior to July 1 but never knew that the form was not received.

I would appreciate your favorable response.

Very truly yours,


Alan Miller

Encl: Form 1

**Florida Commission on Ethics
Financial Disclosure Notification System
Delinquency Certification (2022)**

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, 2022 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2022;

(2) was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2022;

(3) was sent a delinquency notice by certified mail not later than August 1, 2022 advising him or her of the grace period in effect until September 1, 2022; 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, 2022; 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

OFFICIAL
ELECTION MAIL

Authorized by the U.S. Postal Service



US POSTAGE
ZIP 33415 \$000.73⁰
0000338137MA-01-000

UP

115 2711:00

Enrailed 6/15/02

2193 - ALAN BRUCE MILLER
CHAIR, Hallandale Beach
7700 Congress Ave, Ste 1105
Boca Raton, FL 33487

NIXIE 522 PE 1 0000/12/22

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF BC: 33416230909 71106-06722-31-99

3348731593 1093

CERTIFIED MAIL



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

A22



7021 1970 0001 0829 6200



US POSTAGE
ZIP 33415 \$008.06⁰
0000338137MA-01-000

Enrailed 6/15/02

BC: 3348799955 DU2175N220204-02298
MILL700* 326 DC 1 FORWARD/FOR REVIEW
UNABLE TO FORWARD/FOR REVIEW
C7208/08/22

Alan Bruce Miller - 2193
CHAIR
Hallandale Beach
7700 Congress Ave Ste 1105
Boca Raton, FL 33487

NIXIE 551 D2 1 0005/17/22

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bruce Miller - 278482
Finance Director, Lake Worth Beach
1212 Columbine Pl
Wellington, FL 33414

AS



9590 9402 6951 1104 0404 54

2. Article Number (Transfer from service label)

7021 1970 0001 0829 6717

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

Amber Sacks

From: Alan Miller <abmillercpa@gmail.com>
Sent: Monday, September 19, 2022 2:26 PM
To: Financial Disclosures
Subject: Form 1
Attachments: 2 Form 1 for 2021.pdf

Caution: This is an external email. Please be careful when clicking links or opening attachments. Think before you click! When in doubt, just contact your IT Department.

Attached is my Form 1 for 2021.
Please confirm receipt

Alan Miller

55	09/19/2022	2193	Alan Bruce Miller	Hallandale Beach	CHAIR		60	Palm Beach
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BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re **Alan Bruce Miller**
 CPA REP. MEMBER
 Police And Fire Pension Board
 Hallandale Beach

PID#: 2193

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 2021 CE Form 1, Statement Of Financial Interests. Under the law, your 2021 CE Form 1, Statement of Financial Interests, was due by July 1, 2022. The law provided for a penalty-free grace period extending the due date to September 1, 2022. 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 2021 CE Form 1 was filed September 19, 2022 with the Supervisor of Elections for Palm Beach County, you are fined the amount of \$450.00 (\$25.00 per day for 18 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 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 **January 8, 2024**. **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, 2022, 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, 2021:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2021; 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:

Alan Bruce Miller
Attn: Blanca Greenwood
7080 NW 4th St
Plantation, FL 33317

by Certified Mail on this Thursday, December 07, 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

Mail Piece Details



Print this page

Recipient Address

ALAN BRUCE MILLER
10918 ROCK SPRINGS TER
BOYNTON BEACH, FL 33437-3912

Record / Case Number:
2193

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000190492674

Date Created: 11/09/2023 03:22:21 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: ALAN BRUCE MILLER

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

Pre-Shipment, Usps Awaiting Item, November 09, 2023, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, November 09, 2023, 02:40:00 PM, TALLAHASSEE,FL 32317

Delivered Left With Individual, November 14, 2023, 03:24:00 PM, BOYNTON BEACH,FL 33437



November 20, 2023

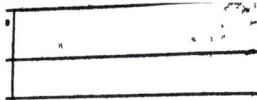
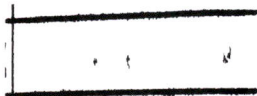
Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number:
9214 8901 0661 5400 0190 4926 74.

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	November 14, 2023, 3:24 pm
Location:	BOYNTON BEACH, FL 33437
Postal Product:	USPS Ground Advantage™
Extra Services:	Certified Mail™ Return Receipt Electronic
Recipient Name:	ALAN BRUCE MILLER

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: 92148901066154000190492674
2193
ALAN BRUCE MILLER
10918 Rock Springs Ter
Boynton Beach, FL 33437-3912

Form Year 2021 Filed Forms

FORM TYPE	DATE SUBMITTED	FORM SIGNED	FILED BY EMAIL?	UPDATED BY	COMMENTS
Form 1	09/19/2022	No	Yes	HOLMESK(SOE IMPORT)	Palm Beach

Fine Year 2022 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
\$450.00	Appeal	10/12/2023	\$450.00	\$450.00				
Fine Address: 10918 Rock Springs Terrace, Boca Raton, FL 33487-1353 Email: abmillercpa@gmail.com Org/Suborg: Hallandale Beach - Police And Fire Pension Board								

Fine Year 2022 Appeal Information

2022 FINE APPEAL - FD 22-037			No Hearing Scheduled		
APPEAL STATUS			Active		
APPEAL RECEIPT DATE			12/11/2023		
APPEAL TIMELY FILED			Yes		
PRINT APPEAL LETTER					
HEARING REQUESTED			No		
APPEAL REASON			Illness or Injury		
APPEAL NOTES					
APPEAL NUMBER			FD 22-037		
APPEAL ANALYST ASSIGNED					
FINAL ORDER NUMBER					
FINAL ORDER DATE					

Fine Year 2022 Payment Information

DATE POSTED	DESCRIPTION	AMOUNT	METHOD	PAYMENT ID	COMMENT
10/12/2023	Fine Levied	+\$450.00			Fined \$450.00
Current Balance: \$450.00					

Fine Year 2022 Event Chronology

DATE	TYPE	DESCRIPTION	ADDRESS/EMAIL	REFERENCE
09/13/2022	Filer Correspondence Letter	Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing	7700 Congress Ave Ste 1105, Boca Raton, FL 33487-1353 amiller@vcpa.com	KimberlyHolmes

09/15/2022	Filer Communication Email	From: Prine.Emily Sent: Thursday, September 15, 2022 8:22 AM To: 'amiller@vcpa.com' Subject: Finan		admin system
09/15/2022	Filer Communication: Email	From: postmaster@vcpa.com Sent: Thursday, September 15, 2022 8:23 AM To: prvs=25029b5ef=PRINE.EMILY		admin system
09/26/2022	Filer Communication Letter	Courtesy Notice of Fines Accruing returned not deliverable as addressed		admin system
10/12/2023	Fine Levied	Fined \$450.00		Journal: Fine Palm Beach 2023-10-12-02:18
11/09/2023	Filer Correspondence Letter	Notice of Assessed Fine - Filer 1st Fine Letter	10918 Rock Springs Ter, Boynton Beach, FL 33437-3912 amiller@vcpa.com	Correspondence Queue: 2023-11-09 00:00:00 Correspondence Sent: 2023-11-09 00:00:00.0000000
~~11/09/2023~~	~~Notice of Assessed Fine~~	~~Initial Fine Notice. Invalidated - Reason: Better address~~		~~Journal: Fine1st 2023-11-09 02:27~~
12/07/2023	Filer Correspondence Letter	Notice of Assessed Fine - Filer 1st Fine Letter	10918 Rock Springs Terrace, Boca Raton, FL 33487-1353 abmillercpa@gmail.com	Correspondence Queue: 2023-12-07 00:00:00 Correspondence Sent: 2023-12-07 00:00:00.0000000
12/07/2023	Notice of Assessed Fine	Initial Fine Notice		Journal: Fine1st 2023-12-07-11:18
12/21/2023	Filer Communication Email	From: Yolanda Vega Sent: Thursday, December 21, 2023 10:58 AM To: disc		Emily Prine
06/05/2024	Filer Correspondence: Fine Appeal - Fine Appeal Letter		10918 Rock Springs Terrace, Boca Raton, FL 33487-1353 abmillercpa@gmail.com	Correspondence Queue: 2024-06-05 00:00:00 Correspondence Sent: 2024-06-05 00:00:00.0000000
06/05/2024	Fine Appeal	FD 22-037		Journal: Appeal 2024-06

Created Date: 6/5/2024

Type: Letter

Created By: System

Description: Fine Appeal - Fine Appeal

Created Date: 12/21/2023

Type: Email

Created By: Emily E Prine

Description:

From: Yolanda Vega <yolanda@robertdklausner.com>

Sent: Thursday, December 21, 2023 10:58 AM

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

Cc: Blanca Torrents Greenwood <blanca@robertdklausner.com>

Subject: Appeal of Automatic Fine for Form Year 2020 and 2021

You don't often get email from yolanda@robertdklausner.com. [Learn why this is important](#)

Attached please find Appeal of Automatic Fine for Form Year 2020 and 2021 on behalf of Trustee, Alan B. Miller. Copies of which are also being sent via U.S. mail.

If you require anything further, please do not hesitate to contact me.

Thank you.

Created Date: 12/7/2023

Type: Letter

Created By: System

Description: Notice of Assessed Fine - Filer 1st Fine Letter

Created Date: 11/9/2023

Type: Letter

Created By: System

Description: Notice of Assessed Fine - Filer 1st Fine Letter

Created Date: 9/26/2022

Type: Letter

Created By: admin system

Description: Courtesy Notice of Fines Accruing returned not deliverable as addressed

Created Date: 9/19/2022

Type: Email

Created By: admin system

Description: From: Guillen, Jenorgen Sent: Monday, September 19, 2022 9:29 AM To: Prine,Emily Cc: abmillercpa@gmail.com Subject: RE: Alan Bruce Miller Greetings Mr. Miller, Please note that the State of Florida is trying to contact you regarding the Form 1. May you kindly provide a revised contact information to ensure that we can assist accordingly. Thank you in advance for your attention to this matter. Respectfully, Jenorgen Guillen | City Clerk City of Hallandale Beach City Clerk's Office 400 South Federal Highway | Hallandale Beach, FL 33009 | (954) 457-1469 www.coHB.org | Follow us on Twitter | Facebook | Instagram | LinkedIn Report a Concern via the MyHB app Progress. Innovation. Opportunity

Created Date: 9/15/2022

Type: Email

Created By: admin system

Description: From: Guillen, Jenorgen Sent: Wednesday, September 14, 2022 5:51 PM To: Prine,Emily Subject: RE: Alan Bruce Miller Greetings, The contact information within our file is the following: Alan B. Miller, CPA 7700 Congress Ave. #1105 Boca Raton, FL 33487 (954) 457-3793 amiller@vcpa.com Respectfully, Jenorgen Guillen | City Clerk City of Hallandale Beach City Clerk's Office 400 South Federal Highway | Hallandale Beach, FL 33009 | (954) 457-1469 www.coHB.org | Follow us on Twitter | Facebook | Instagram | LinkedIn Report a Concern via the MyHB app Progress. Innovation. Opportunity Please note that Florida has a broad public records law. All correspondence via email may be subject to disclosure. From: Prine,Emily Sent: Wednesday, September 14, 2022 4:17 PM To: Guillen, Jenorgen Subject: FW: Alan Bruce Miller Importance: High Sincerely, Emily E. Prine Program Specialist/Financial Disclosure 850-488-7864 Florida Commission on Ethics Post Office Drawer 15709 Tallahassee, FL 32317-5709 From: Prine,Emily Sent: Thursday, September 08, 2022 10:06 AM To: 'jguillen@cohb.org' Cc: Amber Sacks Subject: Alan Bruce Miller Importance: High Good Morning, We received returned mail. Do you have current address, email and phone for this delinquent filer? Thank you!

Created Date: 9/15/2022

Type: Email

Created By: admin system

Description: From: Prine,Emily Sent: Thursday, September 15, 2022 8:22 AM To: 'amiller@vcpa.com' Subject: Financial Disclosure Hallandale Beach FINES ACCRUING Importance: High Alan Miller, The Supervisor of Palm Beach County has not received your Form 1 2021 filing that was due 7/1/22. Failure to file has resulted in fine accruing; total fine as of today is \$350.00 and can be as high as \$1500.00. The form is attached for completion. Once completed you can return to me as PDF. Fines will stop once form is received. If you have any questions please contact our office. Sincerely,

Created Date: 9/15/2022

Type: Email

Created By: admin system

Description: From: postmaster@vcpa.com Sent: Thursday, September 15, 2022 8:23 AM To: prvs=25029b5ef=PRINE.EMILY@leg.state.fl.us Subject: Undeliverable: [EXT] Financial Disclosure Hallandale Beach FINES ACCRUING Delivery has failed to these recipients or groups: amiller@vcpa.com A problem occurred during the delivery of this message. Please try to resend the message later.

Created Date: 9/13/2022

Type: Letter

Created By: System

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

Created Date: 9/6/2022

Type: Other

Created By: admin system

Description: PC returned vacant

Created Date: 8/18/2022

Type: Postcard

Created By: System

Description: Courtesy Postcard Reminder - Courtesy Postcard Reminder