

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re SONJA BURGESS,)	Financial Disclosure Appeal No. FD 16-058
)	
Appellant.)	
)	Final Order No.

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on July 28, 2017, on the timely appeal of Sonja Burgess, pursuant to Section 112.3145(7)(f), Florida Statutes, which assesses an automatic fine of \$25 per day on a person who fails to timely file a required CE Form 1, Statement of Financial Interests. The Commission may waive the fine in whole or in part for good cause shown, based on "unusual circumstances" surrounding the failure to file by the designated date. There are no matters in dispute. Appellant did not request a hearing before the Commission.

Findings of Fact

1. According to information provided to the Commission, Appellant was employed by Miami-Dade County in a position requiring the filing of a CE Form 1, Statement of Financial Interests, for the year 2015. In 2016, the designated due date for submitting a 2015 CE Form 1 annual filing was July 1, 2016, with a grace period ending on September 1, 2016.
2. No later than June 1, 2016, the Miami-Dade County Supervisor of Elections sent Appellant a 2015 CE Form 1. This mailing was sent to 18565 NE 1st Court, Miami, FL 33179.
3. No later than July 31, 2016, the Miami-Dade County Supervisor of Elections sent Appellant a Notice of Delinquency by certified mail. This notice was also sent to the 18565 NE

1st Court address. The notice was returned by the Post Office marked "Return to Sender, Attempted – Not Known, Unable to Forward."

4. On August 17, 2016, the Commission mailed Appellant a postcard intended to remind her of her obligation to file a 2015 CE Form 1. The Commission mailed the postcard to the 18565 NE 1st Court address.

5. On September 6, 2016, Appellant submitted her 2015 CE Form 1 to the Miami-Dade County Supervisor of Elections.

6. On September 7, 2016, six days after the grace period expired, the Commission mailed Appellant a courtesy notice informing her that an automatic fine had begun to accrue. The Commission mailed this notice to the 18565 NE 1st Court address.

7. The amount of fine automatically assessed against Appellant was \$125.

8. On March 2, 2017, the Commission mailed a Notice of Assessment of Automatic Fine to the 18565 NE 1st Court address. This mailing indicated the total of Appellant's accrued automatic fine. The mailing also included a notice of her right to appeal the fine.

9. On March 22, 2017, Appellant submitted her appeal to the Commission. In her appeal, Appellant states that she was unable to timely file her disclosure form due to sickness or injury. Appellant states that she was diagnosed with cancer on April 24, 2015. She further states that she was on medical leave from April 23, 2015 through June 1, 2016, undergoing treatment and recovering from her illness. She also states that when she returned to work she realized that she had not filed her financial disclosure and then submitted it to the Miami-Dade County Supervisor of Elections.

Conclusions of Law

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

11. Financial disclosure is required of public officials and employees because it enables the public to evaluate potential conflicts of interest, deters corruption, and increases public confidence in government. In order to increase compliance, beginning in 2001 the Legislature provided for an automatic fine of \$25 per day, up to a cap of \$1,500, on persons who do not timely file their financial disclosure statements. Under the law, the Legislature permitted the Commission to waive a fine only "based upon unusual circumstances surrounding the failure to file on the designated due date"

12. Commission Rule 34-8.215, F.A.C., defines "unusual circumstances" as follows:

uncommon, rare or sudden events over which the reporting individual has no control and which directly result in the failure to act in accordance with the filing requirement. Circumstances which allow for time in which to take those steps necessary to assure compliance with the filing requirement shall be deemed not to constitute unusual circumstances.

13. Appellant's basis for the appeal of her fine is that she was unable to timely file her 2015 CE Form 1 due to her medical condition. Her claim is supported by documentation she submitted demonstrating that she was undergoing treatment for her medical diagnosis, and was on a leave of absence from her work during the time in question. This "unusual circumstance" justifies waiving the \$125 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby waives the assessed fine of \$125.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, July 28, 2017.

Date Rendered

XXXX

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.

XXX:jmk

Copy furnished to:

Ms. Sonja S. Burgess
1865 NE 1st Court
Miami, FL 33179-4401

247293

16-058



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

FLORIDA
COMMISSION ON ETHICS

MAR 22 2017

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2015

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: Sonja Burgess

Address: 18565 NE 1st Court City: Miami State: FL Zip: 33179

Daytime Tel.: 305 375-4277 Cell: 305 733-1794

Email: sonja.burgess@miamidade.gov Filer ID# (if known): _____

Public Employer: Miami Dade County

Public Position: Accountant I

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, 2015** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2015)
- e. **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)

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.

On April 24, 2015 I was diagnosed with Lymphoma Cancer. I was out on leave for treatment and recovery from April 23, 2015 through June 1, 2016. Getting back to work I did not realized the my Financial disclosure was due, and I immediately filed one. It was an oversight, I was merely trying to find my way back to work after being out on FMLA for one year and one month.

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(5)(e)3 or Section 112.3145(7)(f)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.

3/22/2017
DATE

Sanja Burgess
SIGNATURE

Prine.Emily

From: Burgess, Sonja (ISD) <Sonja.Burgess@miamidade.gov>
Sent: Wednesday, March 22, 2017 1:10 PM
To: disclosure
Cc: Burgess, Sonja (ISD)
Subject: APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2015
Attachments: STATEMENT OF FINANCIAL INTERESTS APPEAL YEAR 2015.pdf

Please see attached. I am retrieving my medical supporting documents.

Thank you.

*Sonja Burgess, Accountant I
Miami-Dade County Internal Service Dept.
Budget & Finance Division
111 NW 1st Street, Suite 2410
Miami, Florida 33128
Telephone: (305) 375-4277 Fax: (305) 3754593*

FD 693

FORM 1

STATEMENT OF FINANCIAL INTERESTS

RECEIVED 2015

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :
BURGESS, SONJA S.

2016 SEP -6 PM 1:01

MAILING ADDRESS :
18565 N. E. 1st COURT

MIAMI DADE ELECTIONS

CITY : MIAMI ZIP : 33179 COUNTY : USA

NAME OF AGENCY :
MIAMI DADE COUNTY ISD DEPARTMENT

Processed Date: 9/7/16 ejs
Scanned Date: 9/8/14 ejs
Filing Status Code: _____

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
ACCOUNTANT I

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

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

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

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

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

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

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
MIAMI DADE COUNTY ISD DEPT.	111 NW 1 STREET, 24TH FL, MIAMI FL 33130	GOVERNMENT BUSINESS

PART B -- SECONDARY SOURCES OF INCOME

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

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

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

NONE

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
NELNET, INC	121 SOUTH 13th STREET, LINCOLN, NE 68508

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

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

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: _____
Sanja Burger

Date Signed: _____
September 6, 2016

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

Filer - Fines and Appeals - PID 247293 - Ms Sonja S Burgess

Filer Information

Org Membership

Forms

Communications

Fines and Appeals >

View All

Filer Flags

[2000](#) [2001](#) [2002](#) [2003](#) [2004](#)
[2005](#) [2006](#) [2007](#) [2008](#) [2009](#)
[2010](#) [2011](#) [2012](#) [2013](#) [2014](#)
[2015\(S\)](#) [2016](#)

Status

Filing: ACTIVE
 Fine: No Fine

Flags

Public Address
 Filing Extensions
 Indefinite: None
 Temporary:
 None

Eligible for Fines

The filer has fines for: [2016 \(Appeal\)](#)

2016 Fines and Appeals

Form Year 2015 Filed Forms

Received Date	Form Type	Form Signed	Filing Location	Updated	Comments
09/06/16	Form 1	Yes	SOE	HOLMESK(SOE IMPORT) on 11/30/2016	Miami-Dade

2016 Fine Information

Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$125.00	Appeal	3/1/2017	\$125.00	\$125.00			

Fine Address 18565 Ne 1st Ct Miami FL 33179-4401

Org/Suborg Miami-Dade County-Employees

2016 Fine Payment History

Date Posted	Description	Amount	Method	Payment ID	Comments
3/1/2017	Fine Levied	+ \$125.00			Fined \$125.00

Current Balance: \$125.00

 Add a New Filer

 Jump To A Filer

PID:



 Quick Filer Search

First Name:


Last Name:

2016 Fine Year Event


Chronology

 Date	Type	Description	Reference
 08/17/2016	Postcard Sent	Courtesy Postcard Reminder	Print Queue: 8/17/2016 Printing Confirmed: 8/17/2016


Letter Sent To:
Ms Sonja S Burgess
18565 Ne 1st Ct
Miami, FL 33179 -4401

 09/6/2016	Form Received	Form 1 Received, Signed	Form 1 Received by Miami-Dade SOE
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Form Received By: Miami-Dade County SOE
Filing Location: Miami-Dade County SOE
Record Created By: HOLMESK(SOE IMPORT) on 11/30/2016

 09/7/2016	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: 9/7/2016 Printing Confirmed: 9/7/2016
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Letter Sent To:
Ms Sonja S Burgess
18565 Ne 1st Ct
Miami, FL 33179 -4401


03/1/2017	Fine Levied	Fined \$125.00	Journal: 3/1/2017 12:10 PM
03/1/2017	Notice of Assessed Fine	Initial Fine Notice	Journal: 3/1/2017 12:33 PM
 03/2/2017	Letter Sent	Notice of Assessed Fine - Filer 1st Fine Letter	Print Queue: 3/2/2017 Printing Confirmed: 3/2/2017

Letter Sent To:
 Ms Sonja S Burgess
 18565 Ne 1st Ct
 Miami, FL 33179 -4401

03/27/2017 Fine Appeal FD 16-058

Journal: 3/27/2017

5:07 PM

 03/28/2017 Letter Sent Fine Appeal

Print Queue:

3/28/2017

Printing Confirmed:

3/28/2017

Letter Sent To:
 Ms Sonja S Burgess
 18565 Ne 1st Ct
 Miami, FL 33179 -4401

2016 Fine Appeal – FD 16- 058	<input type="button" value="Update Appeal"/>	<input type="button" value="Withdraw Appeal"/>
	<input type="button" value="Assign Attorney"/>	<input type="button" value="Request More Info"/>
	<input type="button" value="Record Appeal Outcome"/>	

Appeal Status: Active Appeal Receipt Date: 03/22/2017 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Illness or Injury Appeal Notes: Appeal Number: FD 16-058 Appeal Analyst Assigned:	No Hearing Requested
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	Final Order Number: Final Order Date:	
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**Florida Commission on Ethics
Financial Disclosure Notification System
Delinquency Certification (2016)**

I, Christina White, the Supervisor of Elections of Miami-Dade 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, 2016 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2016;

(2) was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2016;

(3) was sent a delinquency notice by certified mail not later than July 31, 2016 advising him or her of the grace period in effect until September 1, 2016; and of the penalties that could be imposed as provided in Section 112.3145(7)(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, 2016; 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

CERTIFIED MAIL



U.S. POSTAGE PITNEY BOWES

ZIP 33172 \$005.33⁰
02 1W
0001379236 JUL 29 2016

MIAMI-DADE COUNTY

IMPORTANT: YOUR ANNUAL DISCLOSURE FORM IS ENCL...

Elections
Supervisor of Elections
Financial Disclosure Section
PO Box 521550
Miami Florida 33152-1550
13LSP-50 4/15

USPS CERTIFIED MAIL



9214 8901 3855 2800 4851 89

ADDRESS SERVICE REQUESTED

RECEIVED

2016 SEP 19 AM 9:51

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

FD006973 (L)
SONJA S BURGESS
18565 NE 1ST CT
MIAMI FL 33179-

NIXIE 333 6E 1 0109/16/16

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

Processed Date: 9/19/16
Scanned Date: 9/19/16
Filing Status Code: 9400921506250170

ANK

BC: 33152155050 *2306-02369-29-44

3317921550

