

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

In re DERRICK HANKERSON, )

Appellant. )

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Financial Disclosure Appeal No. FD 15-078

Final Order No.

**FINAL ORDER**

This matter came before the Commission on Ethics, meeting in public session on Friday, June 3, 2016, on the timely appeal of Derrick Hankerson, 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 due date. There are no material facts in dispute. Appellant did not request a hearing before the Commission.

**Findings of Fact**

1. During the year 2014, Appellant served as a member of the Dania Beach Planning and Zoning Board, a position that required the annual filing of financial disclosure. He was late filing the required CE Form 1, Statement of Financial Interests, for the year 2014. The designated date for submitting 2014 CE Form 1 was July 1, 2015, with a grace period ending on September 1, 2015.

2. On or before June 1, 2015, the Supervisor of Elections mailed Appellant a copy of 2014 CE Form 1 and filing instructions. This mailing was sent to 746 SW 3rd Street, Dania Beach, Florida 33004.

3. On July 24, 2015, the Supervisor of Elections mailed Appellant a Notice of Delinquency. This mailing was sent certified to the 746 SW 3rd Street address; it was signed for by Michael Sartin.

4. On August 21, 2015, the Commission mailed the Appellant a courtesy postcard reminding of the filing obligation. This postcard was sent to the 746 SW 3rd Street address.

5. On September 4, 2015, the Commission mailed the Appellant a letter to inform him that an automatic fine had begun to accrue as he had yet to file a proper 2014 CE Form 1. This letter was sent to the 746 SW 3rd Street address.

6. On September 10, 2015, the Appellant filed 2014 CE Form 1 with the Supervisor of Elections.

7. On February 22, 2016, the Commission mailed the Appellant a Notice of Assessment of Automatic Fine. This mailing included, for the first time, the total of the Appellant's accrued automatic fine, and a notice of the Appellant's right to appeal the fine. The Commission sent this mailing certified to 746 SW 3rd Street address.

8. The amount of the fine automatically assessed against the Appellant was \$225.

9. On March 23, 2016, the Appellant submitted an appeal.

10. In the appeal, the Appellant checked a box to indicate that his filing was late due to sickness or injury; he also attached a doctor's note. In the attached letter (retained in Commission file), a physician states that the Appellant suffers from a serious illness which is controlled by medication but sometimes causes lapses of memory and errors in memory. As a result, according to the physician, it was reasonable for the Appellant to think that he had submitted 2014 CE Form 1 when in fact he had not done so.

### Conclusions of Law

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

12. 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 ... ."

13. Rule 34-8.215, Florida Administrative Code, 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.

14. Appellant's basis for the appeal – that his financial disclosure filing was late because he suffers from a serious illness which causes memory lapses – constitutes an "unusual circumstance" that justifies waiving the \$225 fine.

### Order

Based on the foregoing facts and conclusions of law, the Commission hereby waives the assessed fine of \$225.

**ORDERED** by the State of Florida Commission on Ethics meeting in public session on  
Friday, June 3, 2016.

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Date Rendered

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**STANLEY M. WESTON**  
*Chair*

THIS ORDER CONSTITUTES FINAL AGENCY ACTION. ANY PARTY WHO IS ADVERSELY AFFECTED BY THIS ORDER HAS THE RIGHT TO SEEK JUDICIAL REVIEW UNDER SECTIONS 112.3241 AND 120.68, 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, BY U.S. MAIL AT P.O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709 (OR BY DELIVERY TO 325 JOHN KNOX ROAD, BUILDING E, SUITE 200, TALLAHASSEE, FLORIDA 32303); AND BY FILING A COPY OF 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.

Copy furnished to:

Derrick Hankerson  
746 SW 3rd St  
Dania Beach, Florida 33004-4901

SMW: slh

221638

15-078



# 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 23 2016

RECEIVED

## APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2014

**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: DERRICK N. HANKERSON

Address: 746 SW 3 ST

Daytime Tel.: (954) 374-9199 Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Filer ID# (if known): \_\_\_\_\_

Public Employer: NONE

Public Position: DANIA BEACH PLANNING & ZONING

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, 2014** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2014)
- 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.

THESE ~~DEF~~ DETAILS ARE LISTED IN  
DR. DAVIDSON'S LETTER OF 05 MAR 2016  
ATTACHED.

**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.

0 23 MAR 2016  
DATE

  
SIGNATURE

FINANCIAL INTERESTS

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING ADDRESS :

CITY : ZIP : COUNTY :

NAME OF AGENCY :

NAME OF OFFICE

Hankerson, Derrick 221638
Dania Beach
746 Sw 3rd St
Dania Beach, FL. 33004

heets, if necessary.
OR APPOINTEE

RECEIVED 10/11/14

\*\*\*\* 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):

[X] DECEMBER 31, 2014 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:

[ ] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [X] 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY. Row 1: SOCIAL SECURITY ADMIN, COLUMBIA, MD, DISABILITY INSURANCE.

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")

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row 1: 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")

Table with 1 column: REAL PROPERTY. Row 1: 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
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")

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

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

**SIGNATURE OF FILER:**

Signature:



Date Signed:

Sept 4, 2015

**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:**

**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original 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

**WHERE TO FILE:**

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.

*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.)

*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.

*Candidates* file this form together with their qualifying papers

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

*Unsubstantiated claims will not be accepted.*

**WHEN TO FILE:**

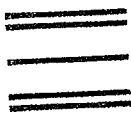
*Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from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

*Candidates* for publicly-elected local office must file at the same time they file their qualifying papers.

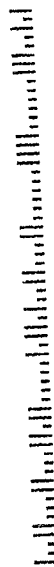
*Thereafter*, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

*Finally*, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in that position on December 31, 2014.





**DR. BRENDA C. SNIPES**  
**SUPERVISOR OF ELECTIONS**  
**BROWARD COUNTY**  
115 South Andrews Avenue, Room 102  
Fort Lauderdale, Florida 33301-1896



**Florida Commission on Ethics  
Financial Disclosure Notification System  
Delinquency Certification (2015)**

I Dr. Brenda C. Snipes, the Supervisor of Elections of Broward 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, 2015 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2015;

(2) was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2015;

(3) was sent a delinquency notice by certified mail not later than July 31, 2015 advising him or her of the grace period in effect until September 1, 2015; 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, 2015; 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



Print List - Broward County Supervisor of Elections Financial Disclosure System 2015 - ... Page 2 of 5

8	09/09/2015	252401	Grace Orinthia Dias	Broward County Public Schools	Principal	16	Broward
9	10/27/2015	231118	Virginia C Diaz	Miami-Dade County	Animal Services	16	Broward
10	09/09/2015	252404	Catrice Duhart	Broward County Public Schools	Principal	16	Broward
11	10/28/2015	257481	Michael D Edwards	Miami-Dade County	Human Resources	16	Broward
12	10/30/2015	218678	Dale Evans Fahie	Broward County	Human Services	16	Broward
13	09/14/2015	252409	Jermaine Fleming	Broward County Public Schools	Principal	16	Broward
14	10/29/2015	238469	Constance Marie Freund	Plantation		16	Broward
15		257979	David Guelts	Sunrise	Board Member	16	Broward
16	09/28/2015	234383	Horace A Hamm	Broward County Public Schools	Principal	16	Broward
17	09/10/2015	221638	Derrick Hankerson	Dania Beach	Regular Member	16	Broward
18	09/10/2015	46509	Cynthia Hanna	Broward County Public Schools	Director School Performance & Accountability	16	Broward
19		254753	Mr Robert Hessing	Deerfield Beach		16	Broward
			Christopher				

7014 1200 0000 5733 0676

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: Freund, Constance Marie 238469  
 Plantation  
 Street, Apt. or PO Box: 9715 W Broward Blvd # 216  
 City, State: Plantation, FL. 33324

Postmark: JUL 24 2015 ALTRIO

7014 1200 0000 5733 0676

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: Hankerson, Derrick 221638  
 Dania Beach  
 Street, Apt. or PO Box: 748 Sw 3rd St  
 City, State: Dania Beach, FL. 33004

Postmark: JUL 24 2015 ALTRIO

7014 1200 0000 5733 0676

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: Hamlin, Horace A 238383  
 Broward County Public Schools  
 Street, Apt. or PO Box: 8020 Nw 128th Ln  
 City, State: Parkland, FL. 33076

Postmark: JUL 24 2015 ALTRIO

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Hankerson, Derrick 221638  
 Dania Beach  
 748 Sw 3rd St  
 Dania Beach, FL. 33004

2. Article Number (transfer from service label)

3. Service Type  
 Certified Mail™  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *Michael S. Artin* C. Date of Delivery: *7/24/15*

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

7014 1200 0000 5733 0676

PS Form 3811, July 2013 Domestic Return Receipt

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

In re     **Derrick Hankerson**  
          **Regular Member**  
          **Planning And Zoning Board**  
          **Dania Beach**

**PID#: 221638**

**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(7)(f), Florida Statutes, due to your failure to timely file your 2014 CE Form 1, Statement Of Financial Interests. Under the law, your 2014 CE Form 1, Statement of Financial Interests, was due by July 1, 2015. The law provided for a penalty-free grace period extending the due date to September 1, 2015. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, pursuant to Section 112.3145(7)(f), Florida Statutes.

Inasmuch as your 2014 CE Form 1 was filed September 10, 2015 with the Supervisor of Elections for Broward County, you are fined the amount of \$225.00 (\$25.00 per day for 9 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(7)(f)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](http://www.ethics.state.fl.us). Click on "Financial Disclosure" and then the link to the sample appeal form.
4. **DUE DATE:** Your appeal must be received by the Commission on Ethics on or before **March 23, 2016**. **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, 2015, 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, 2014:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2014; 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.

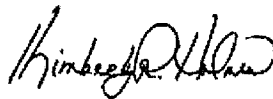
Please contact our office if you have any questions about this matter.

**CERTIFICATE OF MAILING**

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

**Derrick Hankerson  
746 Sw 3rd St  
Dania Beach, FL 33004 -4901**

by Certified Mail on this Monday, February 22, 2016.



**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



**Financial Disclosure Management System**  
THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 221638 - Derrick Hankerson

Filer Information

Org Membership

Forms

Communications

Fines and Appeals >

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[2005](#) [2006](#) [2007](#) [2008](#) [2009](#)  
[2010](#) [2011](#) [2012](#) [2013](#) [2014\(S\)](#)  
[2015](#)

<<2015 Form Year

**Status**

Filing: ACTIVE

Fine: No Fine

**Flags**

Public Address

Filing Extensions

Indefinite: None

Temporary:

None

Eligible for Fines

Update Flags

The filer has fines for: [2015 \(Appeal\)](#)

2015 Fines and Appeals


Form Year 2014 Filed Forms					
Received Date	Form Type	Form Signed	Filing Location	Updated	Comments
09/10/15	Form 1	Yes	SOE	HOLMESK(SOE IMPORT) on 11/24/2015	Broward


2015 Fine Information				Update Fine Information			
				Assign Agency Contact			
Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$225.00	Appeal	2/15/2016	\$225.00	\$225.00			
Fine Address 746 Sw 3rd St Dania Beach FL 33004-4901							
Org/Suborg Dania Beach-Planning And Zoning Board							

2015 Fine Payment History					
Date Posted	Description	Amount	Method	Payment ID	Comments
2/15/2016	Fine Levied	+ \$225.00			Fined \$225.00
Current Balance: \$225.00					


2015 Fine Year Event

Invalidate Transaction

 Add a New Filer

 Jump To A Filer



PID:

 Quick Filer Search


First Name:

Last Name:


Chronology

 Date	Type	Description	Reference
 08/21/2015	Postcard Sent	Courtesy Postcard Reminder	Print Queue: <a href="#">8/21/2015</a> Printing Confirmed: <a href="#">8/21/2015</a>


**Letter Sent To:**  
Derrick Hankerson  
746 Sw 3rd St  
Dania Beach, FL 33004 -4901

 09/4/2015	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: <a href="#">9/4/2015</a> Printing Confirmed: <a href="#">9/4/2015</a>
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**Letter Sent To:**  
Derrick Hankerson  
746 Sw 3rd St  
Dania Beach, FL 33004 -4901

 09/10/2015	Form Received	Form 1 Received, Signed	Form 1 Received by Broward SOE
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**Form Received By:** Broward County SOE  
**Filing Location:** Broward County SOE  
**Record Created By:** HOLMESK(SOE IMPORT) on 11/24/2015

02/15/2016	Fine Levied	Fined \$225.00	Journal: <a href="#">2/15/2016</a> <a href="#">4:14 PM</a>
02/15/2016	Notice of Assessed Fine	Initial Fine Notice	Journal: <a href="#">2/15/2016</a> <a href="#">4:17 PM</a>
 02/22/2016	Letter Sent	Notice of Assessed Fine - Filer 1st Fine Letter	Print Queue: <a href="#">2/22/2016</a> Printing Confirmed: <a href="#">2/22/2016</a>

**Letter Sent To:**  
Derrick Hankerson



746 Sw 3rd St  
 Dania Beach, FL 33004 -4901

03/23/2016 Fine Appeal FD 15-078

Journal: [3/23/2016](#)  
 5:13 PM

2015 Fine Appeal – FD 15-078	<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: 03/23/2016 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Illness or Injury Appeal Notes: Appeal Number: FD 15-078 Appeal Analyst Assigned: Final Order Number: Final Order Date:	No Hearing Requested