

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

In re Dr. ROBERT F. THOMAS, )  
 )  
 Appellant. )  
 )  
 \_\_\_\_\_ )

Financial Disclosure Appeal No. FD 15-025

Final Order No.

**FINAL ORDER**

This matter came before the Commission on Ethics, meeting in public session on Friday March 4, 2016, on the timely appeal of Dr. Robert F. Thomas, 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 specifically request a hearing before the Commission.

**Findings of Fact**

1. During the year 2014, Appellant served as Health Services Manager in the Florida Department of Health in Duval County, 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 May 13, 2015, the Commission mailed the Appellant a copy of 2014 CE Form 1 and filing instructions. This mailing was sent to the Florida Department of Health in Duval County, 900 University Boulevard North, MC-33, Jacksonville, Florida 32211-9230.

3. On July 31, 2015, the Commission mailed Appellant a Notice of Delinquency. This mailing was sent certified to the 900 University Boulevard North address.

4. On August 20, 2015, the Commission mailed the Appellant a courtesy postcard reminding of the filing obligation. This postcard was sent to the 900 University Boulevard North address.

5. On September 3, 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 900 University Boulevard North address.

6. On September 4, 2015, the Appellant filed 2014 CE Form 1 with the Commission.

7. On January 11, 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. The mailing also included a notice of the Appellant's right to appeal the fine. The Commission sent this mailing certified to the 900 University Boulevard North address.

9. The amount of the fine automatically assessed against the Appellant was \$75.

10. On February 2, 2016, the Appellant submitted an appeal.

11. In the appeal, the Appellant states he moved from Jacksonville to Tallahassee in April 2015, and did not receive notices sent to his former employer in a timely manner. Appellant attached documentation showing his change in employment.

### **Conclusions of Law**

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

13. 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 . . . ."

14. 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.

15. Appellant's basis for the appeal – lack of notice – constitutes an "unusual circumstance" that justifies waiving the \$75 fine.

**Order**

Based on the foregoing facts and conclusions of law, the Commission hereby waives the assessed fine of \$75.

**ORDERED** by the State of Florida Commission on Ethics meeting in public session on Friday, March 4, 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:

Dr. Robert F. Thomas  
325 John Knox Road, M100  
Tallahassee, Florida 32303

SMW: slh

#255022 15-025



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  
FEB 02 2016  
RECEIVED

HAND DELIVERED

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

Physical Address: Commi  
325 John  
Building  
Tallahassee

Fax: (850)  
Email: disclosure@leg.state.fl.us

This is not his mailing address. Current Address updated in FDMS - cc

**PART A: YOUR INFORMATION**

Name: Dr. Robert F. Thomas

Address: 1438 N. Meridian Road

Daytime Tel.: (850) 224-1177 Cell: (850) 224-1177

Email: rthomas@bigberdchee.org Filer ID# (if known): \_\_\_\_\_  
*Former*

Public Employer: Florida Department of Health in Alachua County

Public Position: Health Services Manager

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.

I moved to Tallahassee in April 2015 to accept a new position. April was also the month when I left my position at the Florida Department of Health in Duval County. This issue is due to delayed receipt of mail. I request an appeal for Unusual Circumstances Under Sec... wrong address. See 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.

2/2/16  
DATE

Dr. [Signature]  
SIGNATURE



The RIGHT Benefits. The RIGHT Price.



UW22 ltf U

4551 W. 107th St. #10C  
Overland Park, KS 66207-4037

phone: (800) 825-7531  
(913) 945-4100  
fax: (913) 945-4390

RECEIVED  
MAY 06 2015

BY: *AY*

April 27, 2015

BIG BEND AHEC INC  
325 JOHN KNOX RD BLDG M #100  
TALLAHASSEE FL 32303

Re: Case: #217155 Policy: #ad6020  
Employee: ROBERT F THOMAS  
Elected Waiting Period: 1 Month(s)

*E-mailed on  
5/7/2015*

Dear Employer:

We received notice that you'd like to add your new employee to your group insurance program. We are happy to make the addition and just need a little information from you.

Please have him or her complete the enclosed application in full, sign and date it, and return it to us in the enclosed envelope. Or you may fax it to 913-945-4397 or email it to us at UAS@alliednational.com. So that your new employee is not deemed a late applicant, which could affect his or her benefits, the application must be signed and returned within the waiting period you've selected for your group.

We will process the application within 48 hours of receipt and, if we have everything we need, will mail the certificate and ID card(s) the first business day following approval. Coverage does not go into effect until the application is approved.

If you have any questions, please contact our Customer Service Representatives at 1-800-825-7531. We look forward to continued business with you.

Sincerely,

Underwriting and Administrative Services  
Allied National, Inc.

Enclosure

DATE 2-2-16

1	255022-Thomas, Robert + Frederick		
2			
3	Current Add:		
4			
5	325 John Knox Rd		
6	M100		
7	Tallahassee, FL 32303		
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



HAND DELIVERED

FORM 1

STATEMENT OF FINANCIAL INTERESTS

2014

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Thomas, Robert Frederick

MAILING ADDRESS :

9119 Tamworth Road

CITY : ZIP : COUNTY :

Jacksonville FL 32208 Duval

NAME OF AGENCY :

Florida Department of Health in Duval County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Health Services Manager

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

255022

FLORIDA COMMISSION ON ETHICS

SEP 04 2015

RECEIVED

PROCESSED

\*\*\*\* 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, 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 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: DOH-Duval, Central Health Plaza, Jacksonville, FL 32206, Tobacco prevention/health promotion.

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 row: None.

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


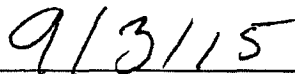
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

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

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

SIGNATURE OF FILER:	CPA or ATTORNEY SIGNATURE ONLY
<b>Signature:</b>  <hr/> <b>Date Signed:</b>  <hr/>	<p>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:</p> <p>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.</p> <p>CPA/Attorney Signature: _____</p> <p>Date Signed: _____</p>

**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.

**Facsimiles 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 their position on December 31, 2014.



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

**Filer - Fines and Appeals - PID 255022 - Dr Robert Frederick Thomas**

**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\(S\)](#)  
[2015](#)

<<2015 Form Year

**Status**

Filing: INACTIVE

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
09/04/15	Form 1	Yes	COE	CAROLYN1 on 09/04/2015	Hand Delivered.

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
\$75.00	Appeal	1/11/2016	\$75.00	\$75.00			
Fine Address 325 John Knox Rd M100 Tallahassee FL 32303							
Org/Suborg Health, Department of -Duval County-Employees							

2015 Fine Payment History					
Date Posted	Description	Amount	Method	Payment ID	Comments
1/11/2016	Fine Levied	+ \$75.00			Fined \$75.00
Current Balance: \$75.00					

2015 Fine Year Event  
Chronology

Invalidate Transaction

Add a New Filer

Jump To A Filer

PID:

Quick Filer Search

First Name:

Last Name:

Date	Type	Description	Reference
05/13/2015	Letter Sent	Form 1 Official List - Form 1 Official Filers List	Print Queue: <a href="#">5/13/2015 10:24 AM</a> Printing Confirmed: 5/13/2015 10:24 AM

**Letter Sent To:**  
Dr Robert Thomas  
900 University Blvd N # Mc-33  
Jacksonville, FL 32211 -9230

07/31/2015	Letter Sent	Certified Letter Sent	Print Queue: <a href="#">7/31/2015</a> Printing Confirmed: 7/31/2015
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**Letter Sent To:**  
Dr Robert Thomas  
900 University Blvd N # Mc-33  
Jacksonville, FL 32211 -9230

08/20/2015	Postcard Sent	Courtesy Postcard Reminder	Print Queue: <a href="#">8/20/2015</a> Printing Confirmed: 8/20/2015
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**Letter Sent To:**  
Dr Robert Thomas  
900 University Blvd N # Mc-33  
Jacksonville, FL 32211 -9230

09/3/2015	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: <a href="#">9/3/2015</a> Printing Confirmed: 9/3/2015
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**Letter Sent To:**  
Dr Robert Thomas  
900 University Blvd N # Mc-33  
Jacksonville, FL 32211 -9230

09/4/2015 Form Received Form 1 Received, Signed Form 1 Received by Carolyn Carbonell at COE

Form Received By: Carolyn Carbonell  
 Filing Location: COE  
 Record Created By: Carolyn Carbonell on 09/04/2015

01/11/2016 Fine Levied Fined \$75.00 Journal: [1/11/2016 10:54 AM](#)

01/11/2016 Notice of Assessed Fine Initial Fine Notice Journal: [1/11/2016 10:58 AM](#)

01/11/2016 Letter Sent Notice of Assessed Fine - Filer 1st Fine Letter Print Queue: [1/11/2016](#)  
 Printing Confirmed: 1/11/2016

Letter Sent To:  
 Dr Robert Thomas  
 900 University Blvd N # Mc-33  
 Jacksonville, FL 32211 -9230

02/2/2016 Filer Robert F. Thomas Hand Carolyn Carbonell  
 Communication: Delivered an appeal In Person request with copy of his 2014 Form 1 and evidence of his move from Jacksonville to Tallahassee dated Apr. 15, 2015. Updated mailing address in FDMS and provided copy of Appeal Request to filer.

02/5/2016 Fine Appeal FD 15-025 Journal: [2/5/2016 4:33 PM](#)

02/9/2016 Letter Sent Fine Appeal Print Queue: [2/9/2016](#)  
 Printing Confirmed: 2/9/2016

Letter Sent To:

Dr Robert Frederick Thomas  
 325 John Knox Rd M100  
 Tallahassee, FL 32303

2015 Fine Appeal – FD 15- 025	<table border="1"> <tr> <td data-bbox="889 422 1133 464">Update Appeal</td> <td data-bbox="1149 422 1433 464">Withdraw Appeal</td> </tr> <tr> <td data-bbox="849 468 1117 510">Assign Attorney</td> <td data-bbox="1125 468 1425 510">Request More Info</td> </tr> <tr> <td colspan="2" data-bbox="1019 514 1417 556">Record Appeal Outcome</td> </tr> </table>	Update Appeal	Withdraw Appeal	Assign Attorney	Request More Info	Record Appeal Outcome	
Update Appeal	Withdraw Appeal						
Assign Attorney	Request More Info						
Record Appeal Outcome							
Appeal Status: Active Appeal Receipt Date: 02/02/2016 Timely Filed: Yes Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Lack of Notification Appeal Notes: Appeal Number: FD 15-025 Appeal Analyst Assigned: Final Order Number: Final Order Date:	No Hearing Requested						