

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

In re BONITA KAY LEWIS, )

Appellant. )

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Financial Disclosure Appeal No. FD 15-026

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 Bonita Kay Lewis, 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 a Financial Services Manager with the Florida Department of Transportation ("FDOT"), a position that required the annual filing of financial disclosure. She 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 FDOT at PO Box 1249, Bartow, Florida 33831-1249.

3. On July 31, 2015, the Commission mailed Appellant a Notice of Delinquency. This mailing was sent certified to the PO Box 1249 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 PO Box 1249 address.

5. On September 3, 2015, the Commission mailed the Appellant a letter to inform her that an automatic fine had begun to accrue as she had yet to file a proper 2014 CE Form 1. This letter was sent to the PO Box 1249 address.

6. On September 17, 2015, the Appellant called the Commission, stating she retired from FDOT, and during a recent visit to her former office she was told that she had not filed her financial disclosure form. A Commission staff member advised the Appellant to complete 2014 CE Form 1 and 2015 CE Form 1F.

7. On September 17, 2015, Appellant filed 2014 CE Form 1 with the Commission. Appellant also filed 2015 CE Form 1F.

8. 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 to 825 Wildwood Drive, Bartow, Florida 33830.

9. The amount of the fine automatically assessed against the Appellant was \$400.

10. On February 3, 2016, the Appellant submitted an appeal.

11. In the appeal, the Appellant states she did not receive notices regarding the financial disclosure obligation and deadline because they were sent to FDOT after she retired on January 31, 2015, and FDOT did not forward the notices to her home address. Appellant stated that she learned 2014 CE Form 1 was overdue when she attended an event at FDOT and a former colleague

mentioned the mailings from the Commission on Ethics. Appellant completed and mailed 2014 CE Form 1 that day; she attached proof of retirement and proof of mailing to her appeal.

### **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 \$400 fine.

### **Order**

Based on the foregoing facts and conclusions of law, the Commission hereby waives the assessed fine of \$400.

**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:

Bonita Kay Lewis  
825 Wildwood Drive  
Bartow, Florida 33830

SMW: slh

# 52127  
15-024  
Bonita Kay Lewis  
825 Wildwood Drive  
Bartow, FL 33830  
863-533-3340 - home  
863-860-5380 - cell

FLORIDA  
COMMISSION ON ETHICS

FEB 03 2016

RECEIVED

State of Florida  
Commission on Ethics  
P. O. Drawer 15709  
Tallahassee, FL 32317-5709

Re: Bonita Kay Lewis  
Financial Services Manager  
Employees  
Department of Transportation  
PID #52127

To Whom It May Concern:

Please accept this letter as my appeal to the Notice of Assessment of Automatic Fine based on the following:

Unusual Circumstances - Lack of Notification – Failure to Receive Notice

I retired from the Department of Transportation (DOT) on February 1, 2010 but continued to work for five additional years through the DROP program. My last day of employment with DOT was January 31, 2015. At that time, my Human Resource Office advised me that I had taken care of everything I needed to do in order to end my employment with the State of Florida. And, upon retirement, after reviewing all of the documents, I thought I had completed all required paperwork.

I attended an event at the DOT (my old office) on September 17, 2015, and at that time was asked by my replacement if I had filed my disclosure form when I retired. I told her I had and she said they were getting notifications that I had not. So, I came home that very day and contacted your office and was told that you had no record of me filing a disclosure form.

The lady I spoke to (I believe it was Ms. Holmes) told me that I had been sent several notifications. The problem is that the notifications were sent to my former place of employment (DOT, PO Box 1249, Bartow, FL) and were not forwarded to me by anyone from DOT. I gave Ms. Holmes my correct address and completed the forms and mailed them to her that very day.

I am including documentation of proof of retirement and proof that I submitted the forms the day I learned they had not been submitted.

I respectfully ask that you accept the justification for this appeal and waive the fee that has been assessed against me. If you have questions, please feel free to contact me.

Sincerely,



Bonita Kay Lewis  
Retired - State of Florida

Attachments

Florida Retirement System Pension Plan  
Deferred Retirement Option Program (DROP)  
Termination Notification



PO BOX 3090 Tallahassee, FL 32315-3090  
Local Phone: 850-487-4856 Toll Free: 877-738-3767 FAX: 850-410-2199

Member Verification:

Member Name: BONITA K LEWIS Member SSN: XXX-XX-5097  
Mailing Address: 805 Wildwood Dr. Home Telephone Number: 863-533-3340  
Bartow, FL 33830

According to our records, your DROP termination date is 01/31/2015. You must terminate all Florida Retirement System (FRS) employment to receive your accumulated DROP benefits and begin your monthly retirement benefits. You and your employer's authorized representative must complete this form certifying your DROP employment termination.

Termination Requirement:

In order to satisfy your employment termination requirement, you must terminate all employment relationships with all participating FRS employers for the first 6 calendar months after your DROP termination date. Termination requirement means you cannot remain employed or become employed with any FRS covered employer in a position covered or non-covered by retirement for the first 6 calendar months following your DROP termination date. This includes but is not limited to: part-time work, temporary work, other personal services (OPS), substitute teaching, adjunct professor or non-Division approved contractual services.

Reemployment Limitation:

You may return to work for a participating FRS employer during the 7th - 12th calendar months following your DROP termination date, but your monthly retirement benefit will be suspended for those months you are employed. There are no reemployment limitations after the 12th calendar month following your DROP termination date.

If you fail to meet the termination requirement, you will void (cancel) your retirement and DROP participation and you must repay all retirement benefits received (including accumulated DROP benefits). If you void your retirement, your employer will be responsible for making retroactive retirement contributions and you will be awarded service credit for the period during which you were in DROP through your new employment termination date. You must apply to establish a future retirement date. Your eligibility for DROP participation will be determined by your future retirement date and you may lose your eligibility to participate in DROP.

This is to acknowledge that I will terminate or have terminated employment with my FRS employer on 1/31/2015.

This further acknowledges that I have read and understand the above statements.

Member Signature: (sign in the presence of a Notary) Bonita K Lewis

Notary:

State of Florida, County of Polk. The above named person who has sworn to and subscribed before me this 7th day of January 2015 and who is personally known  or has produced \_\_\_\_\_ identification.

Thelma Hendrix  
Signature of Notary Public



Print, Type or Stamp Commissioned Name of Notary Public

Employer Certification of Employment Termination:

This is to certify that the DROP participation for the above named member will terminate or has terminated on \_\_\_\_\_ with the Agency, who I am authorized to represent.

(Date)

Authorized Signature: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Agency Name: \_\_\_\_\_ Agency# \_\_\_\_\_ Date: \_\_\_\_\_

BARTOW MAIN PO  
BARTOW, Florida  
338309998

1189290815-0096

09/17/2015 (800)275-8777 04:07:58 PM

Sales Receipt		
Product Description	Sale Unit Qty Price	Final Price
TALLAHASSEE FL 32317 Zone-3 First-Class Mail Letter 0.90 oz. Expected Delivery: Sat 09/19/15		\$0.49
Issue Postage:		\$0.49
Total:		\$0.49
Paid by:		
Cash		\$1.00
Change Due:		-\$0.51

Order stamps at [usps.com/shop](http://usps.com/shop) or call 1-800-Stamp24. Go to [usps.com/clicknship](http://usps.com/clicknship) to print shipping labels with postage. For other information call 1-800-ASK-USPS.

\*\*\*\*\*  
\*\*\*\*\*  
Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at [usps.com/poboxes](http://usps.com/poboxes).  
\*\*\*\*\*  
\*\*\*\*\*

Bill#:1000404812728  
Clerk:05

All sales final on stamps and postage  
Refunds for guaranteed services only  
Thank you for your business

-----  
HELP US SERVE YOU BETTER  
TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

Go to:  
<https://postalexperience.com/Pos>  
or scan this code with your mobile device:



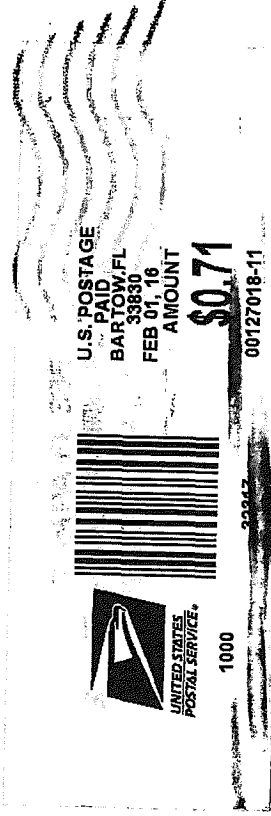
or call 1-800-410-7420.

YOUR OPINION COUNTS

-----  
Customer Copy

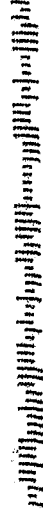
Bonnie Lewis  
825 Wildwood Dr.  
Bartow, FL 33830

FIRST CLASS MAIL



State of Florida  
Commissions on Ethics  
P.O. Drawer 15709  
Tallahassee, FL 32317-5709

92517570909





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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

LEWIS, BONITA KAY

MAILING ADDRESS :

825 WILDWOOD DRIVE

CITY :

BARTOW

ZIP :

33830

COUNTY :

POLK

NAME OF AGENCY :

FLORIDA DEPARTMENT OF TRANSPORTATION

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FINANCIAL 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

FLORIDA  
COMMISSION ON ETHICS

SEP 21 2015

RECEIVED

52127

**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")

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

**PART B -- SECONDARY SOURCES OF INCOME** [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

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

N/A

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

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

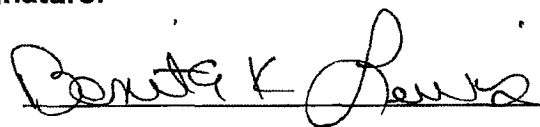
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a")	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
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	N/A	
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:**

**Signature:**  
  
 \_\_\_\_\_

**Date Signed:**  
 9/17/15  
 \_\_\_\_\_

**CPA or ATTORNEY SIGNATURE ONLY**

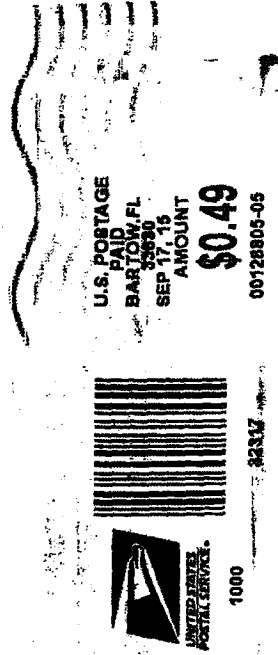
If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  
 I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

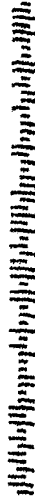
<p><b>WHAT TO FILE:</b>          After completing all parts of this form, <b>including signing and dating it</b>, send back only the first sheet (pages 1 and 2) for filing.</p> <p>If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).</p> <p><b>NOTE:</b>  <b>MULTIPLE FILING UNNECESSARY:</b>          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.</p>	<p><b>WHERE TO FILE:</b>          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><b>Local officers/employees</b> 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><b>State officers or specified state employees</b> 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><b>Candidates</b> file this form together with their qualifying papers.</p> <p>To determine what category your position falls under, see the "Who Must File" Instructions on page 3.</p> <p><b>Facsimiles will not be accepted.</b></p>	<p><b>WHEN TO FILE:</b>  <b>Initially</b>, each local officer/employee, state officer, and specified state employee must file <b>within 30 days</b> 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><b>Candidates</b> for publicly-elected local office must file at the same time they file their qualifying papers.</p> <p><b>Thereafter</b>, 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.</p> <p><b>Finally</b>, 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 <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.</p>
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Bonnie Lewis  
825 Wildwood Dr.  
Bartow, FL 33830



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

32317570909





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

Filer - Fines and Appeals - PID 52127 - Bonita Kay Lewis

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
09/17/15	Form 1	Yes	COE	PRINEE on 09/21/2015	


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
\$400.00	Appeal	1/11/2016	\$400.00	\$400.00			
Fine Address 825 Wildwood Drive Bartow FL 33830							
Org/Suborg Transportation, Department Of-Employees							


2015 Fine Payment History					
Date Posted	Description	Amount	Method	Payment ID	Comments
1/11/2016	Fine Levied	+ \$400.00			Fined \$400.00
Current Balance: \$400.00					

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

**Letter Sent To:**  
 Bonita Lewis  
 Po Box 1249  
 Bartow, FL 33831 -1249

 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:**  
 Bonita Lewis  
 Po Box 1249  
 Bartow, FL 33831 -1249

 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:**  
 Bonita Lewis  
 Po Box 1249  
 Bartow, FL 33831 -1249

08/27/2015 Filer Sent reminder email Virlindia Doss  
 Communication: to:bonnie.lewis@dot.state.fl.us.  
 Email Got bounce back.

 09/3/2015	Letter Sent	Courtesy Notice of Fines	Print Queue:
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Accruing 9/3/2015  
 Printing  
 Confirmed:  
 9/3/2015

**Letter Sent To:**  
 Bonita Lewis  
 Po Box 1249  
 Bartow, FL 33831 -1249

🕒 09/17/2015 Form Received Form 1 Received, Signed Form 1  
 Received by  
 Emily Prine at  
 COE

**Form Received By:** Emily Prine  
**Filing Location:** COE  
**Record Created By:** Emily Prine on 09/21/2015

09/17/2015 Filer Communication: Phone	Ms. Lewis called to advise that she went by for a visit at DOT and was informed that she had not filed her financial disclosure form. Ms. Lewis advised that she retired at the end of January 2015 and the address on file was her work address. She stated that she was not notified until now and wanted to know what to do. I advised her to complete the 2014 Form 1 & 2015 Form 1F and submit to our office. I also advised of the appeal process. She will include her correct address on the form to assure that notice of fine is mailed to correct address.	Kim Holmes
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01/11/2016 Fine Levied	Fined \$400.00	Journal: <u>1/11/2016</u> <u>10:54 AM</u>
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01/11/2016 Notice of	Initial Fine Notice	Journal:
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<p><b>Hearing</b> <b>Requested:</b> No <b>Appeal Reason:</b> Lack of Notification <b>Appeal Notes:</b> <b>Appeal Number:</b> FD 15-026 <b>Appeal Analyst</b> <b>Assigned:</b> <b>Final Order</b> <b>Number:</b> <b>Final Order</b> <b>Date:</b></p>
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