

BEFORE THE  
STATE OF FLORIDA  
COMMISSION ON ETHICS

In re BRENDA CAIN,	)	Financial Disclosure Appeal No. FD 19-098
	)	
Appellant.	)	Final Order No.
_____	)	

FINAL ORDER

This matter came before the Commission on Ethics, on its own motion, meeting in public session on July 28, 2023 in the matter of Brenda Cain (Appellant), pursuant to Section 112.3145(8)(g) 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 a member of the Board of Trustees of the Miami-Dade County Public Health Trust, a position requiring the filing of a CE Form 1, Statement of Financial Interests, for the year 2018. The designated due date for submitting a 2018 CE Form 1 annual filing was July 1, 2019, with a grace period ending on September 3, 2019.

2. On May 31, 2019, the Miami-Dade County Supervisor of Elections sent Appellant a 2018 CE Form 1. This mailing was sent to 16125 SW 136 Terrace, Miami, FL 33196-1817.

3. On July 31, 2019, the Miami-Dade County Supervisor of Elections mailed Appellant a notice of delinquency by certified mail. This notice was also sent to the 16125 SW 136 Terrace address. This was not delivered and certified mail records indicate it was returned to the sender on October 1, 2019, as it was unclaimed and unable to be forwarded.

4. On August 19, 2019, the Commission mailed Appellant a postcard intended to remind her of her obligation to file a 2018 CE Form 1. The Commission mailed the postcard to the 16125 SW 136 Terrace address. It is unknown if Appellant received this mailing.

5. On September 6, 2019, three days after the grace period expired, the Commission mailed Appellant a courtesy notice informing her that her 2018 CE Form 1 had not been received, and that an automatic fine had begun to accrue. The Commission mailed this notice to the 16125 SW 136 Terrace address. It is unknown if Appellant received this mailing.

6. On July 19, 2021, the Commission mailed Appellant a Notice of Assessment of Automatic Fine and informed her that she had accrued the maximum \$1,500 fine. The mailing also included notice on how to appeal and supplied a deadline of August 18, 2021, to appeal. The Commission mailed this notice to the 16125 SW 136 Terrace address. Certified mail records indicate this was delivered on July 23, 2021. Whoever signed for the mailing wrote on the signature line: "COVID 19 COVID 19."

7. On November 22, 2022, Appellant corresponded with Commission investigator Charlie Shotwell and indicated her desire to appeal. At her request, the Commission then mailed her a notice of appeal rights with a deadline of December 22, 2022.

8. On November 30, 2022, the Commission received Appellant's 2018 CE Form 1 financial disclosure, which she signed on November 25, 2022.

9. On November 30, 2022, the Commission also received Appellant's appeal form.

10. In her appeal, Appellant claims that she failed to receive notice of her filing obligation. Specifically, Appellant notes that she had moved during the time of notification and did not receive any notifications. Additionally, the appeal form has her new address included, which is 6365 Collins Ave, Unit 1211, Miami Beach, FL, 33141.

#### Conclusions of Law

11. The Commission has jurisdiction 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. 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.

14. Here, Appellant's basis for the appeal of her fine is that she was unable to timely file her 2018 CE Form 1 because she had moved and had not received notice of her filing requirement. In support of this claim, there is evidence that at least one letter sent to her was never received and thus was returned by the postal service. Another letter was signed "COVID

19 COVID 19," which may indicate the intended recipient was unavailable and did not sign for the letter.

15. Appellant states that she did not become aware of her appellate rights until November 2022, when she spoke with Commission investigator Charlie Shotwell. Her subsequent appeal was received by the Commission on November 30, 2022. Because the appeal was submitted within 30 days of the transmission of appellate rights to Appellant, the Commission accepts the appeal as timely.

16. Due to the information provided to the Commission, including postal records and Appellant's statement in her appeal, we find Appellant's reason for appealing to constitute "unusual circumstances" that justify waiving the \$1,500 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby waives the assessed fine of \$1,500.

ORDERED by the State of Florida Commission on Ethics meeting in public session on July 28, 2023.

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Date Rendered

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Glenton "Glen" Gilzean, Jr.  
*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.

GG/sjz

273043 19-098



STATE OF FLORIDA  
COMMISSION ON ETHICS

FLORIDA  
COMMISSION ON ETHICS

NOV 30 2022

RECEIVED

325 John Knox Road  
Building E, Suite 200  
Tallahassee, FL 32303  
Telephone: (850) 488-7864  
Fax: (850) 488-3077  
Email: disclosure@leg.state.fl.us

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2018

**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: Brenda Cain

Address: 6365 Collins Ave, Unit 1211 City: Miami Beach State: FL Zip: 33141

Daytime Tel.: 601 788 4819 Cell: 601 788 4819

Email: Brenda.Cain@jhs.miami.org Filer ID# (if known): \_\_\_\_\_

Public Employer: Jackson Health System

Public Position: VP Lynn Rehabilitation Center

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, 2018** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2018)
- e.  **Other unusual circumstance** (Explain in Part C and provide documentation explaining uncommon, rare, or sudden occurrence that prevented timely filing prior to deadline)
- f.  **Not required to file** (Explain in Part C and provide documentation that supports reason for not required to file)

## PART C: DETAILED EXPLANATION OF YOUR APPEAL

Please provide a detailed explanation of your appeal, including why each option you selected in Part B is applicable to you. You may use the space provided and/or attach additional pages.

*He had moved during the time of notification sent out and did not receive any notification request.*

## OPTIONAL REQUEST FOR HEARING

In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(8)(f)3 or Section 112.3145(8)(g)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.

*11/25/22*  
DATE

*[Signature]*  
SIGNATURE

**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2018**

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Cain, Brenda

MAILING ADDRESS:

6365 Collins Ave, Unit 1211

CITY:

Miami Beach

ZIP:

33141

COUNTY:

Miami Dade

NAME OF AGENCY:

Miami-Dade County Public Health Trust,

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

VP Rehabilitation Services

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

NOV 30 2022

RECEIVED

273043

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, 2018 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
Jackson Health System	1611 NW 12 Ave, Miami FL 33136	VP / CEO Lynn Rehabilitation Center

**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		

**PART G — TRAINING**

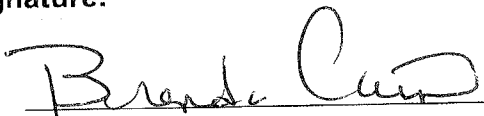
For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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:



Date Signed:

11/25/22

**CPA or ATTORNEY SIGNATURE ONLY**

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

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

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

**Candidates** file this form together with their filing papers.

**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

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

**Candidates** must file at the same time they file their qualifying papers.

**Thereafter,** file by July 1 following each calendar year in which they hold their positions.

**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

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

In re **Brenda Cain**  
**Assoc. VP Operations, Rehab. Hosp.**  
**Employees**  
**Miami-Dade County Public Health Trust**

**PID#: 273043**

**NOTICE OF ASSESSMENT OF AUTOMATIC FINE**

The Commission on Ethics hereby gives notice of an assessment of a fine against you pursuant to Section 112.3145(8)(g), Florida Statutes, due to your failure to timely file your 2018 CE Form 1, Statement Of Financial Interests. Under the law, your 2018 CE Form 1, Statement of Financial Interests, was due by July 1, 2019. The law provided for a penalty-free grace period extending the due date to September 3, 2019. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, up to the maximum fine of \$1,500.00 (60 days late), pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2018 CE Form 1 has not been filed with the Supervisor of Elections for Miami-Dade County within the 60 days of the grace period date (September 3, 2019), you have accrued the maximum fine amount of \$1,500.00. 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. Unless the fine is successfully appealed, the Commission is required to investigate public officers and employees who receive the maximum \$1,500 fine, to determine whether their failure to file was willful. The penalty for willfully failing to file disclosure is removal from public office or employment.

**HOW TO APPEAL**

1. Read these instructions carefully before submitting your appeal.
2. **LEGAL AUTHORITY:** Appeals are governed by Section 112.3145(8)(g)3., Florida Statutes, and Commission Rule 34-8.215, Florida Administrative Code.
3. **FORMAT:** Your appeal must be in writing and mailed to Florida Commission on Ethics, P. O. Drawer 15709, Tallahassee, FL 32317-5709, or delivered to Florida Commission on Ethics, 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. The appeal may take the form of a letter or you may use the appeal form included in this mailing. The appeal form also is available at the Commission's website: www.ethics.state.fl.us. Click on "Financial Disclosure" and then the link to the sample appeal form.
4. **DUE DATE:** Your appeal must be received by the Commission on Ethics on or before **August 18, 2021**. **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 3, 2019, 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, 2018:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2018; 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:

**Ms Brenda Cain  
16125 SW 136 Terrace  
Miami, FL 33196 -1817**

by Certified Mail on this Monday, July 19, 2021.



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](mailto:disclosure@leg.state.fl.us)

FOR OFFICE USE ONLY:

Ms Brenda Cain
Assoc. VP Operations, Rehab. Hosp.
Miami-Dade County Public Health Trust
Employees
16125 SW 136 Terrace
Miami FL 33196 -1817



273043

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

Cain Brenda

\*\*\*\* 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, 2018 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")

Table with 3 columns: NAME OF SOURCE OF INCOME, SOURCE'S ADDRESS, DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

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

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 for reporting real property information

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.



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



9214 8901 0661 5400 0164 7109 02

RETURN RECEIPT (ELECTRONIC)

273043

BRENDA CAIN  
16125 SW 136TH TER  
MIAMI, FL 33196-1817

13

URGENT - Open  
Immediately!

.....  
CUT / FOLD HERE

Zone 4

.....  
8 X 9" ENVELOPE  
CUT / FOLD HERE

.....  
CUT / FOLD HERE

**Mail Piece Details** **Print this page****Recipient Address**

BRENDA CAIN  
16125 SW 136TH TER  
MIAMI, FL 33196-1817

**Record / Case Number:**  
273043

**Return Address**

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

**Entry Point ZIP:**  
32317

**Mail Piece Information**

**Tracking Number:** 92148901066154000164710902

**Date Created:** 07/19/2021 01:57:25 PM

**Mail Class:** USPS First Class Mail

**Special Services:** Certified Mail  
Return Receipt Electronic

**Memo:** --

**Created By:** Kimberly Holmes - Commission on Ethics

**Signature Information**

**Signed For By:** BRENDA CAIN  
**Signature Status:** Available ([Click Here](#))

*Having issues viewing the signature file?  
Make sure you are using the latest version of Adobe Acrobat Reader*

**Tracking Information**

**Mailed,** July 19, 2021, 01:57:25 PM, TALLAHASSEE,FL 32317  
**Pre-Shipment Info Sent To Usps, Usps Awaiting Item,** July 19, 2021, 12:00:00 AM  
**Pre-Shipment Info Sent Usps Awaits Item,** July 19, 2021, 01:17:00 PM, TALLAHASSEE,FL 32317  
**Accepted At Usps Origin Facility,** July 19, 2021, 07:30:00 PM, TALLAHASSEE,FL 32317  
**Origin Acceptance,** July 19, 2021, 07:30:00 PM, TALLAHASSEE,FL 32317  
**Arrived At Usps Regional Origin Facility,** July 19, 2021, 08:45:00 PM  
**Processed Through Usps Facility,** July 19, 2021, 08:45:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301  
**Departed Usps Regional Facility,** July 19, 2021, 11:03:00 PM  
**Depart Usps Facility,** July 19, 2021, 11:03:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301  
**In Transit To Next Facility,** July 20, 2021, 12:00:00 AM  
**Arrived At Usps Regional Destination Facility,** July 20, 2021, 06:11:00 PM  
**Processed Through Usps Facility,** July 20, 2021, 06:11:00 PM, MIAMI FL DISTRIBUTION CENTER 33152  
**Processed Through Usps Facility,** July 20, 2021, 10:56:00 PM, MIAMI FL DISTRIBUTION CENTER 33152  
**Departed Usps Regional Destination Facility,** July 21, 2021, 12:53:00 AM  
**Processed Through Usps Facility,** July 21, 2021, 12:53:00 AM, MIAMI FL DISTRIBUTION CENTER 33152  
**In Transit, Arriving On Time,** July 22, 2021, 12:00:00 AM  
**Delivered Front Desk/Reception/Mail Room,** July 23, 2021, 12:29:00 PM, MIAMI,FL 33196



July 23, 2021

Dear MAIL MAIL:

The following is in response to your request for proof of delivery on your item with the tracking number:  
**9214 8901 0661 5400 0164 7109 02.**

**Item Details**

**Status:** Delivered, Front Desk/Reception/Mail Room  
**Status Date / Time:** July 23, 2021, 12:29 pm  
**Location:** MIAMI, FL 33196  
**Postal Product:** First-Class Mail®  
**Extra Services:** Certified Mail™  
Return Receipt Electronic  
**Recipient Name:** BRENDA CAIN

**Recipient Signature**

Signature of Recipient:	Covid 19
Address of Recipient:	Covid 19 16125 SW 136th Ter

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004

The customer reference information shown below is not validated or endorsed by the United States Postal Service. It is solely for customer use.

Reference ID: 92148901066154000164710902  
273043  
BRENDA CAIN  
16125 SW 136th Ter  
Miami, FL 33196-1817

**Miami Dade County Elections Department**  
**Financial Disclosure Details**

<u>Tax Year</u>	<u>Name</u>	<u>FD#</u>	<u>ID#</u>	<u>Filing Status</u>
2018	CAIN BRENDA	FD041459	273043	Not Filed-Mail returned as undeliverable

<u>Mailing Activity</u>					
<u>Mail Date</u>	<u>Address Mailed to</u>	<u>Correspondence</u>	<u>Certified</u>	<u>Delivered</u>	<u>Tracking#</u>
05/31/2019	16125 SW 136 TERRACE, MIAMI, FL 33196-1817	FIRST FINANCIAL DISCLOSURE MAILING	N	Y	
07/31/2019	16125 SW 136TH TER, MIAMI, FL 33196	SECOND FINANCIAL DISCLOSURE MAILING	Y	N	9414814902266849456420

<u>Email Activity</u>	
<u>Email Date</u>	<u>Email Subject</u>
	<u>Email Address</u>

<u>Filing Activity</u>			
<u>Form Name</u>	<u>Filed Date</u>	<u>Valid</u>	<u>Comments</u>
			<u>County</u>
			<u>Date Filed in County</u>

<u>Communication</u>		
<u>Type</u>	<u>Date</u>	<u>Comments</u>
USPS Delivery	10/01/2019	Return mail by USPS with slip: Return to sender unclaimed unable to forward.



**CERTIFIED MAIL**

5



**Elections**  
Supervisor of Elections Financial Disclosure Section  
PO Box 521550  
Miami Florida 33152-1550  
ADDRESS SERVICE REQUESTED

**IMPORTANT:**  
YOUR ANNUAL DISCLOSURE FORM IS ENCLOSED AND  
MUST BE FILED BY SEPT. 3, 2019

USPS CERTIFIED MAIL



9414 8149 0226 6849 4564 20



FD041459

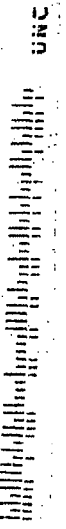
BRENDA CAIN  
16125 SW 136TH TER  
MIAMI, FL 33196

Processed Date: \_\_\_\_\_  
Scanned Date: \_\_\_\_\_  
Filing Status Code: Date

NIXIE 326 SE 1 7209/24/19  
RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
BC: 33152155050 2175N267221-02203

*[Handwritten signature]*

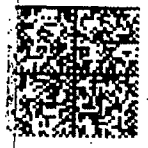
*[Handwritten signature]*



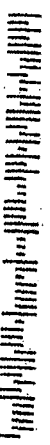
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

2019 OCT -1 PM 2:43

RECEIVED



U.S. POSTAGE & PHILATELY  
ZIP 33128 \$006.25<sup>0</sup>  
02 4W  
MIAMI-DADE COUNTY JUL 31 2019





FD 041459

Date Produced: 10/08/2019

MIAMI-DADE COUNTY:

The following is the delivery information for Certified Mail™/RRE item number 9414 8149 0226 6849 4564 20. Our records indicate that this item was delivered on 10/01/2019 at 08:52 a.m. in MIAMI, FL 33152. The scanned image of the recipient information is provided below.

Signature of Recipient :

*Michael A. Rodriguez*  
Michael Rodriguez

Address of Recipient :

by  
100  
Election

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representative.

Sincerely,  
United States Postal Service

# USPS Tracking®

[FAQs >](#)

[Track Another Package +](#)

**Tracking Number:** 9414814902266849456420

[Remove X](#)

Your item was delivered at 8:52 am on October 1, 2019 in MIAMI, FL 33152.

## **Delivered**

October 1, 2019 at 8:52 am  
Delivered  
MIAMI, FL 33152

[Get Updates](#) 

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**Text & Email Updates**



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**Return Receipt Electronic**



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**Tracking History**



**October 1, 2019, 8:52 am**

Delivered  
MIAMI, FL 33152

Your item was delivered at 8:52 am on October 1, 2019 in MIAMI, FL 33152.

**September 30, 2019, 2:07 pm**

Available for Pickup  
MIAMI, FL 33152

**September 30, 2019, 2:05 pm**

Arrived at Unit  
MIAMI, FL 33152

**September 27, 2019, 7:08 pm**

Departed USPS Regional Destination Facility  
OPA LOCKA FL DISTRIBUTION CENTER

**September 27, 2019, 6:25 am**

Arrived at USPS Regional Destination Facility  
OPA LOCKA FL DISTRIBUTION CENTER

**September 24, 2019, 6:25 pm**

Arrived at USPS Regional Origin Facility  
GAINESVILLE FL DISTRIBUTION CENTER

**September 24, 2019, 5:25 pm**

Accepted at USPS Regional Facility  
GAINESVILLE FL DISTRIBUTION CENTER

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**Product Information**



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**See Less** ^

## Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

## FAQs



# Financial Disclosure Management System

THE FLORIDA COMMISSION ON ETHICS

**Filer - Fines and Appeals - PID 273043 - Ms Brenda Cain**

**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](#) [2016](#) [2017](#) [2018\(\\$\)](#) [2019](#)
- [2020](#) [2021](#) [2022](#)

**<<2022 Form Year**

**Status**

Filing: ACTIVE  
 Fine: No Fine

**Flags**

Public Address  
 Filing Extensions  
 Indefinite: None  
 Temporary: None

Eligible for Fines

**Update Flags**

**+ Add a New Filer**

The filer has fines for: [2019 \(Appeal\)](#)

**2019 Fines and Appeals**

**Form Year 2018 Filed Forms**

Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments
11/29/22	Form 1	Yes	Yes	SOE	HOLMESK on 11/29/2022	Received by COE on behalf of Miami-Dade Supervisor of Elections

**2019 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
\$1,500.00	Appeal	3/19/2021	\$1,500.00	\$1,500.00			

**Fine Address** 16125 SW 136TH TER MIAMI FL 33196-1817  
**Org/Suborg** Miami-Dade County Public Health Trust-Employees

**2019 Fine Payment History**

Date Posted	Description	Amount	Method	Payment ID	Comments
3/19/2021	Fine Levied	+ \$1,500.00			Fined \$1500.00

**Current Balance: \$1,500.00**

**2019 Fine Year Event**

**Invalidate Transaction**

**Chronology**

Date	Type	Description	Reference
------	------	-------------	-----------

**Jump To A Filer**

PID:

**Quick Filer Search**

First Name:

Last Name:

08/19/2019 Postcard Sent    Courtesy Postcard Reminder    Print Queue:  
8/19/2019  
 Printing  
 Confirmed:  
 8/19/2019

**Letter Sent To:**  
 Ms Brenda Cain  
 16125 SW 136 Terrace  
 Miami, FL 33196 -1817

09/6/2019 Letter Sent    Courtesy Notice of Fines  
 Accruing    Print Queue:  
9/6/2019  
 Printing  
 Confirmed:  
 9/6/2019

**Letter Sent To:**  
 Ms Brenda Cain  
 16125 SW 136 Terrace  
 Miami, FL 33196 -1817

03/19/2021 Fine Levied    Fined \$1500.00    Journal:  
3/19/2021 4:22  
AM

06/11/2021 Notice of    Initial Fine Notice    Journal:  
 Assessed Fine    6/11/2021 9:36  
AM

07/19/2021 Letter Sent    Notice of Assessed Fine - Filer  
 1st Fine Letter    Print Queue:  
7/19/2021  
 Printing  
 Confirmed:  
 7/19/2021

**Letter Sent To:**  
 Ms Brenda Cain  
 16125 SW 136 Terrace  
 Miami, FL 33196 -1817

09/20/2021 Final Notice of    2nd Fine Notice    Journal:  
 Assessed Fine    9/20/2021 1:52  
PM

09/20/2021 Letter Sent    Final Notice of Assessed Fine -  
 Second Fine Notice    Print Queue:  
9/20/2021  
 Printing

Confirmed:  
9/20/2021

**Letter Sent To:**

Ms Brenda Cain  
16125 SW 136 Terrace  
Miami, FL 33196 -1817

11/12/2021 Collection Orders

Collection Order Notice

Journal:  
11/12/2021 4:37 PM

12/9/2021 Letter Sent

Collection Orders - Prepare Collection Orders

Print Queue:  
12/9/2021  
Printing  
Confirmed:  
12/9/2021

**Letter Sent To:**

Ms Brenda Cain  
16125 SW 136 Terrace  
Miami, FL 33196 -1817

09/16/2022 Warning to Withhold Salary

Warning to Withhold Salary

Journal:  
9/16/2022 2:31 PM

09/16/2022 Letter Sent

Warning to Withhold Salary

Print Queue:  
9/16/2022  
Printing  
Confirmed:  
9/16/2022

**Letter Sent To:**

Ms Brenda Cain  
16125 SW 136 Terrace  
Miami, FL 33196 -1817

09/16/2022 Filer Communication: Email

From: Kokoruda, Chris (CAO) Sent: Friday, September 16, 2022 2:21 PM To: Westberry, Diana Subject: RE: Florida Commission on Ethics Good afternoon, I am advised the payroll contact for the Public Health Trust is Laura Scott (Laura.scott@jhsiami.org). Please do not hesitate to

Diana Westberry



contact me if you need anything further. Thank you,  
 Chris Christopher C. Kokoruda  
 Assistant County Attorney  
 Miami-Dade County Attorney's  
 Office From: Westberry, Diana  
 Sent: Thursday, September 15, 2022 10:56 AM To: Kokoruda, Chris (CAO) Subject: Florida Commission on Ethics Good morning, Is Brenda Cain still a compensated employee for Miami-Dade County Public Health Trust? If so, can you also please give me the contact information for the person who handle that payroll? Thanks! Thank you, Diana Westberry  
 Office Manager Florida  
 Commission on Ethics Post  
 Office Drawer 15709  
 Tallahassee, FL 32317-5709  
 (850) 488-7864

09/16/2022 Filer  
 Communication:  
 Email


From: Scott, Laura J Sent: Friday, September 16, 2022 2:30 PM To: Westberry, Diana Subject: RE: Florida Commission on Ethics Yes she is. Thanks! Laura Scott Director of Payroll and AP Jackson Memorial Towers 1500 NW 12th Ave, Suite 1015 Miami, FL 33136 786-466-8000 office 305-355-1500 fax Laura.Scott@jhsmiami.org From: Westberry, Diana Sent: Friday, September 16, 2022 2:27 PM To: Scott, Laura J Subject: Florida Commission on Ethics Good afternoon, Can you confirm that Brenda Cain is still a compensated employee for Miami-Dade County Public Health Trust? Thanks! Thank

Diana Westberry

you, Diana Westberry Office  
Manager Florida Commission on  
Ethics Post Office Drawer 15709  
Tallahassee, FL 32317-5709  
(850) 488-7864

11/22/2022 Filer Charlie spoke with filer. She A Keith Powell  
Communication: wishes to appeal. Emailed her a  
Email 2018 CE Form 1, Appeal Form  
and her Notice of Appeal Rights  
with a deadline to return them  
no later than December 22,  
2022.

11/29/2022 Fine Appeal FD 19-098 Journal:  
11/29/2022 1:51  
PM

 11/29/2022 Form Received Form 1 Received, Signed Form 1 Received  
by Received by  
COE on behalf of  
Miami-Dade  
Supervisor of  
Elections SOE

**Form Received By: Kimberly Holmes**  
**Filing Location: Miami-Dade County SOE**  
**Record Created By: Kimberly Holmes on 11/29/2022**

11/29/2022 Filer Collection Order Rescinded Kimberly Holmes  
Communication:  
Other

11/29/2022 Filer From: disclosure Sent: Tuesday, Kimberly Holmes  
Communication: November 29, 2022 2:06 PM To:  
Email 'Cain, Brenda J' Cc:  
'adriana.pascal@jhsmiami.org'  
Subject: RE: Form 1 Statement  
of Financial Interests 2018  
Good afternoon, Ms. Cain. This  
will acknowledge receipt of  
your appeal form and 2018  
Form 1. Once the appeal has  
been reviewed by our legal  
staff, a draft final order is  
written and then placed on the  
agenda for one of our  
scheduled Commission

meetings. It may take a few months, as the Commission meets every six weeks. Additionally, the receipt date for your financial disclosure form has been entered in our database and will be forwarded to the Miami-Dade County Supervisor of Elections office for appropriate filing. If you have any questions or need further assistance, please do not hesitate to contact me.

Sincerely, Kimberly R. Holmes  
 Program Administrator  
 Financial Disclosure Section  
 Florida Commission on Ethics  
 P.O. Drawer 15709 Tallahassee,  
 FL 32317-5709 (850) 488-7864  
 (850) 488-3077 (Fax)  
 www.ethics.state.fl.us

**2019 Fine Appeal –  
 FD 19-098**

**Appeal Status:** Active No Hearing Requested

**Appeal Receipt Date:**  
 11/29/2022

**Timely Filed:** No

**Print Appeal Letter:**  
 Yes

**Hearing Requested:**  
 No

**Appeal Reason:** Lack  
 of Notification

**Appeal Notes:**

**Appeal Number:** FD  
 19-098

**Appeal Analyst**

**Assigned:**

**Final Order Number:**

**Final Order Date:**