

BEFORE THE  
STATE OF FLORIDA  
COMMISSION ON ETHICS

In re ALISON HEWITT,	)	Financial Disclosure Appeal No. FD 19-089
	)	
Appellant.	)	Final Order No.
_____	)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on March 8, 2024, on the appeal of Appellant, pursuant to Section 112.3145(8)(f), Florida Statutes, which assesses an automatic fine of \$25 per day on a person who fails to timely file a required CE Form 1, Statement of Financial Interests. The Commission may waive the fine in whole or in part for good cause shown, based on "unusual circumstances" surrounding the failure to file by the designated date. There are no matters in dispute. Appellant did not request a hearing before the Commission.

Findings of Fact

1. According to information provided to the Commission, Appellant served as the Director of Marketing for the Florida Department of Health, a position requiring the filing of a 2018 CE Form 1, Statement of Financial Interests, for the year 2018. In 2019, 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 15, 2019, the Commission on Ethics sent Appellant a 2018 CE Form 1.
3. On July 23, 2019, the Commission on Ethics sent Appellant a Notice of Delinquency by certified mail. This Notice was sent to Appellant at 900 University Blvd North, Jacksonville, Florida 32211.

4. On August 20, 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 University Blvd address.

5. On September 6, 2019, the Commission sent Appellant a courtesy notice that fines were beginning to accrue, as her 2018 CE Form 1 had not been received. The notice was sent to the University Blvd address.

6. The Commission sent Appellant a Notice of Assessment of her Automatic Fine on February 10, 2020. The notice was sent by mail to the University Blvd address. It indicated the total of Appellant's accrued automatic fine was \$1,500.

7. On October 14, 2021, Appellant submitted her 2018 CE Form 1 to the Commission on Ethics, which was two years and forty-two days after the expiration of the grace period.

8. On that same date, February 4, 2020, the Commission levied the automatic fine of \$1,500.

9. On October 14, 2021, Appellant submitted her 2018 CE Form 1 to the Commission on Ethics.

10. On that same date, October 14, 2021, Appellant submitted her appeal of automatic fine for Form Year 2018 with the Commission. In part A of her appeal form, Appellant listed 4904 North 32<sup>nd</sup> Street, Tampa, FL 33610 as her mailing address. In part B of her appeal form, Appellant checked "Lack of Notification – Failure to receive notice" as the general reason for her appeal. In part C of her appeal form, where an appellant is asked to provide detailed explanation of his or her appeal, Appellant wrote that after she left her public position, she moved to Atlanta and then to Tampa, where she is now the primary caregiver for her aunt, who has dementia. She also wrote that her aunt frequently hides mail if she gets it.

### 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.

13. Section 112.3145(8)(f)2., Florida Statutes, states:

Any reporting person may appeal or dispute a fine, based upon unusual circumstances surrounding the failure to file on the designated due date, and may request and is entitled to a hearing before the commission, which may waive the fine in whole or in part for good cause shown. Any such request must be in writing and received by the commission within 30 days after the notice of payment due is transmitted. In such a case, the reporting person must, within the 30-day period, notify the person designated to review the timeliness of reports in writing of his or her intention to bring the matter before the commission. For purposes of this subparagraph, the term "unusual circumstances" does not include the failure to monitor an e-mail account or failure to receive notice if the person has not notified the commission of a change in his or her e-mail address.

14. Given that the Notice informing Appellant of her rights to appeal the fine were sent to the University Blvd address, the Commission accepts this appeal as timely.

15. Here, Appellant claims she did not receive timely notice of her filing obligation, because she moved to Atlanta and then to Tampa, and lives with her aunt who has dementia and her aunt retrieves the mail and then hides it. There is no evidence to dispute Appellant's claim that she failed to receive timely notice. Considering Appellant's claim of lack of notice, and that there is no evidence showing otherwise, there are "unusual circumstances" here that justify waiving the \$1,500 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby finds that unusual circumstances for failure to file have been demonstrated. We therefore waive the assessed fine of \$1,500.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, March 8, 2024.

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Date Rendered

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Ashley Lukis  
*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.

AL: jcb

Ms. Alison Hewitt  
4904 North 32<sup>nd</sup> Street  
Tampa, FL 33610

19-089 273356



STATE OF FLORIDA COMMISSION ON ETHICS

FLORIDA COMMISSION ON ETHICS

OCT 14 2021

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: Alison A Hewitt

Address: 4904 North 32nd Street City: Tampa State: FL Zip: 33610

Daytime Tel.: Cell: 813.438.0020

Email: alison.aahewitt@comcast.net Filer ID# (if known):

Public Employer: Florida Department of Health

Public Position: Director of Marketing

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.

After my position ended, I moved to Atlanta GA and then Tampa FL. I am now in Tampa and I am currently primary caregiver to an Aunt with dementia and unfortunately if she gets the mail she hides it. I did not see a late notice.

## 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**FORM 1**

**STATEMENT OF  
FINANCIAL INTERESTS**

**2018**

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:  
Hewitt, Alison A

**PROCESSED**  
**10/14/21**  
**273356**

MAILING ADDRESS:  
4904 North 32nd Street

CITY: Tampa ZIP: 33610 COUNTY: Hillsborough

NAME OF AGENCY:  
Florida Department of Health Duval County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:  
Director of Marketing

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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

**DISCLOSURE PERIOD:**

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

DECEMBER 31, 2018 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: 12-31-2018

**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
None		

**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
AA Hewitts & Associates	Clients	4904 N 32nd Street Tampa	501 C 3 Consulting

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

None

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

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

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
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		
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:

*Alison A Hewitt*

Date Signed:

10-14-2021

**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](mailto: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.



JoAnne Leznoff  
*Chair*  
John Grant  
*Vice Chair*  
Michelle Anchors  
Antonio Carvajal  
Travis Cummings  
Don Gaetz  
Glenton "Glen" Gilzean, Jr.  
William "Willie" N. Meggs  
Jim Waldman



State of Florida  
COMMISSION ON ETHICS  
P.O. Drawer 15709  
Tallahassee, Florida 32317-5709

325 John Knox Road  
Building E, Suite 200  
Tallahassee, Florida 32303

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Kerrie J. Stillman  
*Executive Director*

Caroline M. Klancke  
*Deputy Executive Director/  
General Counsel*

(850) 488-7864 Phone  
(850) 488-3077 (FAX)  
www.ethics.state.fl.us

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**NOTIFICATION OF ISSUANCE OF  
DEFAULT FINAL ORDER**

TO: Alison Aileen Hewitt 273356  
Department of Health -Northeast Region  
Employees  
FROM: Kimberly R. Holmes, Program Administrator  
DATE: September 15, 2021

A handwritten signature in black ink, appearing to read "Kimberly R. Holmes", is written over the printed name of the Program Administrator.

Enclosed is an Order issued by the Commission on Ethics at its meeting on September 10, 2021.

If you do not pay the assessed fine by October 18, 2021 (30 days from the date of this letter) or contact our office to make arrangements to pay the fine in installments, the Commission will refer your fine to the Florida Department of Financial Services (DFS) and their contract collection agency—Transworld Systems Inc.—will undertake collecting the fine.

**This referral will increase the amount you owe by adding a service fee of 13% of the fine to the balance due, and may affect your credit rating.**

If you pay your fine now, you can do so online by credit card. See the enclosed flyer or call us for more information. **Once your fine has been submitted to Collections you will no longer be able to take advantage of our online payment system.**

Failure to pay, or make arrangements to pay, the fine by the above date will also result in a copy of the enclosed Order being provided to your agency head, appointing authority, and presiding officer, as well as to the Florida Bar, if you are an attorney.

If you have any questions, please do not hesitate to contact our office.

Enclosures

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

**In re** Alison Aileen Hewitt, )  
 )  
 )  
 )  
 \_\_\_\_\_ )

**2018 CE Form 1**

**DEFAULT FINAL ORDER**

This matter comes before the Commission on Ethics for the failure of Alison Aileen Hewitt to pay the assessed fine. Pursuant to Section 112.3145(8)(g), Florida Statutes, the Florida Commission on Ethics is charged with assessing automatic fines of \$25 per day up to a maximum of \$1500 for persons who are required to file financial disclosure but who either file late, or not at all.

FINDINGS OF FACT

1. Alison Aileen Hewitt, Health, Department of -Northeast Region, Employees, was on the list of persons required to file a Statement of Financial Interests for the year 2018.
2. Pursuant to Section 112.3145(8)(g), Florida Statutes, Alison Aileen Hewitt was mailed a copy of the 2018 CE Form 1 no later than June 1, 2019, and was mailed a delinquency notice by certified mail no later than July 31, 2019. Additional attempts to contact Alison Aileen Hewitt were also made by Commission staff.
3. However, Alison Aileen Hewitt did not file a 2018 CE Form 1 by the designated due date. Alison Aileen Hewitt was sent a notice of payment due advising of the statutory rights to appeal or dispute the automatic fine in a hearing before the Commission if such appeal was received within 30 days of the notice of payment due. No timely appeal was received from Alison Aileen Hewitt.

4. More than 60 days have elapsed since the notice of payment due was transmitted without Alison Aileen Hewitt paying the fine.

5. On its own motion, the Commission voted to affirm that a fine in the amount of \$1500 has accrued in this matter.

#### CONCLUSIONS OF LAW

6. The Commission has jurisdiction over the parties to and subject matter of this case, pursuant to Section 112.3145, Florida Statutes.

7. Alison Aileen Hewitt's failure to timely appeal the assessed fine constitutes a waiver of the entitlement to an appeal, pursuant to Rule 34-8.215(2), Florida Administrative Code.

#### ORDER

8. Pursuant to Section 112.3145(8) and 112.31455, Florida Statutes, the Commission on Ethics shall attempt to determine whether Alison Aileen Hewitt is currently a public officer or public employee receiving salary or wages from a governmental entity. If so, the matter will be referred to either the Chief Financial Officer for the State of Florida or the governing body for Health, Department of -Northeast Region, as appropriate, for withholding of salary until the debt is satisfied.


9. If Alison Aileen Hewitt is no longer a public officer or employee, or if the Commission cannot determine filer's status, the matter will be referred to the Florida Department of Financial Services for collection or wage garnishment.

WHEREFORE, the automatic fine that Alison Aileen Hewitt accrued in the amount of \$1500 is affirmed. The fine shall be paid to the Florida Commission on Ethics within 30 days of

the date this Default Final Order is entered. After that date, nonpayment will result in collection as provided for in Section 112.3145(8) and 112.31455, Florida Statutes.

ORDERED by the State of Florida Commission on Ethics meeting in public session on September 10, 2021.

September 15, 2021  
Date Rendered

  
\_\_\_\_\_  
JOHN GRANT  
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 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:

Alison Aileen Hewitt  
4904 N 32nd St  
Tampa FL 33610

JG/kh

cc: Sara Caron

JoAnne Leznoff  
*Chair*  
John Grant  
*Vice Chair*  
Michelle Anchors  
Antonio Carvajal  
Travis Cummings  
Don Gaetz  
Glenton "Glen" Gilzean, Jr.  
William "Willie" N. Meggs  
Jim Waldman



State of Florida  
COMMISSION ON ETHICS  
P.O. Drawer 15709  
Tallahassee, Florida 32317-5709

325 John Knox Road  
Building E, Suite 200  
Tallahassee, Florida 32303

C. Christopher Anderson, III  
*Executive Director/  
General Counsel*

Kerrie J. Stillman  
*Deputy Executive Director*

(850) 488-7864 Phone  
(850) 488-3077 (FAX)  
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**FINAL NOTICE OF ASSESSMENT OF AUTOMATIC FINE FOR FAILURE TO  
TIMELY FILE FORM 1, STATEMENT OF FINANCIAL INTERESTS**

TO: Alison Aileen Hewitt 273356  
Department of Health -Northeast Region  
Employees  
FROM: Kimberly R. Holmes, Program Administrator  
DATE: June 11, 2021

On February 10, 2020, we notified you that your Form 1, Statement of Financial Interests, for the year 2018 was not filed and that you therefore have been assessed the maximum fine, for a total fine of \$1500. At that time, you were advised that you had 30 days from the date that letter was transmitted in which to either pay the fine or to appeal the fine to the Commission on Ethics.

It has been more than 30 days since we sent you that letter, and you have neither paid the fine nor filed an appeal. By not responding, you have waived your right to appeal the assessed fine.

If you do not pay the assessed fine by July 12, 2021 (30 days from the date of this letter) or contact our office to make arrangements for payment of the fine, the Commission on Ethics will enter an order setting your fine at \$1500 and will utilize all methods allowed by law to collect this fine including referral to a collection agency which can seek to garnish your wages.

**Certificate of Mailing:**

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

Alison Aileen Hewitt 273356  
4904 N 32nd St  
Tampa FL 33610

By United States Mail on this Friday, June 11, 2021.

A handwritten signature in black ink, appearing to read "Kimberly R. Holmes".

Kimberly R. Holmes  
Program Administrator

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

In re **Alison Hewitt**  
**Employees**  
**Department of Health -Northeast Region**

**PID#: 273356**

**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 Commission on Ethics 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 **March 11, 2020**. **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.

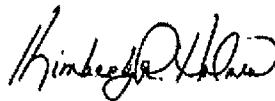
Please contact our office if you have any questions about this matter.

**CERTIFICATE OF MAILING**

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

**Alison Hewitt  
900 University Blvd N  
Jacksonville, FL 32211 -5530**

by Certified Mail on this Monday, February 10, 2020.



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
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Tel.: (850) 488-7864  
Fax: (850) 488-3077  
Email: disclosure@leg.state.fl.us

**FOR OFFICE USE ONLY:**

Alison Hewitt  
Department of Health -Northeast Region  
Employees  
900 University Blvd N  
Jacksonville FL 32211 -5530



273356

Hewitt Alison

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

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

**DISCLOSURE PERIOD:**

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

DECEMBER 31, 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

**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

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

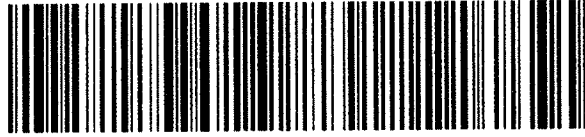

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

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





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



9214 8901 0661 5400 0148 1864 71

RETURN RECEIPT (ELECTRONIC)

273356

ALISON HEWITT  
900 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211-5530

29

URGENT - Open  
Immediately!

CUT / FOLD HERE

Zone 2

6"X9" ENVELOPE  
CUT / FOLD HERE

CUT / FOLD HERE

**Mail Piece Details** [Print this page](#)**Recipient Address**

ALISON HEWITT  
900 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211-5530

**Record / Case Number:**  
273356

**Return Address**

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

**Entry Point ZIP:**  
32317

**Mail Piece Information**

**Tracking Number:** 92148901066154000148186471  
**Date Created:** 02/10/2020 11:52:08 AM  
**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:** ALISON HEWITT  
**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, February 10, 2020, 11:52:08 AM, TALLAHASSEE,FL 32317  
Pre-Shipment Info Sent To Usps, Usps Awaiting Item, February 10, 2020, 12:00:00 AM  
Pre-Shipment Info Sent Usps Awaits Item, February 10, 2020, 11:03:00 AM, TALLAHASSEE,FL 32317  
Accepted At Usps Origin Facility, February 10, 2020, 07:34:00 PM, TALLAHASSEE,FL 32317  
Origin Acceptance, February 10, 2020, 07:34:00 PM, TALLAHASSEE,FL 32317  
Arrived At Usps Regional Facility, February 10, 2020, 08:49:00 PM  
Processed Through Usps Facility, February 10, 2020, 08:49:00 PM, TALLAHASSEE,FL 32301  
Departed Usps Regional Facility, February 10, 2020, 11:19:00 PM  
Depart Usps Facility, February 10, 2020, 11:19:00 PM, TALLAHASSEE,FL 32301  
Arrived At Usps Regional Facility, February 11, 2020, 08:25:00 AM  
Processed Through Usps Facility, February 11, 2020, 08:25:00 AM, JACKSONVILLE,FL 32203  
Depart Usps Facility, February 11, 2020, 09:15:00 AM, JACKSONVILLE,FL 32203  
Departed Usps Regional Facility, February 11, 2020, 06:16:00 PM  
Processed Through Usps Facility, February 11, 2020, 06:16:00 PM, JACKSONVILLE,FL 32203  
Delivered Front Desk/Reception/Mail Room, February 12, 2020, 10:31:00 AM, JACKSONVILLE,FL 32211

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For the latest version of Adobe® Reader® click here.



Date Produced: 02/13/2020

THE MAIL GROUP INC - 1 / CONFIRM DELIVERY INC:

The following is the delivery information for Certified Mail™/RRE item number 9214 8901 0661 5400 0148 1864 71. Our records indicate that this item was delivered on 02/12/2020 at 10:31 a.m. in JACKSONVILLE, FL 32211. The scanned image of the recipient information is provided below.

Signature of Recipient :

*W. Amundson*  
*Danielle Amundson*

Address of Recipient :

*900 University*

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

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

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: 92148901066154000148186471  
273356  
ALISON HEWITT  
900 University Blvd N  
Jacksonville, FL 32211-5530

**Mail Piece Details**

 **Print this page**

**Recipient Address**

ALISON HEWITT  
900 UNIVERSITY BLVD N  
JACKSONVILLE, FL 32211-5530

**Record / Case Number:**  
273356

**Return Address**

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

**Entry Point ZIP:**  
32317

**Mail Piece Information**

**Tracking Number:** 92148901066154000140811944

**Date Created:** 07/23/2019 02:14:19 PM

**Mail Class:** USPS First Class Mail

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

**Memo:** --

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

**Tracking Information**

Mailed, July 23, 2019, 02:14:19 PM, TALLAHASSEE,FL 32317

Pre-Shipment Info Sent To Usps, Usps Awaiting Item, July 23, 2019, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, July 23, 2019, 01:36:00 PM, TALLAHASSEE,FL 32317



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

**Filer - Fines and Appeals - PID 273356 - Alison Aileen Hewitt**

**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: INACTIVE  
Fine: No Fine

**Flags**

Public Address  
Filing Extensions  
Indefinite: None  
Temporary: None

Eligible for Fines

Update Flags

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
10/14/21	Form 1	Yes	Yes	COE	holmesk on 03/04/2022	

2019 Fine Information				<a href="#">Update Fine Information</a> <a href="#">Assign Agency Contact</a>			
Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$1,500.00	Appeal	2/4/2020	\$1,500.00	\$1,500.00			
Fine Address 4904 N 32nd St Tampa FL 33610 Org/Suborg Health, Department of -Northeast Region-Employees							

2019 Fine Payment History						
Date Posted	Description	Amount	Method	Payment ID	Comments	
2/4/2020	Fine Levied	+\$1,500.00			Fined \$1500.00	
Current Balance: \$1,500.00						

**2019 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
 05/15/2019	Letter Sent	Form 1 Official List - Form 1 Official Filers List	Print Queue: <a href="#">5/15/2019 1:12 PM</a> Printing Confirmed: 5/15/2019 1:12 PM


**Letter Sent To:**  
Alison Hewitt  
900 University Blvd N  
Jacksonville, FL 32211 -5530

 07/24/2019	Letter Sent	Certified Letter Sent	Print Queue: <a href="#">7/24/2019</a> Printing Confirmed: 7/24/2019
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**Letter Sent To:**  
Alison Hewitt  
900 University Blvd N  
Jacksonville, FL 32211 -5530

 08/20/2019	Postcard Sent	Courtesy Postcard Reminder	Print Queue: <a href="#">8/20/2019</a> Printing Confirmed: 8/20/2019
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**Letter Sent To:**  
Alison Hewitt  
900 University Blvd N  
Jacksonville, FL 32211 -5530

 09/6/2019	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: <a href="#">9/6/2019</a> Printing Confirmed: 9/6/2019
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**Letter Sent To:**  
Alison Hewitt  
900 University Blvd N  
Jacksonville, FL 32211 -5530

02/4/2020	Fine Levied	Fined \$1500.00	Journal: <a href="#">2/4/2020</a> <a href="#">4:56 PM</a>
-----------	-------------	-----------------	--

02/10/2020 Notice of Initial Fine Notice Journal: 2/10/2020  
 Assessed Fine 9:22 AM

02/10/2020 Letter Sent Notice of Assessed Fine - Print Queue:  
 Filer 1st Fine Letter 2/10/2020  
 Printing Confirmed:  
 2/10/2020

**Letter Sent To:**  
 Alison Hewitt  
 900 University Blvd N  
 Jacksonville, FL 32211 -5530

06/11/2021 Final Notice of 2nd Fine Notice Journal: 6/11/2021  
 Assessed Fine 9:38 AM

06/11/2021 Letter Sent Final Notice of Assessed Fine Print Queue:  
 - Second Fine Notice 6/11/2021  
 Printing Confirmed:  
 6/11/2021

**Letter Sent To:**  
 Alison Aileen Hewitt  
 4904 N 32nd St  
 Tampa, FL 33610

08/24/2021 Collection Collection Order Notice Journal: 8/24/2021  
 Orders 10:34 AM

09/15/2021 Letter Sent Collection Orders - Prepare Print Queue:  
 Collection Orders 9/15/2021  
 Printing Confirmed:  
 9/15/2021

**Letter Sent To:**  
 Alison Aileen Hewitt  
 4904 N 32nd St  
 Tampa, FL 33610

10/14/2021 Form Received Form 1 Received, Signed


**Form Received By:**  
**Filing Location:** COE  
**Record Created By:** Kimberly Holmes on 03/04/2022

10/14/2021 Filer Ms. Hewitt called regarding Kimberly Holmes

Communication: her fine after being  
 Phone contacted by COE staff. Ms.  
 Hewitt states that she left  
 the Department of Health in  
 2019 and did not receive  
 notices to file. I advised her  
 that she could try appealing  
 as she did not receive  
 notices. If she did not  
 appeal, that she could set  
 up a payment arrangement.  
 She stated that she will try  
 to appeal first.

10/15/2021 Filer COE memo dated October Kimberly Holmes  
 Communication: 15, 2021 states that Ms.  
 Other Hewitt is no longer in public  
 employment. She left FDOH  
 on March 20, 2019.

03/4/2022 Fine Appeal FD 19-089 Journal: 3/4/2022  
12:33 PM

 03/15/2022 Letter Sent Fine Appeal Print Queue:  
3/15/2022  
 Printing Confirmed:  
 3/15/2022

**Letter Sent To:**  
 Alison Aileen Hewitt  
 4904 N 32nd St  
 Tampa, FL 33610

2019 Fine Appeal – FD 19- 089	<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: No Hearing Requested Active Appeal Receipt Date: 10/14/2021 Timely Filed: No Print Appeal	



<p><b>Letter:</b> Yes <b>Hearing Requested:</b> No <b>Appeal Reason:</b> Lack of Notification <b>Appeal Notes:</b> <b>Appeal Number:</b> FD 19-089 <b>Appeal Analyst Assigned:</b> <b>Final Order Number:</b> <b>Final Order Date:</b></p>	
--	--