

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re TANIA MONDESIR	)	Financial Disclosure Appeal No. FD 18-112
	)	
Appellant.	)	Final Order No. XXX
_____	)	

FINAL ORDER

This matter came before the Commission on Ethics on its own motion during its meeting in public session on October 23, 2026, pursuant to Section 112.3145(8)(g), Florida Statutes, (subsequently renumbered to Section 112.3145(8)(f)) 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.

Findings of Fact

1. According to information provided to the Commission, Appellant served as a Council Member on the Council of Licensed Midwifery, a position requiring the filing of a 2017 CE Form 1, Statement of Financial Interests. In 2018, the designated due date for submitting a 2017 CE Form 1 was July 2, 2018, with a penalty-free grace period ending on September 4, 2018.¹

¹ Pursuant to Rule 34-8.202(4), F.A.C., if the due date falls on a Saturday, Sunday, or legal holiday designated by Section 110.117, Florida Statutes, the due date shall be extended to the next day which is not a Saturday, Sunday, or legal holiday designated by Section 110.117, Florida Statutes. Usually, the annual CE Form 1 is due by July 1, with a penalty-free grace period ending on September 1.

In 2018, the year in which the 2017 CE Form 1 was due, July 1 fell on a Sunday. As such, in 2018, the deadline was July 2, 2018. Additionally, September 1 fell on a Saturday, and September 3 was

2. No later than June 1, 2018, the Commission on Ethics sent Appellant a 2017 CE Form 1.

3. No later than August 1, 2018, the Commission on Ethics sent Appellant a notice of delinquency by certified mail.

4. On September 6, 2018, the Commission on Ethics mailed Appellant a courtesy notice of fines accruing. This notice was sent to 1570 Ne 142nd St, North Miami, FL 33161-3015.

5. On March 4, 2019, the Commission mailed Appellant a Notice of Assessed Fine. The notice was sent by mail to the 1570 Ne 142nd St address. It indicated the total of Appellant's accrued automatic fine was \$1,500 (\$25 per day for up to 60 days late) and provided that the Commission must receive an appeal of the fine by April 3, 2019.

6. On August 2, 2021, the Commission received Appellant's appeal of her automatic fine for Form Year 2017. In part B of her appeal form, Appellant checked "Lack of Notification" as the general reason for her appeal. In part C of her appeal form, where an appellant is asked to provide a detailed explanation of his or her appeal, Appellant wrote that she had been displaced from her permanent residence (the 1570 Ne 142nd St address) since the end of 2016 because of roofing damage. Appellant noted that because of the damage, delivery of her mail was inconsistent and stopped at times.

7. On August 27, 2021, the Commission on Ethics received Appellant's 2017 CE Form 1.

Labor Day, a legal holiday designated by Section 110.117, Florida Statutes. As such, in 2018, the penalty-free grace period ran through September 4, 2018.

Conclusions of Law

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

9. 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.

10. Section 112.3145(8)(g)3., Florida Statutes, (subsequently renumbered to Section 112.3145(8)(f)(2)) 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.

11. Pursuant to Rule 34-8.215(4), F.A.C., "unusual circumstances" means 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. Circumstances which allow for time in which to take those steps necessary to assure compliance with the filing requirements shall be deemed not to constitute unusual circumstances.

12. Here, although Appellant's appeal was late, the notice of her appellate rights was sent to the same 1570 NE 142nd St address that she states she was displaced from. Regarding the merits of the appeal, Appellant explained that due to her displacement from her residence and due

to mail delivery issues, she never received notice regarding her filing requirement. Considering Appellant's claims, and that there is no evidence showing otherwise, there are "unusual circumstances" here that prevented the timely filing of the financial disclosure form 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 timely 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 October 23, 2026.

Date Rendered

Jeremy M. Rodgers
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.

JMR: aln

Tania Mondesir
12111 NE 18th Ave
Miami, FL 33181



STATE OF FLORIDA
COMMISSION ON ETHICS

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

FLORIDA
COMMISSION ON ETHICS

AUG 02 2021

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2017

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:

Tania Mendez

Address:

12111 NE 18 Ave. City: North Miami State: FL Zip: 33181

Daytime Tel:

(305) 754-2229

Cell:

706 267 8088

Email:

tania.mendez@yahoo.com

Filer ID# (if known):

2606077

Public Employer:

Public Position:

Council of Licensed Midwifery - Council member

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, 2017** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2017)
- 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.

I have been displaced from my permanent residence (1570 NE 142 St. Wia Fl 33161) since end of year 2016. Because of roofing damage delivery of the mail was inconsistent & often stopped at times. The displacement from home has caused issues w/ receiving mail. The current mailing address is given.

OPTIONAL REQUEST FOR HEARING

☐ In addition to this written appeal, I specifically request to appear before the Commission in a hearing pursuant to Section 112.3144(5)(c)3 or Section 112.3145(7)(f)3, Florida Statutes. Commission meetings occur in Tallahassee.

SIGNATURE

I have received and read the Notice of Assessment of Automatic Fine and its instructions on How to Appeal and I understand my options. I am requesting disposition of this matter as indicated.

07/18/21
DATE


SIGNATURE

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2017

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

Mandess, Tania

MAILING ADDRESS:

12111 NE 18 Ave

City: Miami, FL 33181 Miami Dade

CITY:

ZIP:

COUNTY:

Health Department of Boards Council of Midwifery

NAME OF AGENCY:

Council of Midwifery

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Board Member

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 APPOINTEEFLORIDA
COMMISSION ON ETHICS

AUG 27 2021

RECEIVED

PROCESSED

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

DISCLOSURE PERIOD:

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

☐ DECEMBER 31, 2017

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
Miami Maternity Center	140 NE 119th St. Miami FL 33161	Birth Center / Delivery

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
NONE			

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]

(If you have nothing to report, write "none" or "n/a")

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
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
US Dept. of Education	PO Box 105028 Atlanta, Ga. 30348

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		
ADDRESS OF BUSINESS ENTITY	NONE	
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

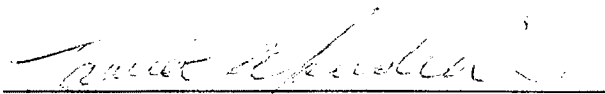
For **elected municipal officers** required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ 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:

08/17/2021

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. 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, 2017.

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re **Tania Mondesir**
 Council of Licensed Midwifery
 Department of Health-Boards

PID#: 260607

NOTICE OF ASSESSMENT OF AUTOMATIC FINE

The Commission on Ethics hereby gives notice of an assessment of a fine against you pursuant to Section 112.3145(7)(f), Florida Statutes, due to your failure to timely file your 2017 CE Form 1, Statement Of Financial Interests. Under the law, your 2017 CE Form 1, Statement of Financial Interests, was due by July 2, 2018. The law provided for a penalty-free grace period extending the due date to September 4, 2018. 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(7)(f), Florida Statutes

Inasmuch as your 2017 CE Form 1 has not been filed with the Commission on Ethics within the 60 days of the grace period date (September 4, 2018), 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(7)(f)3., Florida Statutes, and Commission Rule 34-8.215, Florida Administrative Code.
3. **FORMAT:** Your appeal must be in writing and mailed to Florida Commission on Ethics, P. O. Drawer 15709, Tallahassee, FL 32317-5709, or delivered to Florida Commission on Ethics, 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303. The appeal may take the form of a letter or you may use the appeal form included in this mailing. The appeal form also is available at the Commission's website: www.ethics.state.fl.us. 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 **April 3, 2019**. **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 4, 2018, 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, 2017:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2017; 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:

Tania Mondesir
1570 Ne 142nd St
North Miami, FL 33161 -3015

by Certified Mail on this Monday, March 04, 2019.



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

FOR OFFICE USE ONLY:

Tania Mondesir
Council of Licensed Midwifery
Department of Health-Boards
Council of Licensed Midwifery
1570 Ne 142nd St
North Miami FL 33161 -3015



260607

Mondesir Tania

****** 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, 2017 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]

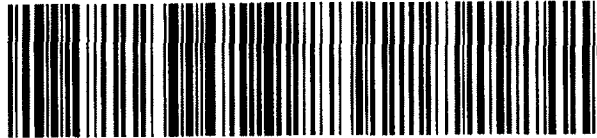
(If you have nothing to report, write "none" or "n/a")

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 0135 1216 07

RETURN RECEIPT (ELECTRONIC)

260607

TANIA MONDESIR
1570 NE 142ND ST
NORTH MIAMI, FL 33161-3015

15

URGENT - Open
Immediately!

CUT - FOLD HERE

Zone 4

8x9" ENVELOPE
CUT - FOLD HERE

CUT - FOLD HERE

Mail Piece Details

 **Print this page**

Recipient Address

TANIA MONDESIR
1570 NE 142ND ST
NORTH MIAMI, FL 33161-3015

Record / Case Number:
260607

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000135121607

Date Created: 03/04/2019 11:41:24 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: TANIA MONDESIR
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, March 04, 2019, 11:41:24 AM, TALLAHASSEE,FL 32317
Pre-Shipment Info Sent To Usps, Usps Awaiting Item, March 04, 2019, 12:00:00 AM
Pre-Shipment Info Sent Usps Awaits Item, March 04, 2019, 10:54:00 AM, TALLAHASSEE,FL 32317
Accepted At Usps Origin Facility, March 04, 2019, 07:04:00 PM, TALLAHASSEE,FL 32317
Origin Acceptance, March 04, 2019, 07:04:00 PM, TALLAHASSEE,FL 32317
Arrived At Usps Regional Origin Facility, March 04, 2019, 08:19:00 PM
Processed Through Usps Facility, March 04, 2019, 08:19:00 PM, TALLAHASSEE,FL 32301
Departed Usps Regional Facility, March 05, 2019, 03:42:00 AM
Depart Usps Facility, March 05, 2019, 03:42:00 AM, TALLAHASSEE,FL 32301
Arrived At Usps Regional Destination Facility, March 05, 2019, 05:37:00 PM
Processed Through Usps Facility, March 05, 2019, 05:37:00 PM, MIAMI,FL 33152
Departed Usps Regional Destination Facility, March 05, 2019, 06:47:00 PM
Processed Through Usps Facility, March 05, 2019, 06:47:00 PM, MIAMI,FL 33152
In Transit, Arriving Late, March 07, 2019, 12:00:00 AM
Addressee Unknown, March 07, 2019, 04:27:00 PM, MIAMI,FL 33161
Unable To Deliver Item, Problem With Address, March 08, 2019, 01:40:00 PM, MIAMI,FL 33181
Unable To Deliver Problem With Address, March 08, 2019, 01:40:00 PM, MIAMI,FL 33181
Vacant, March 08, 2019, 01:51:00 PM, MIAMI,FL 33181
Departed Usps Regional Destination Facility, April 04, 2019, 02:36:00 PM
Processed Through Usps Facility, April 04, 2019, 02:36:00 PM, MIAMI,FL 33152
In Transit, Arriving Late, April 05, 2019, 12:00:00 AM
In Transit To Next Facility, April 06, 2019, 12:00:00 AM
Arrived At Usps Regional Origin Facility, April 07, 2019, 08:26:00 AM
Processed Through Usps Facility, April 07, 2019, 08:26:00 AM, TALLAHASSEE,FL 32301
Departed Usps Regional Origin Facility, April 07, 2019, 09:07:00 PM
Processed Through Usps Facility, April 07, 2019, 09:07:00 PM, TALLAHASSEE,FL 32301
In Transit, Arriving Late, April 08, 2019, 12:00:00 AM
In Transit, Arriving Late, April 09, 2019, 12:00:00 AM
In Transit, Arriving Late, April 10, 2019, 12:00:00 AM
In Transit, Arriving Late, April 11, 2019, 12:00:00 AM
Delivered, To Original Sender, April 15, 2019, 10:47:00 AM, TALLAHASSEE,FL 32308



April 22, 2019

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 0135 1216 07.

Item Details

Status: Delivered, To Original Sender
Status Date / Time: April 15, 2019, 10:47 am
Location: TALLAHASSEE, FL 32308-9998
Postal Product: First-Class Mail®
Extra Services: Certified Mail™
Return Receipt Electronic
Recipient Name: TANIA MONDESIR

Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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: 92148901066154000135121607
260607
TANIA MONDESIR
1570 NE 142nd St
North Miami, FL 33161-3015

Kimberly Bonder Rezanka
Chair
Daniel Brady, Ph.D.
Vice Chair
Jason David Berger
Antonio Carvajal
Glenton "Glen" Gilzean, Jr.
John Grant
JoAnne Leznoff
F. Shields McManus
William "Willie" N. Meggs



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)
www.ethics.state.fl.us

"A Public Office is a Public Trust"

**FINAL NOTICE OF ASSESSMENT OF AUTOMATIC FINE FOR FAILURE TO
TIMELY FILE FORM 1, STATEMENT OF FINANCIAL INTERESTS**

TO: Tania Mondesir **260607**
Department of Health-Boards
Council of Licensed Midwifery
FROM: Kimberly R. Holmes, Program Administrator
DATE: September 25, 2019

On March 4, 2019, we notified you that your Form 1, Statement of Financial Interests, for the year 2017 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 October 28, 2019 (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:

Tania Mondesir **260607**
1570 Ne 142nd St
North Miami FL 33161 -3015

By United States Mail on this Wednesday, September 25, 2019.

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

Kimberly R. Holmes
Program Administrator

Daniel Brady, Ph.D.
Chair
F. Shields McManus
Vice Chair
Antonio Carvajal
Don Gaetz
Glenton "Glen" Gilzean, Jr.
John Grant
JoAnne Leznoff
William "Willie" N. Meggs
Kimberly Bonder Rezanka



State of Florida
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NOTIFICATION OF ISSUANCE OF DEFAULT FINAL ORDER

TO: Tania Mondesir **260607**
Council of Licensed Midwifery
Department of Health-Boards
Council of Licensed Midwifery
FROM: Kimberly R. Holmes, Program Administrator
DATE: September 16, 2020

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 11, 2020.

If you do not pay the assessed fine by October 19, 2020 (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 Tania Mondesir,

2017 CE Form 1

)
)
)
)

DEFAULT FINAL ORDER

This matter comes before the Commission on Ethics for the failure of Tania Mondesir to pay the assessed fine. Pursuant to Section 112.3145(8), 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. Tania Mondesir, Health, Department of -Boards, Council of Licensed Midwifery, was on the list of persons required to file a Statement of Financial Interests for the year 2017.

2. Pursuant to Section 112.3145(8), Florida Statutes, Tania Mondesir was mailed a copy of the 2017 CE Form 1 no later than June 1, 2018, and was mailed a delinquency notice by certified mail no later than July 31, 2018. Additional attempts to contact Tania Mondesir were also made by Commission staff.

3. However, Tania Mondesir did not file a 2017 CE Form 1 by the designated due date. Tania Mondesir 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 Tania Mondesir.

4. More than 60 days have elapsed since the notice of payment due was transmitted without Tania Mondesir 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. Tania Mondesir'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

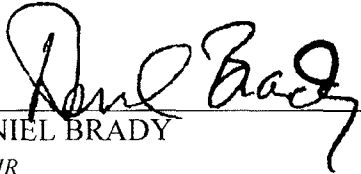
8. Pursuant to Section 112.3145 and 112.31455, Florida Statutes, the Commission on Ethics shall attempt to determine whether Tania Mondesir is currently a public officer or public employee receiving salary or wages from a governmental entity. If so, the matter will be referred to either the Chief Financial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

9. If Tania Mondesir 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 Tania Mondesir 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 and 112.31455, Florida Statutes.

ORDERED by the State of Florida Commission on Ethics meeting in public session on
September 11, 2020.

September 16, 2020
Date Rendered


DANIEL BRADY
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:

Tania Mondesir
13514 NE 20th Ct
North Miami FL 33181 -1806

DB/kh

cc: Sylvia Sanders

Form Year 2017 Filed Forms

FORM TYPE	DATE SUBMITTED	FORM SIGNED	FILED BY EMAIL?	UPDATED BY	COMMENTS
Form 1	08/27/2021	No	No	Emily Prine	

Fine Year 2018 Fine Information

FINE BALANCE	STATUS	FINE DATE	ORIGINAL FINE AMOUNT	ADJUSTED FINE AMOUNT	LAST PAYMENT DATE	PAYMENT PLAN START DATE	PAYMENT PLAN AMOUNT	TOTAL PAYMENT PLAN AMOUNT DUE
\$1,500.00	Appeal	02/26/2019	\$1,500.00	\$1,500.00				

Fine Address: 12111 NE 18th Ave , Miami, FL 33181

Email: tania_mondesir@yahoo.com

Org/Suborg: Department of Health-Boards - Council of Licensed Midwifery

Fine Year 2018 Appeal Information

2018 FINE APPEAL - FD 18-112	No Hearing Scheduled
APPEAL STATUS	Active
APPEAL RECEIPT DATE	08/02/2021
APPEAL TIMELY FILED	No
PRINT APPEAL LETTER	
HEARING REQUESTED	No
APPEAL REASON	Lack of Notification
APPEAL NOTES	
APPEAL NUMBER	FD 18-112
APPEAL ANALYST ASSIGNED	
FINAL ORDER NUMBER	
FINAL ORDER DATE	

Fine Year 2018 Payment Information

DATE POSTED	DESCRIPTION	AMOUNT	METHOD	PAYMENT ID	COMMENT
02/26/2019	Fine Levied	+\$1,500.00			Fined \$1500.00
Current Balance: \$1,500.00					

Fine Year 2018 Event Chronology

DATE	TYPE	DESCRIPTION	ADDRESS/EMAIL	REFERENCE
09/06/2018	Filer Correspondence Letter	Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing	1570 Ne 142nd St, North Miami, FL 33161-3015 UNKNOWN@email.com	KimberlyHolmes

09/26/2018	Filer Communication Email	From: Holmes, Kim Sent: Wednesday, September 26, 2018 10:58 AM To: 'kama.monroe@flhealth.gov' Cc:		admin system
09/26/2018	Filer Communication: Email	From: Sanders, Sylvia (MQA) Sent: Wednesday, September 26, 2018 2:17 PM To: Holmes, Kim Subje		admin system
02/26/2019	Fine Levied	Fined \$1500.00		Journal: <u>Fine COE 2019-02-26-03:15</u>
03/04/2019	Filer Correspondence: Letter	Notice of Assessed Fine - Filer 1st Fine Letter	1570 Ne 142nd St, North Miami, FL 33161-3015 UNKNOWN@email.com	Correspondence Queue: <u>2019-03-04-00:00:00</u> Correspondence Sent: 2019-03-04 00:00:00.0000000
03/04/2019	Notice of Assessed Fine	Initial Fine Notice		Journal: <u>Fine1st 2019-03-04-11:22</u>
04/15/2019	Filer Communication: Other	Certified Notice of Assessed fine letter-Mail returned as "Unclaimed" Vacant		admin system
09/25/2019	Filer Correspondence: Letter	Final Notice of Assessed Fine - Second Fine Notice	1570 Ne 142nd St, North Miami, FL 33161-3015 tania_mondesir@yahoo.com	Correspondence Queue: <u>2019-09-25-00:00:00</u> Correspondence Sent: 2019-09-25 00:00:00.0000000
09/25/2019	Final Notice of Assessed Fine	2nd Fine Notice		Journal: <u>Fine2nd 2019-09-25-11:35</u>
08/22/2020	Collection Orders	Collection Order Notice		Journal: <u>CollectOrd 2020-08-22-10:34</u>
09/16/2020	Filer Correspondence: Letter	Collection Orders - Prepare Collection Orders	13514 NE 20th Ct, North Miami, FL 33181-1806 tania_mondesir@yahoo.com	Correspondence Queue: <u>2020-09-16-00:00:00</u> Correspondence Sent: 2020-09-16 00:00:00.0000000
11/06/2020	Filer Communication Email	From: Westberry, Diana Sent: Friday, November 06, 2020 12:55 PM To: 'tania_mondesir@yahoo.com' Sub		admin system

		From: Westberry, Diana	
	Filer	Sent: Monday, March 15, 2021 4:43	
03/15/2021	Communication	PM	admin system
	Email	To: Allen, Mary Anne	
		Subject: Florida	
08/23/2021	Fine Appeal	FD 18-112	Journal: <u>Appeal 2021-08</u>
			Correspondence
			Queue: <u>2021-08-27</u>
			<u>00:00:00</u>
08/27/2021	Filer		Correspondence
	Correspondence	Fine Appeal - Fine Appeal	Sent: 2021-08-27
	Letter	12111 NE 18th Ave , Miami, FL 33181 tania_mondesir@yahoo.com	00:00:00.0000000

Created Date: 8/27/2021**Type:** Letter**Created By:** System**Description:** Fine Appeal - Fine Appeal**Created Date:** 3/18/2021**Type:** Email**Created By:** admin system

Description: From: Allen, Mary Anne Sent: Thursday, March 18, 2021 12:52 PM To: Westberry, Diana Subject: FW: Florida Commission on Ethics

Good afternoon, Diana, I have confirmed Ms. Mondesir's contact information with the Executive Director for the Council of Licensed Midwifery. The Executive Director, Dr. Kama Monroe confirmed, Ms. Mondesir has not received compensation for her position. The contact information we have on file for her is as follows: Address: 1570 NE 142nd Street, Miami, FL 33161 Phone: (305) 754-2229 Email: Tania_Mondesir@yahoo.com. Please let me know if you have any questions. Thank you. Mary Anne Allen Executive Assistant I Division of Medical Quality Assurance | Director's Office 4042 Bald Cypress Way, Bin C00 Tallahassee, FL 32399 Office: (850) 245-4143 | Fax: (850) 414-8209

Created Date: 3/16/2021**Type:** Email**Created By:** admin system

Description: From: Allen, Mary Anne Sent: Tuesday, March 16, 2021 12:28 PM To: 'Westberry, Diana' Subject: RE: Florida Commission on Ethics

Good afternoon, Diana, Tania Mondesir's term ended in 2020. Ms. Mondesir was compensated for the time she served on the Council of Licensed Midwifery. She was not an employee of the Department of Health. I am confirming contact information for Ms. Mondesir with the Executive Director of the Board of Licensed Midwifery and will send you that information once I have it. Thank you. Mary Anne Allen Executive Assistant I Division of Medical Quality Assurance | Director's Office 4042 Bald Cypress Way, Bin C00 Tallahassee, FL 32399 Office: (850) 245-4143 | Fax: (850) 414-8209

Created Date: 3/15/2021**Type:** Email**Created By:** admin system

Description: From: Westberry, Diana Sent: Monday, March 15, 2021 4:43 PM To: Allen, Mary Anne Subject: Florida Commission on Ethics Good Afternoon, Is Tania Mondesir compensated for her position on the Department of Health Council of Licensed Midwifery? Or is she a compensated employee of the Department of Health? We are trying to collect a fine from her. Please advise. Thank you, Diana Westberry Office Manager Florida Commission on Ethics Post Office Drawer 15709 Tallahassee, FL 32317-5709 (850) 488-7864

Created Date: 11/6/2020**Type:** Email

Created By: admin system

Description: From: Westberry, Diana Sent: Friday, November 06, 2020 12:55 PM To: 'tania_mondesir@yahoo.com' Subject: Florida Commission on Ethics Good Afternoon Ms. Mondesir, Please be advised that you currently have a \$1,500.00 fine for the late filing of your Financial Disclosure Form 1 for the year 2017. You can pay this fine one of two ways, online or by mail. To pay online, please go to www.flalegistore.com, click Pay Fines and type in your PID 260607. Only Visa, MasterCard, and Discover are accepted. To pay by mail, please send in a check for \$1,500.00 made payable to Florida Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709. If you would like to set up a payment plan instead, please call or email me back for details. If you have any other questions, please do not hesitate to ask. Thank you, Diana Westberry Office Manager Florida Commission on Ethics Post Office Drawer 15709 Tallahassee, FL 32317-5709 (850) 488-7864

Created Date: 9/16/2020

Type: Letter

Created By: System

Description: Collection Orders - Prepare Collection Orders

Created Date: 9/25/2019

Type: Letter

Created By: System

Description: Final Notice of Assessed Fine - Second Fine Notice

Created Date: 4/15/2019

Type: Other

Created By: admin system

Description: Certified Notice of Assessed fine letter-Mail returned as "Unclaimed" Vacant

Created Date: 3/4/2019

Type: Letter

Created By: System

Description: Notice of Assessed Fine - Filer 1st Fine Letter

Created Date: 9/26/2018

Type: Phone

Created By: admin system

Description: Called office telephone number, (305)754-2229, on file for Ms. Mondesir @10:00am. The individual that answered the phone stated that the office was closed today and that Ms. Mondesir would be in tomorrow and to call back.

Created Date: 9/26/2018

Type: Email

Created By: admin system

Description: From: Holmes, Kim Sent: Wednesday, September 26, 2018 10:58 AM To: 'kama.monroe@flhealth.gov' Cc: 'Sylvia.sanders@flhealth.gov' Subject: Tania Mondesir-Council of Licensed Midwifery Importance: High Hello Ms. Monroe, Our office is seeking your assistance in contacting Tania Mondesir, Member of the Council of Licensed Midwifery. According to our records, Ms. Mondesir has not filed the required financial disclosure form for this year. Our office has made several attempts at trying to reach Ms. Mondesir to advise her of the requirement to file the 2017 Form 1, Statement of Financial Interests, and have had no response. Pursuant to State law, an automatic fine of \$25.00 per day for each day late (\$1,500 maximum fine) is being assessed against Ms. Mondesir for failure to timely file Form 1. In addition, the law provides that the Commission on Ethics must initiate investigations of delinquent filers in certain circumstances. This can result in being removed from public office or employment. See Section 112.3145(8)(C), Florida Statutes. Please advise Ms. Mondesir to file the form as soon as possible with our office. As of today, the fine is at \$550. For your convenience, attached is a copy of the 2017 Form 1 for Ms. Mondesir to complete. The completed form can be mailed or emailed to our office, see information below: Florida Commission on Ethics, P.O. Drawer 15709,

Tallahassee, FL 32317-5709 or Scan as a PDF document (with any attachments) and email to CEForm1@leg.state.fl.us If you have any questions, please do not hesitate to contact me. Your assistance is greatly appreciated. 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

Created Date: 9/26/2018

Type: Email

Created By: admin system

Description: From: Sanders, Sylvia (MQA) Sent: Wednesday, September 26, 2018 2:17 PM To: Holmes, Kim Subject: FW: Tania Mondesir-Council of Licensed Midwifery FYI Sylvia R. Sanders, CP, FRP, CPM OMCII, Legislative Coordinator, Certified Paralegal Division of Medical Quality Assurance From: Taylor, Carol Sent: Wednesday, September 26, 2018 2:13 PM To: Sanders, Sylvia (MQA) Cc: Monroe, Kama ; Nielsen, Gerry Subject: RE: Tania Mondesir-Council of Licensed Midwifery This is an update regarding contact with Ms. Mondesir. I spoke with her personally on the telephone. She believed she had submitted the form. I informed her that she is being assessed a fine daily for failure to timely submit. I offered to forward the email with the attachment, but informed her that correspondence transmitted to her email address is returned as undeliverable. She noted remembering that we experienced the email issue last year. She stated she would locate the form and resubmit to the commission, then she would call them. I thanked her and discontinued the call. Carol From: Sanders, Sylvia (MQA) Sent: Wednesday, September 26, 2018 2:00 PM To: Taylor, Carol Subject: FW: Tania Mondesir-Council of Licensed Midwifery Importance: High Sylvia R. Sanders, CP, FRP, CPM OMCII, Legislative Coordinator, Certified Paralegal Division of Medical Quality Assurance

Created Date: 9/6/2018

Type: Letter

Created By: System

Description: Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing

Created Date: 8/16/2018

Type: Postcard

Created By: System

Description: Courtesy Postcard Reminder - Courtesy Postcard Reminder

Created Date: 7/25/2018

Type: Letter

Created By: System

Description: Certified Letter Sent - Certified Letter Sent

Created Date: 5/9/2018

Type: Letter

Created By: System

Description: Form 1 Official List - Form 1 Official Filers List