

In re RASHAWNDA KAMILAH MARTIN	)	Financial Disclosure Appeal No.	FD 20-044
	)		
Appellant.	)	Final Order No.	XXX
	)		

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.

1. According to information provided to the Commission, Appellant served as Marketing Coordinator for the Florida Historic Capitol Museum, a position requiring the filing of a 2019 CE Form 1, Statement of Financial Interests. In 2020, the designated due date for submitting a 2019 CE Form 1 was July 1, 2020, with a grace period ending on September 1, 2020.

2. No later than June 1, 2020, the Commission on Ethics mailed a 2019 CE Form 1 to Appellant at B-06 Historic Capitol 400, S Monroe St., Tallahassee, FL 32399.

3. No later than August 1, 2020, the Commission on Ethics sent a notice of delinquency by certified mail to Appellant at B-06 Historic Capitol 400, S Monroe St., Tallahassee, FL 32399.

4. On September 8, 2020, the Commission on Ethics mailed a courtesy notice of fines accruing to Appellant at 2536 Verrata Dr., Tallahassee, FL 32304.

5. On September 18, 2020, the Commission on Ethics received Appellant's 2019 CE Form 1.

6. On March 16, 2021, the Commission mailed a Notice of Assessed Fine to Appellant at 11431 Elderflower Way W, Jacksonville, FL 32218. It indicated that the total of Appellant's accrued automatic fine was \$425 (\$25 per day for 17 days late) and provided that the Commission must receive an appeal of the fine by April 15, 2021.

7. On April 16, 2021, the Commission mailed a Notice of Assessed Fine to Appellant at 190 Chelsea St., Apt. 230, Jacksonville, FL 32204. It indicated that the total of Appellant's accrued automatic fine was \$425 (\$25 per day for 17 days late) and provided that the Commission must receive an appeal of the fine by May 17, 2021.

8. On April 30, the Commission received Appellant's appeal of her automatic fine for Form Year 2019. 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 a detailed explanation of his or her appeal, Appellant wrote that she did not receive the 2019 CE Form 1 in a timely manner due to her move to Jacksonville on July 31, 2020. Appellant stated that she was unaware of the requirement to file 2019 CE Form 1 until a co-worker notified her of the issue and Appellant promptly filed CE Form 1 thereafter.

Conclusions of Law

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

10. 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.

11. 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.

12. 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 ensure compliance with the filing requirements shall be deemed not to constitute unusual circumstances.

13. Here, Appellant stated that she did not receive 2019 CE Form 1 in a timely manner due to her move to Jacksonville in July 2020. Appellant stated that she was unaware of the requirement to file 2019 CE Form 1 until a coworker notified her of the issue and Appellant promptly filed CE Form 1 thereafter. 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 \$425 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 \$425.

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: jfh

Rashawnda Kamilah Martin
190 Chelsea St.
Apt. 230
Jacksonville, FL 32204



281717 20-044

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

APR 30 2021

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2019

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: Rashawnda Martin

Address: 190 Chelsea St. APT #230 City: Jacksonville State: FL Zip: 32204

Daytime Tel.: _____ Cell: 8584424992

Email: Rashawndamartin@yahoo.com Filer ID# (if known): _____

Public Employer: Florida Historic Capitol Museum

Public Position: Marketing Coordinator

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, 2019** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2019)
- 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 am filing this appeal because I did not receive the financial disclosure in a timely manner. I resign from my position at the FLHCM for a teaching position on March 14th, 2020. Once COVID-19 closed down all of the schools I ended up moved to Jacksonville on July 31st. I was not aware of the financial disclosure until after it was due. After I got a job at DEO, one of my coworkers emailed me about the issue. I promptly filled it out and sent it in.

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.

04/30/2021

DATE

Rashunda Martin

SIGNATURE

MARIANNE ARBULU
Superintendent of Schools
Phone: 850-342-0100
Fax: 850-342-0108

District School Board of Jefferson County

1490 WEST WASHINGTON STREET • MONTICELLO, FL 32344

JEFFERSON SCHOOL DISTRICT ANTI-DRUG PROGRAM

DONOR NAME: Rashawnda Martin DONOR SSN: 248-97-5013
NOTIFICATION DATE: 3-6-2020 NOTIFICATION TIME: 2:00pm
FORM ID: 0660796032

☐ COVERED EMPLOYEE (DOT) ☒ DRUG TEST
☒ NON-COVERED (NON-DOT) ☐ ALCOHOL TEST - BREATH
☐ ALCOHOL TEST - BLOOD

TYPE OF TEST:

☒ PRE-EMPLOYMENT ☐ RETURN TO DUTY
☐ REASONABLE SUSPICION ☐ RANDOM
☐ POST ACCIDENT ☐ FOLLOW UP

SPECIMENS TO BE SENT TO:

METPATH
One Malcolm Avenue, Teterboro, NJ 070808

You must report for a drug/alcohol test no later than:

DATE: March 6, 2020 TIME: 4:00 a.m.
PLACE: Patient's First p.m.

1705 E. Mahan Dr. Tallahassee, FL 32307
Patient's First - Mahan
1705 East Mahan Drive
Tallahassee, FL 32308

COLLECTION SITE VERIFICATION:

PLEASE HAVE A PHOTO I.D., AND THIS COMPLETED FORM, TO PRESENT TO THE TESTING SITE PERSONNEL.

SIGNATURE OF SUPERVISOR

SIGNATURE OF EMPLOYEE

EMPLOYER/WHITE COPY
EMPLOYEE/YELLOW COPY
RETURN VERIFIED TO TRANSPORTATION DEPARTMENT



HOME OF THE TIGERS

JEFFERSON COUNTY ELEMENTARY SCHOOL
JEFFERSON COUNTY MIDDLE SCHOOL
JEFFERSON COUNTY HIGH SCHOOL
SOMERSET CHARTER SCHOOLS

50 David Road, Monticello, Florida 32344
Tel: 850-997-3555 | Fax: 850-997-4773
www.somersetjefferson.org

A Tuition Free Public Charter School

PRE-EMPLOYMENT SCREENING

An Appointment IS Required:

Please contact Ramona Kinsey at ramona.kinsey@jeffersonschooldistrict.org or by telephone at 850-342-0526 to schedule an appointment for your pre-employment screenings. The screenings are done on certain days of the week, so make sure to call or email to schedule your appointment. You will need to keep enough time in your schedule to be fingerprinted in Monticello and travel the same day to Tallahassee for your pre-employment drug-screen. Please note: the district office is closed on Friday during the summer.

Directions (GPS map directions are incorrect):

- Take I-10 Exit 225 North – US 19 North toward Monticello
- Take US 19 North/South Jefferson Street to traffic circle
- At traffic circle, take 3rd exit onto US-90 West//West Washington Street
- 1490 West Washington Street is approximately 1 mile west of the traffic circle on the north side of the road

Fees:

- **Contractual Fingerprinting:** \$98.50 (FDLE permits payment by debit/credit card or money order payable to Jefferson County School District)
- **Employee Fingerprinting:** \$74.50 (FDLE permits payment by debit/credit card or money order payable to Jefferson County School District)
- **Lab charges:** \$52.50 (**MONEY ORDER IS REQUIRED**) – payable to Jefferson County School District, and to be given at the time of fingerprinting to the School District)

Applicant to bring:

- Photo ID (typically a driver's license)
- Jefferson County School District Authorization Form signed by Jefferson Somerset
- Payment of fees listed above – if payment is not received as requested, appointment will be rescheduled

Fingerprinting is handled at the district office and the lab for the pre-employment drug screening is located in Tallahassee approximately 30 miles from the district offices. The district will provide you with paperwork to take to the pre-employment drug screening. You will need to prepare your schedule to conduct both fingerprinting and pre-employment drug screening the same day as the drug screening process is time sensitive. Please allow enough time in your schedule to get to the drug testing lab prior to 4 pm on the day you do your fingerprints. **Pre-scheduled appointments for fingerprinting are required!** **Note: arriving more than 15 minutes late to your scheduled appointment with the Jefferson County School District will result in your appointment being rescheduled.**

Rev. 7/22/2019



CORY OLIVER, PRINCIPAL
ANDRÉ GAINEY, VICE PRINCIPAL





JEFFERSON COUNTY ELEMENTARY
JEFFERSON COUNTY MIDDLE
JEFFERSON COUNTY HIGH
SOMERSET CHARTER SCHOOLS
All uniform Wear
1989 Capital Circle
850-629-4144

50 David Road, Monticello, Florida 32344

Tel: 850-997-3555 | Fax: 850-997-4773

www.somersetjefferson.org

A Tuition Free Public Charter School

UNIFORM REQUEST FORM

☐ New Student

☐ P.E Uniform

☒ New Hire

☐ Transportation

New Students receive 3 polo shirts and 2 pairs of bottoms ONLY.

P.E. Uniforms include 2 P.E Shirts and 2 pairs of bottoms

(Middle School 6th-8th Grade ORANGE SHIRTS) (High School 9th-12th Grade GREY SHIRTS)

New Hires - 3 polo Shirts ONLY

Transportation - 5 polo shirts with the Drivers name on Front and Transportation logo on the right sleeve

STUDENT NAME

GRADE

STAFF MEMBER NAME

COMMENTS

APPROVED BY

ISSUE DATE

Nicky N. Seaton

IF YOU HAVE ADDITIONAL, QUESTIONS OR CONCERNS FEEL FREE TO CONTACT ME AT (850)997-3555 EXT 1



CORY OLIVER, PRINCIPAL
ANDRÉ GAINEY, VICE PRINCIPAL



Don't be caught off guard!

Please keep the notice below in mind as you prepare yourself for the big day!

Your Move out day is Friday, July 31st at 10 AM!

This means you MUST be in line to return your keys to the office by 10 AM!

Please make accommodations to ensure you have vacated ALL of your possessions from the unit by that time. Per your lease, if you are not completely moved out by **10 AM**, there are hold-over fines associated with a late move out.

Move-out day is approaching, and The Preserve Team would like to provide a friendly reminder of chargeable damages. Per your lease you are responsible for any material items not recorded on your condition report that are considered broken or need replacement.

Per your lease: 7. Repairs:

Resident shall be responsible to keep and maintain the Rental Space in good condition and all the appliances therein in good working order. Resident shall be responsible for any damage to the Apartment (and any appliances therein) or Property caused by Resident or Resident's guests acts, omissions or negligence or any non-reporting (or delinquent reporting) of necessary repairs.

Please refer to the list attached to this email for a generic list of charges. This list is not all-inclusive but is a template for you to better understand what would be looked at when move-out inspections are conducted. Please consider this list as well as any related items as you prepare for your move-out date.

Our mailing address is:
The Preserve At San Luis
1560 San Luis Road
Tallahassee, FL 32304

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2019**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Martin

Rashawnda

Kamilah

MAILING ADDRESS :

11431 Elderflower Way W

CITY :

Jacksonville

ZIP :

32218

COUNTY :

Duval

NAME OF AGENCY :

Legislative Services Historic Capitol-Legislative Research Center & M

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Marketing Coordinator

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**281717****Processed****9-18-20******** THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2019.

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
FL Historic Capitol Museum	400 S Monroe St. Tallahassee, FL 32399	Marketing Coordinator

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]

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

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

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

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

N/A

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.**FILING INSTRUCTIONS** for when
and where to file this form are
located at the bottom of page 2.**INSTRUCTIONS** on who must file
this form and how to fill it out
begin on page 3.

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

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
N/A	

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
N/A	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
(If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY		
ADDRESS OF BUSINESS ENTITY	N/A	
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:

Rashawnda Martin

Date Signed:

09/18/20

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. 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, 2019.

Mail Piece Details



[Print this page](#)

Recipient Address

RASHAWNDA K MARTIN
B-06 HISTORIC CAPITOL 400 S MONROE ST
TALLAHASSEE, FL 32399-0001

Record / Case Number:
281717

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000153074626

Date Created: 07/30/2020 04:08:47 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 30, 2020, 04:08:47 PM, TALLAHASSEE,FL 32317

Pre-Shipment Info Sent To Usps, Usps Awaiting Item, July 30, 2020, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, July 30, 2020, 03:21:00 PM, TALLAHASSEE,FL 32317

Accepted At Usps Origin Facility, August 01, 2020, 08:30:00 AM, TALLAHASSEE,FL 32317

Origin Acceptance, August 01, 2020, 08:30:00 AM, TALLAHASSEE,FL 32317

Arrived At Usps Regional Facility, August 01, 2020, 09:45:00 AM

Processed Through Usps Facility, August 01, 2020, 09:45:00 AM, TALLAHASSEE,FL 32301

Depart Usps Facility, August 01, 2020, 10:29:00 PM, TALLAHASSEE,FL 32301

Departed Usps Regional Facility, August 02, 2020, 12:58:00 AM

Processed Through Usps Facility, August 02, 2020, 12:58:00 AM, TALLAHASSEE,FL 32301

Departed Usps Regional Facility, August 02, 2020, 11:48:00 PM

Processed Through Usps Facility, August 02, 2020, 11:48:00 PM, TALLAHASSEE,FL 32301

Arrived At Unit, August 03, 2020, 05:05:00 AM, TALLAHASSEE,FL 32301

Arrival At Unit, August 03, 2020, 05:05:00 AM, TALLAHASSEE,FL 32301

Available For Pickup, August 03, 2020, 05:18:00 AM, TALLAHASSEE,FL 32314

Available For Pickup, August 03, 2020, 05:18:00 AM, TALLAHASSEE,FL 32314

Reminder To Schedule Redelivery, August 08, 2020, 03:17:00 AM, TALLAHASSEE,FL 32399

Package Return Notice Generated, August 18, 2020, 03:28:00 AM, TALLAHASSEE,FL 32399

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

In re **Rashawnda Kamilah Martin**
 Marketing Coordinator
 Historic Capitol-Legislative Research Center & Museum
 Office Of Legislative Services

PID#: 281717

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 2019 CE Form 1, Statement Of Financial Interests. Under the law, your 2019 CE Form 1, Statement of Financial Interests, was due by July 1, 2020. The law provided for a penalty-free grace period extending the due date to September 1, 2020. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2019 CE Form 1 was filed September 18, 2020 with the Commission on Ethics, you are fined the amount of \$425.00 (\$25.00 per day for 17 day(s) late). 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.

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 **April 15, 2021**. **NOTE:** Failure to timely file an appeal will constitute a waiver of your right to appeal and will result in the entry of a default order against you.
5. **UNUSUAL CIRCUMSTANCES:** An appeal must demonstrate that you submitted your CE Form 1 after the extended due date because of "unusual circumstances." "Unusual circumstances" is defined in Commission Rule 34-8.215(4), Florida Administrative Code, as "uncommon, rare, or sudden events over which the reporting individual had no control and which directly result in the failure to act in accordance with the filing requirements." Therefore, circumstances that allowed for time to take steps necessary to file on time do not constitute "unusual circumstances" that will allow the Commission to waive the fine. You have the burden to establish "unusual circumstances." Your appeal must specifically state the circumstances that led to your not filing by September 1, 2020, 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, 2019:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2019; 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.

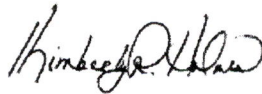
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

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

**Rashawnda Kamilah Martin
11431 Elderflower Way W
Jacksonville , FL 32218**

by Certified Mail on this Tuesday, March 16, 2021.



KIMBERLY R. HOLMES
Program Administrator

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

-or-

Florida Commission on Ethics
325 John Knox Road, Building E, Ste. 200
Tallahassee, FL 32303

Tel.: (850) 488-7864

Fax: (850) 488-3077

Email: disclosure@leg.state.fl.us

Mail Piece Details



[Print this page](#)

Recipient Address

RASHAWNDA KAMILAH MARTIN
11431 ELDERFLOWER WAY W
JACKSONVILLE, FL 32218-7387

Record / Case Number:
281717

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000160863619

Date Created: 03/16/2021 04:49:56 PM

Mail Class: USPS First Class Mail

Special Services: Certified Mail
Return Receipt Electronic

Memo: --

Created By: Kimberly Holmes - Commission on Ethics

Signature Information

Signed For By: RASHAWNDA KAMILAH MA

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 16, 2021, 04:49:56 PM, TALLAHASSEE,FL 32317

Pre-Shipment Info Sent To Usps, Usps Awaiting Item, March 16, 2021, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, March 16, 2021, 04:02:00 PM, TALLAHASSEE,FL 32317

Accepted At Usps Origin Facility, March 18, 2021, 07:38:00 AM, TALLAHASSEE,FL 32317

Origin Acceptance, March 18, 2021, 07:38:00 AM, TALLAHASSEE,FL 32317

Arrived At Usps Regional Facility, March 18, 2021, 08:53:00 AM

Processed Through Usps Facility, March 18, 2021, 08:53:00 AM, JACKSONVILLE,FL 32203

Depart Usps Facility, March 18, 2021, 09:18:00 AM, JACKSONVILLE,FL 32203

Departed Usps Regional Facility, March 18, 2021, 03:51:00 PM

Processed Through Usps Facility, March 18, 2021, 03:51:00 PM, JACKSONVILLE,FL 32203

Departed Usps Regional Facility, March 18, 2021, 07:49:00 PM

Processed Through Usps Facility, March 18, 2021, 07:49:00 PM, JACKSONVILLE,FL 32203

Delivered Left With Individual, March 19, 2021, 11:02:00 AM, JACKSONVILLE,FL 32218



Date Produced: 03/22/2021

THE MAIL GROUP INC - 1 / CONFIRM DELIVERY INC:

The following is the delivery information for Certified Mail™/RRE item number 9214 8901 0661 5400 0160 8636 19. Our records indicate that this item was delivered on 03/19/2021 at 11:02 a.m. in JACKSONVILLE, FL 32218. The scanned image of the recipient information is provided below.

Signature of Recipient :

[Handwritten signature] *[Handwritten date: 3/19]*

Address of Recipient :

11431

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: 92148901066154000160863619
281717
RASHAWNDA KAMILAH MARTIN
11431 Elderflower Way W
Jacksonville, FL 32218-7387

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

In re **Rashawnda Kamilah Martin**
 Marketing Coordinator
 Historic Capitol-Legislative Research Center & Museum
 Office Of Legislative Services

PID#: 281717

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 2019 CE Form 1, Statement Of Financial Interests. Under the law, your 2019 CE Form 1, Statement of Financial Interests, was due by July 1, 2020. The law provided for a penalty-free grace period extending the due date to September 1, 2020. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2019 CE Form 1 was filed September 18, 2020 with the Commission on Ethics, you are fined the amount of \$425.00 (\$25.00 per day for 17 day(s) late). 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.

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 **May 17, 2021**. **NOTE:** Failure to timely file an appeal will constitute a waiver of your right to appeal and will result in the entry of a default order against you.
5. **UNUSUAL CIRCUMSTANCES:** An appeal must demonstrate that you submitted your CE Form 1 after the extended due date because of "unusual circumstances." "Unusual circumstances" is defined in Commission Rule 34-8.215(4), Florida Administrative Code, as "uncommon, rare, or sudden events over which the reporting individual had no control and which directly result in the failure to act in accordance with the filing requirements." Therefore, circumstances that allowed for time to take steps necessary to file on time do not constitute "unusual circumstances" that will allow the Commission to waive the fine. You have the burden to establish "unusual circumstances." Your appeal must specifically state the circumstances that led to your not filing by September 1, 2020, 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, 2019:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2019; 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.

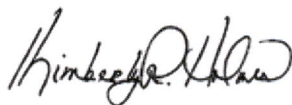
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

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

Rashawnda Kamilah Martin
190 Chelsea St
APT 230
Jacksonville, FL 32204

by Certified Mail on this Friday, April 16, 2021.



KIMBERLY R. HOLMES
Program Administrator

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

-or-

Florida Commission on Ethics
325 John Knox Road, Building E, Ste. 200
Tallahassee, FL 32303

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

Mail Piece Details

 **Print this page**

Recipient Address

RASHAWNDA KAMILAH MARTIN
190 CHELSEA ST APT 230
JACKSONVILLE, FL 32204-2189

Record / Case Number:
281717

Return Address

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

Mail Piece Information

Tracking Number: 92148901066154000161797272

Date Created: 04/16/2021 05:53:53 PM

Mail Class: USPS First Class Mail

Special Services: Certified Mail
Return Receipt Electronic

Memo: Resend to better address

Created By: Kimberly Holmes - Commission on Ethics

Tracking Information

Mailed, April 16, 2021, 05:53:53 PM, TALLAHASSEE,FL 32317
Pre-Shipment Info Sent To Usps, Usps Awaiting Item, April 16, 2021, 12:00:00 AM
Pre-Shipment Info Sent Usps Awaits Item, April 16, 2021, 05:05:00 PM, TALLAHASSEE,FL 32317
Accepted At Usps Origin Facility, April 17, 2021, 08:39:00 PM, TALLAHASSEE,FL 32317
Origin Acceptance, April 17, 2021, 08:39:00 PM, TALLAHASSEE,FL 32317
Arrived At Usps Regional Facility, April 17, 2021, 09:54:00 PM
Processed Through Usps Facility, April 17, 2021, 09:54:00 PM, TALLAHASSEE,FL 32301
Arrived At Usps Regional Facility, April 18, 2021, 08:16:00 AM
Processed Through Usps Facility, April 18, 2021, 08:16:00 AM, JACKSONVILLE,FL 32203
Departed Usps Regional Facility, April 18, 2021, 08:42:00 AM
Depart Usps Facility, April 18, 2021, 08:42:00 AM, JACKSONVILLE,FL 32203
Departed Usps Regional Facility, April 18, 2021, 06:52:00 PM
Processed Through Usps Facility, April 18, 2021, 06:52:00 PM, JACKSONVILLE,FL 32203
Departed Usps Regional Facility, April 18, 2021, 10:14:00 PM
Processed Through Usps Facility, April 18, 2021, 10:14:00 PM, JACKSONVILLE,FL 32203
In Transit, Arriving On Time, April 19, 2021, 12:00:00 AM
In Transit, Arriving Late, April 20, 2021, 12:00:00 AM
In Transit, Arriving Late, April 21, 2021, 12:00:00 AM
In Transit, Arriving Late, April 22, 2021, 12:00:00 AM

Form Year 2019 Filed Forms

FORM TYPE	DATE SUBMITTED	FORM SIGNED	FILED BY EMAIL?	UPDATED BY	COMMENTS
Form 1	09/18/2020	No	Yes	Emily Prine	

Fine Year 2020 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
\$425.00	Appeal	03/16/2021	\$425.00	\$425.00				

Fine Address: 190 Chelsea St, Jacksonville , FL 32204

Email: UNKNOWN@email.com

Org/Suborg: Office Of Legislative Services - Historic Capitol-Legislative Research Center & Museum

Fine Year 2020 Appeal Information

2020 FINE APPEAL - FD 20-044			No Hearing Scheduled		
APPEAL STATUS			Active		
APPEAL RECEIPT DATE			04/30/2021		
APPEAL TIMELY FILED			Yes		
PRINT APPEAL LETTER					
HEARING REQUESTED			No		
APPEAL REASON			Lack of Notification		
APPEAL NOTES					
APPEAL NUMBER			FD 20-044		
APPEAL ANALYST ASSIGNED					
FINAL ORDER NUMBER					
FINAL ORDER DATE					

Fine Year 2020 Payment Information

DATE POSTED	DESCRIPTION	AMOUNT	METHOD	PAYMENT ID	COMMENT
03/16/2021	Fine Levied	+\$425.00			Fined \$425.00
Current Balance: \$425.00					

Fine Year 2020 Event Chronology

DATE	TYPE	DESCRIPTION	ADDRESS/EMAIL	REFERENCE
09/08/2020	Filer Correspondence Letter	Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing	2536 Verrata Drive, Tallahassee, FL 32304 UNKNOWN@email.com	KimberlyHolmes

09/18/2020	Filer Communication Email	From: Mondragon, Louise Sent: Friday, September 18, 2020 9:24 AM To: Prine.Emily Subject: RE: [EX]		admin system
09/18/2020	Filer Communication: Email	From: Prine.Emily Sent: Friday, September 18, 2020 9:28 AM To: 'Rashawnda.Martin@deo.myflorida.com'		admin system
09/18/2020	Filer Communication Email	From: Prine.Emily Sent: Friday, September 18, 2020 9:46 AM To: 'Martin, Rashawnda' Subject: RE: [E]		admin system
03/16/2021	Filer Correspondence: Letter	Notice of Assessed Fine - Filer 1st Fine Letter	11431 Elderflower Way W, Jacksonville , FL 32218 UNKNOWN@email.com	Correspondence Queue: <u>2021-03-16</u> <u>00:00:00</u> Correspondence Sent: 2021-03-16 00:00:00.0000000
03/16/2021	Fine Levied	Fined \$425.00		Journal: <u>Fine COE 2021-03-</u> <u>16-09:23</u>
~~03/16/2021~~	~~Notice of Assessed Fine~~	~~Initial Fine Notice-Invalidated-~~ ~~Reason: Resedn to better address-~~		~~Journal:-~~ ~~Fine1st 2021-03-~~ ~~16-10:02~~
04/16/2021	Filer Correspondence: Letter	Notice of Assessed Fine - Filer 1st Fine Letter	190 Chelsea St Apartment 230, Jacksonville , FL 32204 UNKNOWN@email.com	Correspondence Queue: <u>2021-04-16</u> <u>00:00:00</u> Correspondence Sent: 2021-04-16 00:00:00.0000000
04/16/2021	Filer Communication: Phone	Ms. Martin called stating that she just received the notice of assessed fine that was forwarded to her.		admin system
04/16/2021	Notice of Assessed Fine	Initial Fine Notice		Journal: <u>Fine1st 2021-04-</u> <u>16-04:36</u>
06/11/2021	Filer Correspondence: Letter	Fine Appeal - Fine Appeal	190 Chelsea St Apartment 230, Jacksonville , FL 32204 UNKNOWN@email.com	Correspondence Queue: <u>2021-06-11</u> <u>00:00:00</u> Correspondence Sent: 2021-06-11 00:00:00.0000000
06/11/2021	Fine Appeal	FD 20-044		Journal: <u>Appeal 2021-06</u>

Created Date: 6/11/2021

Type: Letter

Created By: System

Description: Fine Appeal - Fine Appeal

Created Date: 4/16/2021

Type: Phone

Created By: admin system

Description: Ms. Martin called stating that she just received the notice of assessed fine that was forwarded to her. She is no longer residing at 11431 Elderflower Way W Jacksonville FL 32218. She also stated that she resigned from the Office of Legislative Services in March 2020, left Tallahassee and moved to Jacksonville. Therefore, she did not receive notices to file, but filed as soon as she was made aware. I advised her of the appeal process. Ms. Martin provided me with an updated address. I advised that I would update address for our records and resend fine notice as it was passed the 30 days.

Created Date: 4/16/2021

Type: Letter

Created By: System

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

Created Date: 3/16/2021

Type: Letter

Created By: System

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

Created Date: 9/18/2020

Type: Email

Created By: admin system

Description: From: Mondragon, Louise Sent: Friday, September 18, 2020 9:24 AM To: Prine,Emily Subject: RE: [EXTERNAL] - Rashawnda K Martin Yes Rashawnda.Martin@deo.myflorida.com - Louise Mondragon, Chief Human Resource Management Department of Economic Opportunity 107 E. Madison St, Tallahassee, FL 32399 850-245-7177 From: Prine,Emily Sent: Friday, September 18, 2020 9:17 AM To: Mondragon, Louise Subject: RE: [EXTERNAL] - Rashawnda K Martin She is delinquent filer under her prior position with the Historic Capitol. I am trying to reach out and notify her of the filing and fines. Would you have an email address for her? Thank you! Sincerely, Emily E. Prine Program Specialist/Financial Disclosure 850-488-7864 Florida Commission on Ethics Post Office Drawer 15709 Tallahassee, FL 32317-5709 From: Mondragon, Louise Sent: Friday, September 18, 2020 9:11 AM To: Prine,Emily Subject: RE: [EXTERNAL] - Rashawnda K Martin Yes she is an Employment Security Representative I OPS in our Customer Contact Center here in Tallahassee entry level position. Louise Mondragon, Chief Human Resource Management Department of Economic Opportunity 107 E. Madison St, Tallahassee, FL 32399 850-245-7177 From: Prine,Emily Sent: Friday, September 18, 2020 9:06 AM To: Mondragon, Louise Subject: [EXTERNAL] - Rashawnda K Martin Morning, Do you have an employee listed with DEO under the name Rashawnda Martin? Thank you! Sincerely, Emily E. Prine Program Specialist/Financial Disclosure 850-488-7864

Created Date: 9/18/2020

Type: Email

Created By: admin system

Description: From: Prine,Emily Sent: Friday, September 18, 2020 9:28 AM To: 'Rashawnda.Martin@deo.myflorida.com' Subject: Financial Disclosure DELINQUENT Importance: High We have not received your Form 1 2019 Financial Disclosure filing based off your service with Legislative Services. You are now being fined \$25.00 per day with a maximum fine of up to \$1500.00. Additionally, individuals who accrue the maximum fine and fail to file the required form are subject to an investigation to determine whether the failure to file was willful. If the Commission determines the failure to file was willful, the statute requires the Commission recommend the individual be removed from public office or public employment. Form is attached, please complete and remit today! The form can be submitted via email, see instructions on page two of the form. Sincerely, Emily E. Prine Program Specialist/Financial Disclosure 850-488-7864 Florida Commission on Ethics Post Office Drawer 15709 Tallahassee, FL 32317-5709

Created Date: 9/18/2020

Type: Email

Created By: admin system

Description: From: Prine.Emily Sent: Friday, September 18, 2020 9:35 AM To: 'Martin, Rashawnda' Cc: Brown, Jackie Subject: RE: [EXTERNAL] - Financial Disclosure DELINQUENT Your name was placed on the 2019 financial disclosure list as having served in a position with Legislative Services Historic Capitol-Legislative Research Center & Museum that requires you to file. I am copying your coordinator, Jackie Brown for confirmation. Sincerely, Emily E. Prine Program Specialist/Financial Disclosure 850-488-7864 Florida Commission on Ethics Post Office Drawer 15709 Tallahassee, FL 32317-5709 From: Martin, Rashawnda Sent: Friday, September 18, 2020 9:31 AM To: Prine.Emily Subject: RE: [EXTERNAL] - Financial Disclosure DELINQUENT Greetings, Can you please explain what this is, I don t have any financial interests. I just graduate college in December. Best Regards, Rashawnda Martin

Created Date: 9/18/2020

Type: Email

Created By: admin system

Description: From: Martin, Rashawnda Sent: Friday, September 18, 2020 9:42 AM To: Prine.Emily Subject: RE: [EXTERNAL] - Financial Disclosure DELINQUENT I tried to fill out to best of my ability.

Created Date: 9/18/2020

Type: Email

Created By: admin system

Description: From: Prine.Emily Sent: Friday, September 18, 2020 9:46 AM To: 'Martin, Rashawnda' Subject: RE: [EXTERNAL] - Financial Disclosure DELINQUENT Thank you! Form has been recorded. In January, you will receive a letter with the fine assessment along with information on the option to appeal. The information will be sent to the 11431 Elderflower address. Thank you again for responding so quickly.

Created Date: 9/18/2020

Type: Email

Created By: admin system

Description: From: Brown, Jackie Sent: Friday, September 18, 2020 10:08 AM To: Martin, Rashawnda Cc: Prine.Emily ; Brown, Jackie Subject: RE: [EXTERNAL] - Financial Disclosure DELINQUENT Rashawnda, The position you held while working with the Historic Capitol required you to complete a Financial Disclosure form. Because you were employed during 2019, you must complete Form 1 2019. You should have received a final disclosure Form 1F 2020 sometime in April, after you left employment. In case you did not receive either forms, I have attached them for your convenience. If you have no financial interest based on the form request, you can leave blank and just sign and date. Please contact the Commission on Ethics at (850) 488-7864 if you have any questions. You can scan and e-mail the forms back to disclosure@leg.state.fl.us or mail to Commission on Ethics, PO Drawer 15709, Tallahassee FL 32317-5709. Please confirm the mailing address we have on file. 2536 Verrata Drive Tallahassee, FL 32304

Created Date: 9/18/2020

Type: Email

Created By: admin system

Description: From: Prine.Emily Sent: Friday, September 18, 2020 10:18 AM To: Brown, Jackie ; Martin, Rashawnda Subject: RE: [EXTERNAL] - Financial Disclosure DELINQUENT Thank you Jackie, Ms. Martin responded immediately and filed her Form 1. Her new address taken from her form is 11431 Elderflower Way W Jacksonville FL 32218 Thank you for attaching a final form Ms. Martin.

Created Date: 9/8/2020

Type: Letter

Created By: System

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

Created Date: 8/20/2020

Type: Postcard

Created By: System

Description: Courtesy Postcard Reminder - Courtesy Postcard Reminder

Created Date: 8/20/2020

Type: Letter

Created By: System

Description: Financial Disclosure Form - Financial Disclosure Form

Created Date: 8/14/2020

Type: Email

Created By: admin system

Description: From: Brown, Jackie Sent: Monday, August 10, 2020 5:10 PM To: Holmes, Kim Subject: FW: Financial Disclosure Reminder Hi Kim, Rashawnda Martin termed in March 2020 and we sent a final form to her in April 2020. The address we have on file for her is 2536 Verrata Drive, Tallahassee, FL 32304 which was update in March as well. Thank you, Jackie Brown Employment Manager Office of Legislative Services, Human Resources Florida Legislature 111 W Madison Street, STE 701 Tallahassee FL 32399-1400 (850) 717-0376, Fax (850) 413-7984

Created Date: 7/31/2020

Type: Letter

Created By: System

Description: Certified Letter Sent - Certified Letter Sent

Created Date: 5/19/2020

Type: Letter

Created By: System

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

Created Date: 2/5/2020

Type: Email

Created By: admin system

Description: From: Brown, Jackie Sent: Wednesday, February 05, 2020 4:28 PM To: Martin, Rashawnda Cc: France, Staci Subject: 2018 Form 1 Rashawanda, It has been brought to our attention that your 2018 Form 1 was not submitted within 30 days of your employment. Please read the attached Financial Disclosure-New and complete the attached Form 1_2018. The form should be submitted immediately to the Commission on Ethics at CEForm1@leg.state.fl.us in a pdf format. Thank you, Jackie Brown