

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re ANN MARIE REEVES)
)
)
)
Appellant.)

)

Financial Disclosure Appeal No. FD 22-039

Final Order No. XXX

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on October 23, 2026, on its own motion, 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 CMPO Administrator at the Department of Management Services, a position requiring the filing of a 2021 CE Form 1, Statement of Financial Interests. In 2022, the designated due date for submitting a 2021 CE Form 1 was July 1, 2022, with a grace period ending on September 1, 2022.

2. No later than June 1, 2022, the Commission on Ethics sent Appellant a 2021 CE Form 1.

3. No later than August 1, 2022, the Commission on Ethics sent Appellant a notice of delinquency by certified mail. This notice was sent to Appellant at 4270 Avon Park Cir, Tallahassee, Fl 32311-3665.

4. On September 13, 2022, the Commission on Ethics mailed Appellant a courtesy notice of fines accruing. This notice was sent to Appellant at the 4270 Avon Park Cir address.

5. On November 17, 2023, the Commission mailed Appellant a Notice of Assessed Fine. The notice was sent by certified mail to the 4270 Avon Park Cir 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 December 18, 2023.

6. On December 19, 2023, Appellant submitted her 2021 CE Form 1 to the Commission on Ethics. The Form appears to have been signed and dated on April 1, 2022.

7. On December 22, 2023, the Commission received Appellant's appeal of her automatic fine for Form Year 2021. The envelope containing the appeal was postmarked on December 19, 2023. In part B of her appeal form, Appellant checked "Claim of timely filing of financial disclosure" as the general reason for her appeal. In part C of her appeal form, where an appellant is asked to provide detailed explanation of his or her appeal, Appellant wrote that her Form was sent in by mail timely. Appellant signed her appeal form on December 14, 2023. Appellant also attached to her appeal form a signed and notarized statement to this effect, which appears to have been notarized on December 15, 2023.

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, regarding the timeliness of the appeal, it appears Appellant signed her appeal form on December 14, 2023, and had her accompanying statement notarized on December 15, 2023. The envelope containing the appeal form was postmarked on December 19, 2023 in Jacksonville, Florida, indicating that Appellant may have placed it in the mail prior to that date (as Appellant appears to have resided in Tallahassee, Florida). Turning to the merits of the appeal, Appellant attached a copy of the Form 1 that she claims to have originally mailed in on time. This Form 1 is signed and dated on April 1, 2022, prior to both the July 1 and September 1, 2022 deadlines. Therefore, 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

Ann Marie Reeves
4270 Avon Park Cir
Tallahassee, FL 32311-3665



22-039 255030

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

DEC 22 2023

RECEIVED

APPEAL OF AUTOMATIC FINE FOR FORM YEAR 2021

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: Ann Reeves

Address: 4270 Aven Park Cir City: Tallahassee State: FL Zip: 32311

Daytime Tel.: _____ Cell: 727-207-0414

Email: Ann.reeves42@gmail.com Filer ID# (if known): _____

Public Employer: State of Florida, DMS

Public Position: CPMO Administrator

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, 2021** (Explain in Part C and provide confirmation from agency that your office-holding/employment ended before 12/31/2021)
- 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.

This form was sent in by mail timely.

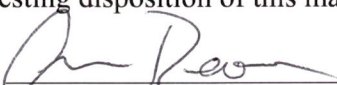
OPTIONAL REQUEST FOR HEARING

☐ 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.

12/14/23
DATE


SIGNATURE

Ann Reeves

4270 Avon Park Cir

Tallahassee, FL 32311

Commission on Ethics

325 John Knox Road

Building E, Suite 200

Tallahassee, FL 32303

December 14, 2023

To Whom It May Concern,

I, Ann Reeves, am writing this statement to attest that I submitted the State of Florida Statement of Financial Interests for the year 2021 before July 1, 2022. I completed and filed the required document in accordance with the regulations and deadlines set forth by the State of Florida, submitting my for via postal mail.



Ann Reeves

ON 15 December 2023 Ann Reeves
appeared before me and produced FLPL



Michael Jordan
Comm.: HH 406549
Expires: Oct. 1, 2027
Notary Public - State of Florida

Ann and Mathew Reeves
4270 Avon Park Cir
Tallahassee, FL 32311

9589 0710 5270 1159 3947 95

Commission on Ethics
325 John Knox Road
Building E, Suite 200
Tallahassee, FL 32303

32303-411450



Retail



RDC 99



32303

U. F. C. T. D. I.

U. F. C. T. D. I.

JACKSONVILLE FL 320

19 DEC 2023 PM 3 L

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2021

FLORIDA
FOR OFFICE USE ONLY:
COMMISSION ON ETHICS

DEC 22 2023

RECEIVED

Ms Ann Marie Reeves
Administrator
Management Services, Department Of
Employees
4270 Avon Park Circle
Tallahassee FL 32311



PROCESSED



255050

Reeves Ann Marie

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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 THRESHOLDSPART 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
State of Florida, DMS	4030 ESPERANZA, Tallahassee, FL	government

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")

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

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

NAME OF CREDITOR

ADDRESS OF CREDITOR

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

PRINCIPAL BUSINESS ACTIVITY

POSITION HELD WITH ENTITY

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

NATURE OF MY OWNERSHIP INTEREST

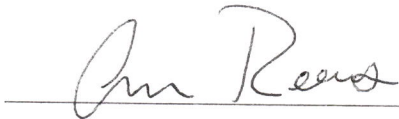
PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.

☐ **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:

4/1/22

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), 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, 2021.

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

2021

FLORIDA
FOR OFFICE USE ONLY:
COMMISSION ON ETHICS

DEC 22 2023

RECEIVED

Ms Ann Marie Reeves
Administrator
Management Services, Department Of
Employees
4270 Avon Park Circle
Tallahassee FL 32311



PROCESSED



255050

Reeves Ann Marie

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** THIS SECTION MUST BE COMPLETED ****

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☐ 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
State of Florida, DMS	4030 ESPLANADE, Tallahassee, FL	government

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")

n/a

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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

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

NAME OF CREDITOR	ADDRESS OF CREDITOR

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(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		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

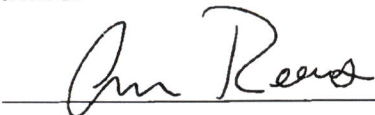
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☐ **I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.**

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE OF FILER:

Signature:



Date Signed:

4/1/22

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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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, 2021.

Mail Piece Details



Print this page

Recipient Address

MS ANN MARIE REEVES
4270 AVON PARK CIR
TALLAHASSEE, FL 32311-3665

Record / Case Number:
255050

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000177755181

Date Created: 07/29/2022 09:26:03 AM

Mail Class: USPS First Class Mail

Special Services: Certified Mail
Return Receipt Electronic

Memo: 2021

Created By: Kimberly Holmes - Commission on Ethics

Signature Information

Signed For By: MS ANN MARIE REEVES

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

Pre-Shipment Info Sent To Usps, Usps Awaiting Item, July 29, 2022, 12:00:00 AM

Pre-Shipment Info Sent Usps Awaits Item, July 29, 2022, 08:51:00 AM, TALLAHASSEE,FL 32317

Origin Acceptance, July 29, 2022, 09:48:00 PM, TALLAHASSEE,FL 32317

Processed Through Usps Facility, July 29, 2022, 11:03:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301

Departed Usps Regional Facility, July 29, 2022, 11:24:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301

Processed Through Usps Facility, July 30, 2022, 12:38:00 PM, TALLAHASSEE FL DISTRIBUTION CEN 32301

In Transit, Arriving On Time, July 31, 2022, 12:00:00 AM

Departed Usps Regional Facility, August 01, 2022, 02:39:00 AM

Delivered Left With Individual, August 02, 2022, 10:30:00 AM, TALLAHASSEE,FL 32311



August 2, 2022

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 0177 7551 81.

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	August 2, 2022, 10:30 am
Location:	TALLAHASSEE, FL 32311
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™ Return Receipt Electronic
Recipient Name:	MS ANN MARIE REEVES

Recipient Signature

Signature of Recipient:	
Address of Recipient:	4270 Avon Park Cir

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: 92148901066154000177755181
255050
MS ANN MARIE REEVES
4270 Avon Park Cir
Tallahassee, FL 32311-3665
2021

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

In re **Ann Marie Reeves**
 Administrator
 Employees
 Management Services, Department Of

PID#: 255050

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)(f), Florida Statutes, due to your failure to timely file your 2021 CE Form 1, Statement Of Financial Interests. Under the law, your 2021 CE Form 1, Statement of Financial Interests, was due by July 1, 2022. The law provided for a penalty-free grace period extending the due date to September 1, 2022. After that date, you accrued fines of \$25.00 per day for each day your financial disclosure was late, up to the maximum fine of \$1,500.00 (60 days late), pursuant to Section 112.3145(8)(f), Florida Statutes

Inasmuch as your 2021 CE Form 1 has not been filed with the Commission on Ethics within the 60 days of the grace period date (September 1, 2022), you have accrued the maximum fine amount of \$1,500.00. This fine must be paid to the Commission on Ethics within 30 days of the date of this notice unless you appeal the fine to the Commission. The Commission has the authority to consider the appeal and waive the fine in whole or in part if your failure to file on time was due to "unusual circumstances" surrounding the failure to file. Unless the fine is successfully appealed, the Commission is required to investigate public officers and employees who receive the maximum \$1,500 fine, to determine whether their failure to file was willful. The penalty for willfully failing to file disclosure is removal from public office or employment.

HOW TO APPEAL

1. Read these instructions carefully before submitting your appeal.
2. **LEGAL AUTHORITY:** Appeals are governed by Section 112.3145(8)(f)2., 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 **December 18, 2023**. **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, 2022, 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, 2021:** confirmation of your last date of office or employment by your former agency, showing the last date to be before December 31, 2021; or
 - f. **UNCLAIMED CERTIFIED MAIL:** if delinquency notice was addressed correctly but not received, you must explain why.
6. **YOUR RIGHT TO A HEARING:** You have the right to have your appeal heard by the Commission and to appear before the Commission at the hearing, but, to exercise this right, you must specifically request a hearing in your appeal. If you do not request a hearing, you will waive your right to a hearing, the Commission will determine the outcome of your appeal based upon the written record (including the documentation you provide and any documentation in your case file), and you will receive no further notice until after the Commission decides your appeal.

FAILURE TO PAY FINE OR FILE APPEAL WITHIN 30 DAYS

If you do not timely file an appeal or pay the assessed fine within 30 days of this Notice, a default order will be entered against you and the Commission will take the steps provided by law to collect the fine, including:

- Referral to the CFO of the Department of Financial Services, if you are a salaried state officer or employee, for withholding of a portion of your salary until the fine is satisfied; or
- Referral to your agency's governing body for withholding of a portion of your salary until the fine is satisfied;
- Referral to a collection agency, which can seek garnishment of your wages; and/or
- An additional civil penalty, not limited by this automatic fine, may be imposed if your disclosure statement is filed more than 60 days late and a complaint is filed against you pursuant to Section 112.324, Florida Statutes.

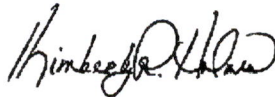
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

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

**Ms Ann Marie Reeves
4270 Avon Park Circle
Tallahassee, FL 32311**

by Certified Mail on this Friday, November 17, 2023.



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

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2021**

FOR OFFICE USE ONLY:

Ms Ann Marie Reeves
Administrator
Management Services, Department Of
Employees
4270 Avon Park Circle
Tallahassee FL 32311



255050

Reeves Ann Marie

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE****** THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

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")

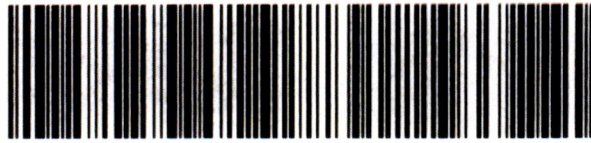
You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

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.



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



9214 8901 0661 5400 0190 6675 53

RETURN RECEIPT (ELECTRONIC)

255050

ANN MARIE REEVES
4270 AVON PARK CIR
TALLAHASSEE, FL 32311-3665

31

URGENT - Open Immediately!

CUT FOLD HERE

Zone 1

8 1/2 X 9 1/2 ENVELOPE
CUT FOLD HERE

CUT FOLD HERE

Mail Piece Details



Print this page

Recipient Address

ANN MARIE REEVES
4270 AVON PARK CIR
TALLAHASSEE, FL 32311-3665

Record / Case Number:
255050

Return Address

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

Entry Point ZIP:
32317

Mail Piece Information

Tracking Number: 92148901066154000190667553
Date Created: 11/17/2023 04:37:01 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: ANN MARIE REEVES
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

Pre-Shipment, Usps Awaiting Item, November 17, 2023, 12:00:00 AM
Pre-Shipment Info Sent Usps Awaits Item, November 17, 2023, 03:58:00 PM, TALLAHASSEE,FL 32317
Delivered, Left With Individual, November 28, 2023, 11:31:00 AM, TALLAHASSEE,FL 32311



November 28, 2023

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 0190 6675 53.

Item Details

Status:	Delivered, Left with Individual
Status Date / Time:	November 28, 2023, 11:31 am
Location:	TALLAHASSEE, FL 32311
Postal Product:	USPS Ground Advantage™
Extra Services:	Certified Mail™ Return Receipt Electronic
Recipient Name:	ANN MARIE REEVES

Recipient Signature

Signature of Recipient:	
Address of Recipient:	4270 Avon Park Cir

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: 92148901066154000190667553
255050
ANN MARIE REEVES
4270 Avon Park Cir
Tallahassee, FL 32311-3665

Form Year 2021 Filed Forms

FORM TYPE	DATE SUBMITTED	FORM SIGNED	FILED BY EMAIL?	UPDATED BY	COMMENTS
Form 1	12/19/2023	No	No	Keyana Green	

Fine Year 2022 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	11/17/2023	\$1,500.00	\$1,500.00				

Fine Address: 4270 Avon Park Circle, Tallahassee, FL 32311

Email: Ann.Reeves@dms.myflorida.com

Org/Suborg: Management Services, Department Of - Employees

Fine Year 2022 Appeal Information

2022 FINE APPEAL - FD 22-039			No Hearing Scheduled		
APPEAL STATUS			Active		
APPEAL RECEIPT DATE			12/22/2023		
APPEAL TIMELY FILED			No		
PRINT APPEAL LETTER					
HEARING REQUESTED			No		
APPEAL REASON			Previously Filed Financial Disclosure		
APPEAL NOTES					
APPEAL NUMBER			FD 22-039		
APPEAL ANALYST ASSIGNED					
FINAL ORDER NUMBER					
FINAL ORDER DATE					

Fine Year 2022 Payment Information

DATE POSTED	DESCRIPTION	AMOUNT	METHOD	PAYMENT ID	COMMENT
11/17/2023	Fine Levied	+\$1,500.00			Fined \$1500.00
Current Balance: \$1,500.00					

Fine Year 2022 Event Chronology

DATE	TYPE	DESCRIPTION	ADDRESS/EMAIL	REFERENCE
09/01/2022	Filer	Good morning, Ms. Reeves:		
	Communication Email	Earlier this year, you were notified of your obligation to file your CE F		admin system
09/13/2022	Filer Correspondence: Letter	Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing	4270 Avon Park Circle, Tallahassee, FL 32311 Ann.Reeves@dms.myflorida.com	KimberlyHolmes

11/17/2023	Filer Correspondence Letter	Notice of Assessed Fine - Filer 1st Fine Letter	4270 Avon Park Circle, Tallahassee, FL 32311 Ann.Reeves@dms.myflorida.com	Correspondence Queue: <u>2023-11-17</u> <u>00:00:00</u> Correspondence Sent: 2023-11-17 00:00:00.0000000
11/17/2023	Fine Levied	Fined \$1500.00		Journal: <u>Fine COE 2023-11-</u> <u>17-12:59</u>
11/17/2023	Notice of Assessed Fine	Initial Fine Notice		Journal: <u>Fine1st 2023-11-</u> <u>17-01:03</u>
06/05/2024	Filer Correspondence: Fine Appeal - Fine Appeal Letter		4270 Avon Park Circle, Tallahassee, FL 32311 Ann.Reeves@dms.myflorida.com	Correspondence Queue: <u>2024-06-05</u> <u>00:00:00</u> Correspondence Sent: 2024-06-05 00:00:00.0000000
06/05/2024	Fine Appeal	FD 22-039		Journal: <u>Appeal 2024-06</u>

Created Date: 6/5/2024**Type:** Letter**Created By:** System**Description:** Fine Appeal - Fine Appeal**Created Date:** 11/17/2023**Type:** Letter**Created By:** System**Description:** Notice of Assessed Fine - Filer 1st Fine Letter**Created Date:** 9/13/2022**Type:** Letter**Created By:** System**Description:** Courtesy Notice of Fines Accruing - Courtesy Notice of Fines Accruing**Created Date:** 9/2/2022**Type:** Email**Created By:** admin system**Description:** Delivery has failed to these recipients or groups: ann.reeves@dms.myflorida.com A problem occurred during the delivery of this message. Please try to resend the message later.**Created Date:** 9/1/2022**Type:** Email**Created By:** admin system**Description:** Good morning, Ms. Reeves: Earlier this year, you were notified of your obligation to file your CE Form 1, Statement of Financial Interests, for the year ending December 31, 2021, and our records show you still have not filed your form. The grace period for filing this form will expire on September 1, 2022 at 5 p.m., and a fine of \$25 per day (up to a maximum fine of \$1,500) will be assessed against you. Failure to file may also result in removal from public office or employment. Please file your form immediately. You may do so by mail (make sure it is

postmarked today), or you may email your form to CEForm1@leg.state.fl.us Thank you very much.

Created Date: 8/18/2022

Type: Postcard

Created By: System

Description: Courtesy Postcard Reminder - Courtesy Postcard Reminder

Created Date: 7/29/2022

Type: Letter

Created By: System

Description: Certified Letter Sent - Certified Letter Sent

Created Date: 5/17/2022

Type: Letter

Created By: System

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