

BEFORE THE
STATE OF FLORIDA
COMMISSION ON ETHICS

In re PETER PAIGE,)	Financial Disclosure Appeal No. FD 22-007
)	
Appellant.)	Final Order No. 24-XXX
_____)	

FINAL ORDER

This matter came before the Commission on Ethics, meeting in public session on September 13, 2024, on the appeal of Appellant, pursuant to Section 112.3145(8)(f), Florida Statutes, which assesses an automatic fine of \$25 per day on a person who fails to timely file a required CE Form 1, Statement of Financial Interests. The Commission may waive the fine in whole or in part for good cause shown, based on "unusual circumstances" surrounding the failure to file by the designated date. There are no matters in dispute. Appellant did not request a hearing.

Findings of Fact

1. According to information provided to the Commission, Appellant served as the Chief Medical Officer for the Public Health Trust of Miami-Dade County, 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 Miami-Dade County Supervisor of Elections sent Appellant a 2021 CE Form 1. This letter was sent to Appellant at 1060 Brickell Ave Apt 4207, Miami, Florida 33131.
3. No later than August 1, 2022, the Miami-Dade County Supervisor of Elections sent Appellant a notice of delinquency by certified mail. This notice was sent to Appellant at the 1060 Brickell Ave address.

4. On August 18, 2022, the Commission on Ethics mailed Appellant a postcard intended to remind him of his obligation to file a 2021 CE Form 1. The Commission mailed the postcard to the 1060 Brickell Ave address.

5. On September 13, 2022, the Florida Commission on Ethics mailed Appellant a courtesy notice of fines accruing. This was sent to the 1060 Brickell Ave address.

6. On October 14, 2022, Appellant submitted his 2021 CE Form 1 to the Miami-Dade County Supervisor of Elections, 43 days late.

7. On February 24, 2023, the Commission received Appellant's early appeal of his automatic fine for Form Year 2021. In part B of his appeal form, Appellant checked "lack of notification – failure to receive notice" and "other unusual circumstance" as the general reason for his appeal. In part C of the appeal form, where an appellant is asked to provide detailed explanation of his or her appeal, Appellant wrote that in May of 2022, he relocated his residence to New York to begin new employment at an out-of-state health system. Appellant stated that in April of 2022, and prior to his relocation from Florida to New York, he registered with the U.S. Post Office for his mail to be forwarded to his new address in New York. Appellant wrote that he never received his 2021 disclosure form in the mail, and only received notice of his delinquency on October 11, 2022. Appellant noted that he promptly filed his financial disclosure form once he became aware that it was late.

8. The total fine assessed against Appellant was \$1,075.

9. On November 2, 2023, the Commission on Ethics mailed Appellant a notice that a \$1,075 fine had been assessed against him. Additionally, on November 7, 2023, the Commission on Ethics mailed Appellant a letter noting that his appeal was pending.

Conclusions of Law

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

11. 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.

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

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

13. Here, Appellant claims that he did not timely file his 2021 CE Form 1 because he moved to New York and never received his form in the mail, even though he registered for his mail to be forwarded with the U.S. Post Office. Appellant states that he did not receive notice until October of 2022 that his 2021 CE Form 1 was outstanding, and promptly filed his form once he became aware. There is no evidence to dispute Appellant's claims. Considering Appellant's claims, and that there is no evidence showing otherwise, there are "unusual circumstances" here that justify waiving the \$1,075 fine.

Order

Based on the foregoing facts and conclusions of law, the Commission hereby finds that unusual circumstances for failure to file have been demonstrated. We therefore waive the assessed fine of \$1,075.

ORDERED by the State of Florida Commission on Ethics meeting in public session on Friday, September 13, 2024.

Date Rendered

XXXXXX
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.

XXX:sjz/aln

Dr. Peter Paige
714 Western Avenue
Albany, NY 12203

250417

22-007

FLORIDA
COMMISSION ON ETHICS

FEB 24 2020

RECEIVED



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

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: Peter Paige

Address: 714 Western Avenue City: Albany State: NY Zip: 12203

Daytime Tel.: 508-735-1680 Cell: 508-735-1680

Email: paigep@amc.edu Filer ID# (if known): 250417

Public Employer: Public Health Trust of Miami-Dade County (former employer)

Public Position: Chief Medical Officer (former position)

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.

Please find correspondence attached.

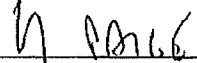
OPTIONAL REQUEST FOR HEARING

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.

2/21/23
DATE


SIGNATURE

February 21, 2023

Peter Paige, M.D.
714 Western Avenue
Albany, New York 12203
paigep@amc.edu

State of Florida Commission on Ethics
325 John Knox Road, Building E Suite 200
Tallahassee, Florida 32303

*Via Federal Express (8673 3959 9076), and
Facsimile (850) 488-3077*

Re: Part C Attachment for 2021 Financial Disclosure Form Appeal (Filer ID 250417)

Dear Sir or Madam:

It has come to my attention through the Commission on Ethics' ("Commission") website that I have been assessed a fine in the amount of \$1,075.00 for filing my 2021 financial disclosure form late.¹ For the reasons set forth herein I respectfully request that the Commission waive the fine or, in the alternative, significantly reduce it for good cause shown.

I am a Medical Doctor and hospital administrator who was formerly employed by the Public Health Trust of Miami-Dade County, Florida ("Public Health Trust") where I served in a variety of roles, including as the Chief Medical Officer for the Jackson Health System. I have timely filed my financial disclosure form each year since my tenure began at the Public Health Trust in 2014. On or about May 5, 2022, I relocated my residence to New York to begin new employment at an out-of-state health system. On or about April 25, 2022, and prior to my relocation from Florida to New York, I registered with the U.S. post office for my mail to be forwarded to my new address in New York. Even though I registered for my mail to be forwarded to my new address, I did not receive my 2021 disclosure form in the mail. I also did not receive a notice of my late 2021 filing in the mail until approximately October 11, 2022. I filed my 2021 financial disclosure form promptly upon becoming aware that it was late.² The Commission's website correctly notes that I filed on or about October 14, 2022. At that time my new mailing address (above) was also provided to the Commission.

For the foregoing reasons, I respectfully request that the fine assessed be waived or significantly reduced. If I can provide any further information, please do not hesitate to contact me.

Respectfully submitted,



Peter Paige, M.D.

¹ See http://public.ethics.state.fl.us/view_fines_accrued.cfm (last viewed Feb. 21, 2023). To the best of my knowledge and belief, I have not received any notice of the fine from the Commission via U.S. or electronic mail or other means. Accordingly, this appeal is timely submitted.

² My filing also included my financial information for 2022.

TRANSACTION REPORT

FEB/21/2023/TUE 03:31 PM

FAX (TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	FEB/21	03:27PM	998504883077			MEMORY BUSY	1830

THE FOLLOWING DATA COULD NOT BE SENT.
PLEASE GIVE THIS TRANSACTION REPORT TO SENDER.

 FACSIMILE TRANSMITTAL SHEET

DATE: 02/21/2023

To: State of Florida
Commission on Ethics

FAX NUMBER: (850)488-3077

PHONE NUMBER: (305) 585-1313

TOTAL NO. OF PAGES INCLUDING
COVER: 4

RE: Appeal of Automatic Fine for Form
2021

NOTES/COMMENTS:

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, he or she is hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited and will be considered as a tortious interference in our confidential business relationships. If you have received this communication in error, please immediately notify us by telephone, and return the original message to us at the above address via the United States Postal Service. Thank you.

FD 017518

FORM 1 STATEMENT OF FINANCIAL INTERESTS 2021

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:
 PAIGE PAIGE GLENN

MAILING ADDRESS:
 1060 Brickell Avenue, Unit 4207

City: Miami ZIP: 33131 County: Miami-Dade
 NAME OF AGENCY: Miami-Dade County Public Health Trust, Employees

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 Executive VP, Chief Physician Executive, JHS

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

Processed Date: 10/14/22 MB
 Scanned Date: 10/18/2022 CS
 Filing Status Code: _____
 10/13/22

***** 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
Eisenberg, Rothweiler	1634 Spruce St. Philadelphia, PA	Legal services
Raynes Law	1845 Walnut St. Philadelphia, PA	Legal services
Kevin C. Quinn	600 Third Ave Kingston, PA	Legal services

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
IRAs	Bartholomew and Co

PART E — LIABILITIES (Major debts - See instructions) (If you have nothing to report, write "none" or "n/a")	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Federal Student Loans	US Dept of Edu Fed Loan Servicing Box 69184 Harrisburg, PA
Greatlakes Student Loans	Box 7860 Madison, WI

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, 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: _____
[Handwritten Signature]

Date Signed: _____
10/12/22

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 0s 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**

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

FOR OFFICE USE ONLY:

LAST NAME - FIRST NAME - MIDDLE NAME:

PAIGE PAIGE GLENN

MAILING ADDRESS:

1060 Brickell Avenue, Unit 4207

CITY:

MIAMI

ZIP:

33131

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

Miami-Dade County Public Health Trust, Employees

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Executive VP, Chief Physician Executive, JHS

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
Eisenberg, Rothweiler	1634 Spruce St. Philadelphia, PA	Legal services
Raynes Law	1845 Walnut St. Philadelphia, PA	Legal services
Kevin C. Quinn	600 Third Ave Kingston, PA	Legal services

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
IRAs	Bartholomew and Co

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

NAME OF CREDITOR	ADDRESS OF CREDITOR
Federal Student Loans	US Dept of Edu Fed Loan Servicing Box 69184 Harrisburg, PA
Greatlakes Student Loans	Box 7860 Madison, WI

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

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	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, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 183 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: _____
[Handwritten Signature]

Date Signed: _____
10/12/22

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.

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

In re **Peter Paige**
Chief Physician Executive and CCO
Employees
Miami-Dade County Public Health Trust

PID#: 250417

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 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, pursuant to Section 112.3145(8)(g), Florida Statutes.

Inasmuch as your 2021 CE Form 1 was filed October 14, 2022 with the Supervisor of Elections for Miami-Dade County, you are fined the amount of \$1075.00 (\$25.00 per day for 43 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 **December 4, 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.

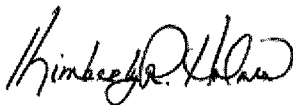
Please contact our office if you have any questions about this matter.

CERTIFICATE OF MAILING

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

Peter Paige MD
714 Western Avenue
Albany, NY 12203

by Certified Mail on this Thursday, November 2, 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

**Florida Commission on Ethics
Financial Disclosure Notification System
Delinquency Certification (2022)**

I Christina White, the Supervisor of Elections of Miami-Dade County, hereby certify that each person whose ID number, name, agency, and position appears above or on the attached list:

(1) was sent a notice of the July 1, 2022 financial disclosure deadline and a blank Form 1, Statement of Financial Interests, not later than June 1, 2022;

(2) was determined to be delinquent in filing a Form 1, Statement of Financial Interests, by July 1, 2022;

(3) was sent a delinquency notice by certified mail not later than August 1, 2022 advising him or her of the grace period in effect until September 1, 2022; and of the penalties that could be imposed as provided in Section 112.3145(8)(c), Florida Statutes; and

(4) did not file a Form 1, Statement of Financial Interests, until the date shown or, had not filed a Form 1, Statement of Financial Interests by October 31, 2022; and further

(5) that the date of filing shown is based upon the earliest of the following:
(a) when the Form 1 was actually received by my office;
(b) when the Form 1 was postmarked;
(c) when the certificate of mailing (if any) was dated; or
(d) when the receipt (if any) from an established courier company was dated.

Signed



SUPERVISOR OF ELECTIONS

Miami Dade County Elections Department
Financial Disclosure Details

Tax Year	Name	FD#	ID#	Filing Status
-----------------	-------------	------------	------------	----------------------

2021 PAIGE PETER GLENN FD017518 250417 Filed-Filed after 9/1 (State Only)

Mailing Activity

Mail Date	Address Mailed to	Correspondence	Certified	Delivered	Tracking#
07/29/2022	1060 BRICKELL AVE APT 4207, MIAMI, FL 33131-3929		Y	Y	94148149022668497 34504
05/27/2022	1060 BRICKELL AVE APT 4207, MIAMI, FL 33131-3929		N	Y	

--

Filing Activity

Form Name	Filed Date	Valid	Comments	County	Date Filed in County
Form 1	10/13/2022	Y		MIAMI-DADE	

Communication

Miami Dade County Elections Department

Financial Disclosure Details

Tax Year	Name	FD#	ID#	Filing Status
----------	------	-----	-----	---------------

Type	Date	Comments
Email	10/12/2022	<p>From: Calhoun, Kimberly A <KCalhoun@jhsiami.org> Sent: Thursday, October 13, 2022 7:41 AM To: Financial Disclosures (Elections) <FINDISCELEC@miamidade.gov> Cc: 'Paige, Peter' <paigep@amc.edu> Subject: Financial Disclosures</p> <p>EMAIL RECEIVED FROM EXTERNAL SOURCE</p> <p>Good morning,</p> <p>Please see the attached 2021 and 2022 financial disclosures for Peter Paige. Please confirm as soon as possible when you have received.</p> <p>Should you require additional information do not hesitate to contact me. Thank you.</p> <p>Kimberly A. Calhoun Executive Assistant to</p> <p>Chris A. Ghaemmaghani, MD, MHCM, FACHE, FACEP Executive Vice President, Chief Physician Executive and Chief Clinical Officer</p> <p>Jackson Health System South Wing, Room 119 1611 NW 12 Avenue Miami, Florida 33136 Office: 305.585.6524 36.2159 Fax: 305-585-2658 kcalhoun@jhsiami.org</p>

USPS Tracking®

[FAQs >](#)

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Tracking Number:

9414814902266849734504

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(<https://informedelivery.usps.com/>)

Latest Update

Your item arrived at the Post Office at 5:59 am on September 8, 2022 in ALBANY, NY 12288.

Preparing for Delivery

Feedback

● **Arrived at Post Office**

ALBANY, NY 12288

September 8, 2022, 5:59 am

● **Arrived at USPS Regional Facility**

ALBANY NY DISTRIBUTION CENTER

September 8, 2022, 1:56 am

● **See All Tracking History**

Text & Email Updates



Return Receipt Electronic



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

[FAQs](#)

Feedback



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

IMPORTANT:
YOUR ANNUAL DISCLOSURE FORM IS ENCLOSED AND
MUST BE FILED BY SEPT. 1, 2022

USPS CERTIFIED MAIL



9414 8149 0226 6849 7345 04



* F D 0 1 7 5 1 8 *

PETER PAIGE
1060 BRICKELL AVE APT 4207
MIAMI, FL 33131

Memorandum



To: Local Officer

From: Christina White
Supervisor of Elections

Subject: Notice of Delinquency - Financial Disclosure Filing Requirement for the 2021 Tax Year

The position you held in 2021 was determined to be one that requires the filing of a financial disclosure form. Our records indicate that you were mailed a financial disclosure notice at the end of May, advising you that per Florida Statute 112.3145, you were required to file a Form 1, Statement of Financial Interests with our office by July 1, 2022. To date, we have not received the required form from you.

Pursuant to State law, I am writing to notify you that although you are delinquent in filing your financial disclosure form with our office, **a grace period is in effect until Wednesday, September 1, 2022 to file your signed and dated Form 1 for the 2021 tax year with our office.**

If your Form 1 is not received by September 1, 2022, a fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. In addition, I will be required by law to notify the State of Florida Commission on Ethics of the delinquency. Pursuant to enacted legislation, the Commission on Ethics must initiate investigations of delinquent filers, in certain circumstances. This can result in your removal from public office or employment. See Section 112.3145(8)(c), Florida Statutes.

Please note that persons serving as of December 31, 2021 are required to file this year. If you left the position in 2021, you are required to file a Form 1F 2021 covering the portion of 2021 you served. If you left the position in 2022, you are required to file a Form 1 for 2021 and a Form 1F 2022 for the portion of 2022 you served. Also, if your home address is exempt from public records, please provide your office address or other mailing address. Instructions for completing this form are included and additional questions on how to complete this form should be directed to the State of Florida Commission on Ethics at 850-488-7864.

The Elections Department is the records custodian for these forms. As such, please send your **completed, signed and dated financial disclosure statement** via email to financial.disclosures@miamidadegov so long as it is a legible scanned copy, or by returning it to the Miami-Dade County Supervisor of Elections, Financial Disclosure Section, PO Box 521550, Miami, Florida 33152. A business reply envelope has been provided for your convenience. The form may also be hand delivered. **Please do not file this form with the Florida Commission on Ethics in Tallahassee.** If you filed directly with the Florida Commission on Ethics, please provide us a copy of your filed statement.

You can check receipt of your financial disclosure form on the Miami-Dade Elections Department website at www.miamidadegov/elections/disclosure. In the event that you already filed your financial disclosure form with the Miami-Dade County Elections Department, please contact our office immediately so that we may review our records and remove your name from the delinquency list, if applicable.

If you have any questions or need additional information, please contact Maria Boucourt, Miami-Dade Financial Disclosure Coordinator, at 305-499-8413 or via email at financial.disclosures@miamidadegov.

If you think you have received this in error, please contact the coordinator for your agency who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Florida Commission on Ethics to remove your name from the list. To find your coordinator, you can contact Maria Boucourt at the number above or view the coordinator list provided on the Commission on Ethics' website at <http://www.ethics.state.fl.us>.

Enclosures

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

PAIGE, PETER

MAILING ADDRESS :

1060 BRICKELL AVE APT 4207

CITY : ZIP : COUNTY :

MIAMI, FL 33131

NAME OF AGENCY :

MIAMI-DADE COUNTY PUBLIC HEALTH TRUST, EMPLOYEES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHIEF PHYSICIAN EXECUTIVE AND CCO

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.

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: _____

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.

. . . IMPORTANT . . . IMPORTANT . . . IMPORTANT . . .

Form 1 Filers

FORMS MUST BE FILED OR POSTMARKED BY SEPTEMBER 1

Filing late may result in automatic fines of \$25 per day!

Failure to pay fines may result in salary withholding, wage garnishment, or removal from office or employment!

*** * ***

Read the Instructions

The Commission does not review forms for accuracy, and a complaint can be filed against you for failing to properly make a required disclosure.

*** * ***

Manner of Calculating Reportable Interest

You have 2 options – Comparative (Percentage) Threshold or Dollar Value Threshold.

The instructions describe each option in detail.

You must choose one and check the box that reflects your choice.

*** * ***

Elected Municipal Officers

Elected municipal officers and commissioners of a community redevelopment agency (created under Part III, Chapter 163) are required to complete 4 hours of ethics training each calendar year. Compliance with the training requirement must be reported on the Form 1. Elected members of a special district are not municipal officers subject to the training requirement. Report your compliance for the form year by checking the box in Part G. For more ethics training information, visit the training page on the Commission's website.

*** * ***

Your Disclosure is a Public Record

Do NOT put social security, bank account or credit card numbers on your Form 1. If your home address or other information is exempt from disclosure under Section 119.071, F.S., and you want us to keep it confidential, you must submit a notarized written request as required by Section 119.071. If you previously filed a confidentiality request with our office, you do not need to file another request this year.



Questions?

Visit our website: www.ethics.state.fl.us

Under the "Financial Disclosure" tab you can find information about your specific filing requirement, coordinator contact information, where to file, and the ability to confirm that your form has been received (please allow five business days from the date you mailed the form). Helpful general information and summaries of the Commission's most significant opinions regarding financial disclosure can also be found here.

Contact us!

(850) 488-7864 or email: disclosure@leg.state.fl.us



Elections
Supervisor of Elections Financial Disclosure Section
PO Box 521550
Miami Florida 33152-1550

ADDRESS SERVICE REQUESTED

IMPORTANT:
YOUR ANNUAL DISCLOSURE FORM IS ENCLOSED
AND MUST BE FILED BY JULY 1, 2022



* F D 0 1 7 5 1 8 *

PETER PAIGE
1060 BRICKELL AVE APT 4207
MIAMI, FL 33131

Memorandum



To: Local Officer

From: Christina White
Supervisor of Elections

Subject: State Financial Disclosure Filing Requirement for the 2021 Tax Year

The position you held in 2021 was determined to be one that requires the filing of a financial disclosure form. According to Florida Statute 112.3145, the enclosed **Form 1, Statement of Financial Interests (2021)**, must be filed with the Elections Department by **Friday, July 1, 2022**, to satisfy your financial disclosure filing requirement for the 2021 tax year.

Persons serving as of December 31, 2021, are required to file this year. If you left the position in 2021, you are required to file a Form 1F covering the portion of 2021 you served. If you left the position in 2022, you are required to file a 2021 Form 1 for 2021 and a 2022 Form 1F for the portion of 2022 you served. See the Form 1 instructions for more information, and additional forms may be downloaded on the Elections Department website at https://www8.miamidade.gov/global/service.page?Mduid_service=ser1513200320703181.

The Elections Department is the records custodian for these forms. **Please do not file this form with the Florida Commission on Ethics in Tallahassee.** As such, kindly send your **completed and signed** financial disclosure form via email to financial.disclosures@miamidade.gov so long as it is a legible scanned copy, or by returning it to the Miami-Dade County Supervisor of Elections, Financial Disclosure Section, PO Box 521550, Miami, Florida 33152-1550. A business reply envelope has been provided for your convenience.

Please note the following:

- You can check receipt of your financial disclosure form on the Miami-Dade Elections Department website at https://www8.miamidade.gov/global/service.page?Mduid_service=ser1513200320703181.
- Persons who fail to file the annual disclosure form by September 1 are subject to automatic fines of \$25 for each late day. In addition, by law, the Commission on Ethics must initiate investigations of delinquent filers in certain circumstances. This can result in your being removed from your public office or employment. See Section 112.3145(8)(c), Florida Statutes.
- If your home address is exempt from public records, please provide your office or other address.

Instructions for completing this form are included. Additional questions on how to complete this form should be directed to the Florida Commission on Ethics at 800-262-8824. If you have questions regarding the distribution or collection of this form, please contact Maria Boucourt, Miami-Dade Financial Disclosure Coordinator, at 305-499-8413 or via email at financial.disclosures@miamidade.gov.

If you think you have received this notification in error, please contact the coordinator for your agency who has provided your name based on your official position and responsibilities. If appropriate, the local agency's coordinator will contact the Florida Commission on Ethics to remove your name from the list. To find your coordinator, you can view the coordinator list provided on the Commission on Ethics' website at <http://www.ethics.state.fl.us>.

Enclosures

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2021

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

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

PAIGE, PETER

MAILING ADDRESS :

1060 BRICKELL AVE APT 4207

CITY :

MIAMI, FL

ZIP :

33131

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

MIAMI-DADE COUNTY PUBLIC HEALTH TRUST, EMPLOYEES

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHIEF PHYSICIAN EXECUTIVE AND CCO



* F D 0 1 7 5 1 8 *

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.

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: _____

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.

. . . IMPORTANT . . . IMPORTANT . . . IMPORTANT . . .

Form 1 Filers

FORMS ARE DUE JULY 1

Filing late may result in automatic fines of \$25 per day!

Failure to pay fines may result in salary withholding, wage garnishment, or removal from office or employment!

*** * ***

Read the Instructions

The Commission does not review forms for accuracy, and a complaint can be filed against you for failing to properly make a required disclosure.

*** * ***

Manner of Calculating Reportable Interest

You have 2 options – Comparative (Percentage) Threshold or Dollar Value Threshold.

The instructions describe each option in detail.

You must choose one and check the box that reflects your choice.

*** * ***

Elected Municipal Officers

Elected municipal officers and commissioners of a community redevelopment agency (created under Part III, Chapter 163) are required to complete 4 hours of ethics training each calendar year. Compliance with the training requirement must be reported on the Form 1. Elected members of a special district are not municipal officers subject to the training requirement. Report your compliance for the form year by checking the box in Part G. For more ethics training information, visit the training page on the Commission's website.

*** * ***

Your Disclosure is a Public Record

Do NOT put social security, bank account or credit card numbers on your Form 1. If your home address or other information is exempt from disclosure under Section 119.071, F.S., and you want us to keep it confidential, you must submit a notarized written request as required by Section 119.071. If you previously filed a confidentiality request with our office, you do not need to file another request this year.



Questions?

Visit our website: www.ethics.state.fl.us

Under the "Financial Disclosure" tab you can find information about your specific filing requirement, coordinator contact information, where to file, and the ability to confirm that your form has been received (please allow five business days from the date you mailed the form). Helpful general information and summaries of the Commission's most significant opinions regarding financial disclosure can also be found here.

Contact us!

(850) 488-7864 or email: disclosure@leg.state.fl.us



Financial Disclosure Management System
THE FLORIDA COMMISSION ON ETHICS

Filer - Fines and Appeals - PID 250417 - Peter Paige MD

Filer Information

Org Membership

Forms

Communications

Fines and Appeals >

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Filer Flags

- [2000](#) [2001](#) [2002](#) [2003](#) [2004](#)
- [2005](#) [2006](#) [2007](#) [2008](#) [2009](#)
- [2010](#) [2011](#) [2012](#) [2013](#) [2014](#)
- [2015](#) [2016](#) [2017](#) [2018](#) [2019](#)
- [2020](#) [2021\(S\)](#) [2022](#)

<<2022 Form Year

Status

Filing: INACTIVE

Fine: No Fine

Flags

Public Address

Filing Extensions

Indefinite: None

Temporary:

None

Eligible for Fines

The filer has fines for: [2022 \(Appeal\)](#)

2022 Fines and Appeals

Form Year 2021 Filed Forms						
Received Date	Form Type	Form Signed	Filed by Email	Filing Location	Updated	Comments
10/14/22	Form 1	Yes	Yes	SOE	HOLMESK(SOE IMPORT) on 12/07/2022	Miami-Dade

2022 Fine Information					Update Fine Information		
					Assign Agency Contact		
Fine Balance	Fine Status	Fine Date	Original Assessment	Fine Amount	Last Payment Date	Payment Plan Start Date	Payment Plan Amount
\$1,075.00	Appeal	11/2/2023	\$1,075.00	\$1,075.00			
Fine Address 714 Western Avenue Albany NY 12203							
Org/Suborg Miami-Dade County Public Health Trust-Employees							

2022 Fine Payment History					
Date Posted	Description	Amount	Method	Payment ID	Comments
11/2/2023	Fine Levied	+ \$1,075.00			Fined \$1075.00
Current Balance: \$1,075.00					

2022 Fine Year Event
Chronology

Add a New Filer

Jump To A Filer

PID:

Quick Filer Search

First Name:

Last Name:

Date	Type	Description	Reference
08/18/2022	Postcard Sent	Courtesy Postcard Reminder	Print Queue: 8/18/2022 Printing Confirmed: 8/18/2022

Letter Sent To:
Peter Paige MD
1060 Brickell Ave
Apt 4207
Miami, FL 33131 -3929

09/13/2022	Letter Sent	Courtesy Notice of Fines Accruing	Print Queue: 9/13/2022 Printing Confirmed: 9/13/2022
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Letter Sent To:
Peter Paige MD
1060 Brickell Ave
Apt 4207
Miami, FL 33131 -3929

10/14/2022	Form Received	Form 1 Received, Signed	Form 1 Received by Miami-Dade SOE
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Form Received By: Miami-Dade County SOE
Filing Location: Miami-Dade County SOE
Record Created By: HOLMESK(SOE IMPORT) on 12/07/2022

10/17/2022 Filer Chris coordinator Emily Prine
Communication: phoned/filer moved to NY.
Phone He will send email to
disclosure with updated
address, phone and email.

10/17/2022 Filer From: Kokoruda, Chris (CAO) Emily Prine
Communication: Sent: Monday, October 17,
Email 2022 12:16 PM To: disclosure
Cc: paigep@amc.edu
Subject: Updated Address for
Dr. Paige Dear Emily, It was
nice speaking with you
today. As requested, please

find Dr. Peter Paige's updated home address and email below: Peter Paige, M.D. 714 Western Avenue Albany, New York 12203 paigep@amc.edu Thank you, Chris Christopher C. Kokoruda Assistant County Attorney Miami-Dade County Attorney's Office Jackson Memorial Hospital 1611 NW 12th Avenue, West Wing, Room 109 Miami, Florida 33131 Office: (305) 585-1313 Mobile: (786) 564-5033

11/2/2023	Fine Levied	Fined \$1075.00	Journal: 11/2/2023 5:12 PM
11/2/2023	Notice of Assessed Fine	Initial Fine Notice	Journal: 11/2/2023 5:12 PM
11/2/2023	Fine Appeal	FD 22-007	Journal: 11/2/2023 5:13 PM
 11/7/2023	Letter Sent	Fine Appeal	Print Queue: 11/7/2023 Printing Confirmed: 11/7/2023

Letter Sent To:
Peter Paige MD
714 Western Avenue
Albany, NY 12203

2022 Fine Appeal — FD 22-007	<input type="button" value="Update Appeal"/> <input type="button" value="Withdraw Appeal"/>
	<input type="button" value="Assign Attorney"/> <input type="button" value="Request More Info"/>
<input type="button" value="Record Appeal Outcome"/>	
Appeal Status: Active Appeal Receipt Date: 02/24/2023 Timely Filed: Yes	No Hearing Requested

	<p>Print Appeal Letter: Yes Hearing Requested: No Appeal Reason: Lack of Notification, Other Appeal Notes: Appeal Number: FD 22-007 Appeal Analyst Assigned: Final Order Number: Final Order Date:</p>	
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