

STATE OF FLORIDA  
COMMISSION ON ETHICS  
P. O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709

# COMPLAINT

1. PERSON BRINGING COMPLAINT:

Name: Matthew G. Feiler Telephone Number: (754) 273-1231

Address: 6008 NW 78 Terr

City: TAMARAC County: BROWARD Zip Code: 33321

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

Current or former public officer, public employee, candidate, or lobbyist - please use one complaint form for each person you wish to complain against:

Name: State Senator MARIA SACHS Telephone Number: (561) 279-1427

Address: ~~955 NW 11th Avenue Bldg E~~ 100 NW 1st Avenue <sup>City Hall</sup>

City: Delray Beach County: Palm Beach Zip Code: 33444

Title of office or position held or sought: State Senator (District 34)

3. STATEMENT OF FACTS:

Please explain your complaint fully, either on the reverse side of this form or on additional sheets, providing a detailed description of the facts and the actions of the person named above. Include relevant dates and the names and addresses of persons whom you believe may be witnesses. If you believe that a particular provision of Article II, Section 8, Florida Constitution (the Sunshine Amendment) or of Part III, Chapter 112, Florida Statutes (the Code of Ethics for Public Officers and Employees) has been violated, please state the specific section(s). Please do not attach copies of lengthy documents; if they are relevant, your description of them will suffice. Also, please do not submit video tapes or audio tapes.

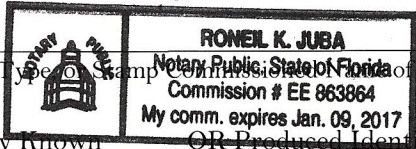
4. OATH

STATE OF FLORIDA  
COUNTY OF BROWARD

I, the person bringing this complaint, do depose on oath or affirmation and say that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief.

Sworn to (or affirmed) and subscribed before me this 07<sup>th</sup> day of June, 20 13, by Matthew Feiler

(Name of person making statement)  
Ronell K. Juba  
(Signature of Notary Public - State of Florida)

(Print, Type or Stamp Commission of Notary Public)  


Matthew Feiler  
SIGNATURE OF COMPLAINANT

Personally Known  OR Produced Identification   
Type of Identification Produced: Florida Driver License

