



OCT 12 2022

RECEIVED

# COMPLAINT 22-164

ORIGINAL

**1. PERSON BRINGING COMPLAINT:**

Name: PHYLLIS STAUFFENBERG Telephone Number: 815-549-2344  
 Address: 208 CRYSTAL RIDGE RD.  
 City: DELAND County: VOLUSIA State: FLORIDA Zip Code: 32720

**2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:**

Use a separate complaint form for each person you wish to complain against:

Name: HEATHER POST Telephone Number: [REDACTED]  
 Address: P.O. BOX 9834  
 City: DAYTONA BEACH County: VOLUSIA Zip Code: 32120  
 Title of office or position held or sought: VOLUSIA COUNTY COUNCIL - DISTRICT 4

**3. STATEMENT OF FACTS:**

Please provide a full explanation of your complaint, describing the facts and the actions of the person named above and why you believe he or she violated the law. Include relevant dates and the names and addresses of persons whom you believe may be witnesses. Please do not submit more than 15 pages, including this form. Please do not submit video or audio tapes, CDs, DVDs, flash drives or other electronic media; such material will not be considered part of the complaint and will be returned.

**4. OATH**

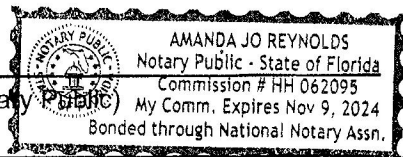
STATE OF Florida  
 COUNTY OF Volusia

I, the person bringing this complaint, do swear or affirm 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 by means of  physical presence or  online notarization, this 7<sup>th</sup> day of Oct, 2022, by Phyllis Stauffenberg (name of person making statement)

Phyllis Stauffenberg  
 SIGNATURE OF COMPLAINANT

[Signature]  
 (Signature of Notary Public)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification   
 Type of Identification Produced: FDL

10/5/2022

# Florida Commission on Ethics

Failure to Comply with Annual Full and Public Disclosure of Financial Interests: IE: Form 6 [S. 112.314, F.S.]

2nd violation. 1st violation was filed on December 21, 2020. Disposed July 28, 2021.

Ms Heather East neglects or ignores the rules set down by the State of Florida, Commission on Ethics.

Respectfully submitted,  
Shyllis Staufferberg  
815-549-2814

# NOTICE

Annual Full and Public Disclosure of Financial Interests is due July 1. If the annual form is not filed or postmarked by September 1 an automatic fine of \$25 for each day late will be imposed, up to a maximum penalty of \$1,500. Failure to file also can result in removal from public office or employment. [s. 112.3144, F.S. - applicable to officials other than judges]

In addition, failure to make any required disclosure constitutes grounds for and may be punished by one or more of the following: disqualification from being on the ballot, impeachment, removal or suspension from office or employment, demotion, reduction in salary, reprimand, or a civil penalty not exceeding \$10,000. [s. 112.317, F.S.]

## INSTRUCTIONS FOR COMPLETING AND FILING FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

### WHAT TO FILE

File only the first sheet (pages 1 and 2). **Originals are required. Photocopies, faxed copies and emailed copies will not be accepted.** A candidate who has filed Form 6 for 2021 with the Commission, prior to qualifying, may file a copy of that Form 6 at the time of qualifying.

### WHERE TO FILE

**Officeholders:** Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303;

**Candidates:** The officer before whom they qualify. **If a Form 6 is filed with a qualifying officer, it need not also be filed with the Commission.**

### WHEN TO FILE

**Officeholders:** No later than July 1, 2022.

**Candidates:** During the qualifying period.

### WHO MUST FILE FORM 6:

All persons holding the following positions: Governor, Lieutenant Governor, Cabinet members, members of the Legislature, State Attorneys, Public Defenders, Clerks of Circuit Courts, Sheriffs, Tax Collectors, Property Appraisers, Supervisors of Elections, County Commissioners, elected Superintendents of Schools, members of District School Boards, Mayor and members of the Jacksonville City Council, Judges of Compensation Claims; the

Duval County Superintendent of Schools, and members of the Florida Housing Finance Corporation Board, each expressway authority, transportation authority (except the Jacksonville Transportation Authority), bridge authority, toll authority, or expressway agency created pursuant to Chapter 348 or 343, F.S., or any other general law, and judges, as required by Canon 6, Code of Judicial Conduct.

## INSTRUCTIONS FOR COMPLETING FORM 6:

### INTRODUCTORY INFORMATION (At Top of Form):

If your name, mailing address, public agency, and position are already printed on the form, you do not need to provide this information unless it should be changed. To change any of this information, write the correct information on the form, and contact your agency's financial disclosure coordinator. You can find your coordinator on the Commission on Ethics website: [www.ethics.state.fl.us](http://www.ethics.state.fl.us).

**NAME OF AGENCY:** The name of the governmental unit which you serve or served, or for which you are a candidate.

**OFFICE OR POSITION HELD OR SOUGHT:** The title of the office or position you hold, are seeking, or held as of December 31, 2021, even if you have since left that position. If you are a candidate, check the box below your name and address.

**PUBLIC RECORD:** The disclosure form and everything attached to it is a public record and is required by law to be posted to the Commission's website. **Your Social Security number, bank account, and credit card numbers are not required and you should redact them from any documents you file.** If you are an active or former officer or employee listed in Section 119.071, F.S., whose home address or other information is exempt from disclosure, the Commission will maintain that confidentiality **if you submit a written request.**

### PART A — NET WORTH

[Required by Art. II, s. 8(a)(1)(1), Fla. Const.]

Report your net worth as of December 31, 2021, or a more current date, and list that date. This should be the same date used to value your assets and liabilities. In order to determine your net worth, you will need to total the value of all your assets and subtract the amount of all of your liabilities. **Simply subtracting the liabilities reported in Part C from the assets reported in Part B will not result in an accurate net worth figure in most cases.**

To total the value of your assets, add:

- (1) The aggregate value of household goods and personal effects, as reported in Part B of this form;
- (2) The value of all assets worth over \$1,000, as reported in Part B; and,
- (3) The total value of any assets worth less than \$1,000 that were not reported or included in the category of "household goods and personal effects."

To total the amount of your liabilities, add:

- (1) The total amount of each liability you reported in Part C of this form, except for any amounts listed in the "joint and several liabilities not reported above" portion; and,
- (2) The total amount of unreported liabilities (including those under \$1,000, credit card and retail installment accounts, and taxes owed).

(CONTINUED on page 4)

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