SWORN COMPLAINT FORM (Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission.

Mail the complaint to:

Enforcement Division

Fair Political Practices Commission

428 J Street, Suite 620 Sacramento, CA 95814

NOTE: The Fair Political Practices Commission does not enforce or address violations of the Brown Act, the content of campaign communications, residency requirements, the inappropriate use of public funds or resources (including use of uniforms or equipment), placement of campaign signs or materials on public property, or violation of a local campaign rule or campaign ordinance.

	ing Complaint		
Last Name:	Allen		
First Name:	Douglas		
Street Addre	ss: 333 West San Carlos Str	eet, suite 800	
City: San	lose	State: CA	Zip: 95110
	ose (408) 298 -6540	State: CA	Zip: 95110
		State: CA	Zip: <u>95110</u>

*IMPORTANT NOTICE

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the person(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC to discuss the complaint at (916) 322-5660 or toll free at (866) 275-3772.

Person(s) Wh attach additio	o Allegedly nal pages a	Violated the Po s necessary.)	litical Refor	m Act: (If there a	re multiple parties involved
Last Name:	Jensen				
First Name:	Kevin				
Committee N	ame: <u>Kevi</u>	n Jensen for	Sheriff By if applicable		
Street Addres		illsdale Ave.,	#24006		
City: San Jo	se			State: CA	Zip: 95154
Telephone: (<u>408</u>) <u>412</u>	2 -0942	-		
Fax:)	ber Sandara S			
E-mail: k	eninjense	en2014@gma	ail.com		
There are a	number of	f irregularities	in Mr. Jens	red.* sen's form 460. v	y the Alleged Violation(s) Which, whether
<u>intentional o</u>	<u>r negligen</u>	t, obscure his	campaign	financing and ex	kpenditures.
Por Instance), all contri	butions are re	quired to b	e reported on S	chedule A, but they are
contradicte t	be amoun	te orrepeausi	y a summa	ry of donations on Schedule I, w	under \$100, and
reported as	incresses	in cash The	cource of t	on Schedule I, W	Inere these are erroneously listed as
the "Jensen	Committe	e" which obvi	iously cann	ot make contrib	utions to itself. The
denations sl	hould be e	ntered into Ne	tfile so tha	accumulation !	by contributing parties
can be track	ed and ca	use contribute	ors over \$1	00 to be listed o	n Schedule E. The
effect of this	is to hide	the identity of	contribute	fs.	
The Form 4	60 lists pa	yment made t	o "Ted Atla	s, hall rental, \$4	55" and to "Robert
Gallardo, pa	aid to vend	ors, \$600." N	o subvend	or information is	provided on Schedule
E or G. Rot	oert Gallan	do is a campa	ign worker	not a vendor, s	o expenditures are not
peing prope	rly disclose	ed. Mark Gard	a lists his	company by an	acronym, "GSi"

^{*}IMPORTANT! Attach copies of any available documentation that is evidence of the violation, (for example, copies of checks, campaign materials, minutes of meetings, etc., if applicable to the complaint.) Note that a newspaper article is <u>NOT</u> considered evidence of a violation.

Street Address: City:	
City: State:	
City: State: State: Sax: S-mail: ### Last Name: Street Address: City: State: State: State: State: State: State: State:	,
ax:	
### .ast Name: .irst Name: .itreet Address: .itreet Address:	
### .ast Name: Cirst Name: Street Address: City: City: State: Fax:	
Last Name: Street Address: City: State: Fax: B-mail: Lateclare under penalty of perjury under the laws of the State of Calarue and correct.	
Street Address: City: State: Celephone: (
Street Address: City: State: Celephone: (
City: State: Selephone: () Sax: E-mail: I declare under penalty of perjury under the laws of the State of Calcrue and correct.	
City: State:	
Fax:	
E-mail: declare under penalty of perjury under the laws of the State of Calirue and correct.	
declare under penalty of perjury under the laws of the State of Cal true and correct.	
frue and correct.	
frue and correct.	
	ifornia that the foregoing is
2/ / / 3/	/11/14
(Signature)	(Date)
Douglas B. Allen	
(Please Print Your Name)	

Clear Page

Print Page

State Inves	from above) when the full a stigations, an affiliate of Bac	Rove Rail Ronde Lasth	Mr. Joseph die
his form 70	0, required upon his depar	ture from employment wit	h the Sheriff's c
	nt Code sec. 82006 require		
	however, the Form 460 is to the identification is to obscure the identification.		
expenditure			- Cipients Or
	700		**************************************
- I imely form	1 700 is essential to unders	itand conflicts of interest.	
l am inform	ed and believe that this rep	oort is accurate based up	on review of rec
	e Santa Clara County Reg		
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Name and Ad	dresses of Potential Witnesses		wn:
	dresses of Potential Witnesses		wn:
Name and Ad Last Name:	dresses of Potential Witnesses		wn:
	_		wn:
Last Name: First Name:	Ross Patti		wn:
Last Name:	Ross Patti	, Other than Yourself, if Kno	wn:
Last Name: First Name:	Ross Patti	, Other than Yourself, if Kno	own:
Last Name: First Name:	Ross Patti Ss: Treasurer, 1769 Hills	, Other than Yourself, if Kno	
Last Name: First Name: Street Addres City: San J	Ross Patti SS: Treasurer, 1769 Hills	, Other than Yourself, if Kno	
Last Name: First Name: Street Addres City: San J	Ross Patti Ss: Treasurer, 1769 Hills	, Other than Yourself, if Kno	
Last Name: First Name: Street Addres City: San J Telephone: (Ross Patti SS: Treasurer, 1769 Hills	, Other than Yourself, if Kno	