

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.*

Person Making Complaint

Last Name: Allen

First Name: Douglas

Street Address: 333 West San Carlos Street, Suite 800

City: San Jose State: CA Zip: 95110

Telephone: (408) 298-6540

Fax: (408) 298-0914

E-mail: burnettburnettallen@yahoo.com

***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) Who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: _____

First Name: _____

Committee Name: Deputy Sheriffs' Association of Santa Clara County
(only if applicable)

Street Address: 888 North 1st Street, Suite 302

City: San Jose State: CA Zip: 95112

Telephone: (408) 295 - 1500

Fax: () -

E-mail: _____

Describe, With as Much Particularity as Possible, the Facts Constituting the Alleged Violation(s) and How You Have Personal Knowledge that it Occurred.*

The Deputy Sheriff's Association (DSA) has not filed form 460 for applicable periods in 2010 through the end of 2012. Complainant is informed and believes that the DSA made political campaign contributions and/or made expenditures in 2010 to, or on behalf of, at least 3 candidates in amounts of thousands of dollars. The DSA has improperly filed a Form 460 for an inclusive period of 8/22/11 all the way through 7/16/13, instead of the proper reporting periods, and during those periods has made political campaign contributions and/or made expenditures.
On the current Form 460 the DSA shows receipts of \$31, 718.02 and for donations under \$100 the amount of \$5,241.02, both of which seem implausible in light of the fact that contributions are usually received in round numbers, and a Paypal payment of \$288.34 is reflected, presumably for credit card donations. It appears that the committee is reporting net instead of gross amounts of credit card receipts. By reporting the net amount it would appear that donations reported as "under \$100" may have been actually \$100 or more, thus not properly identifying contributors.

***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 NOT considered evidence of a violation.**

Provision(s)/Section(s) of the Political Reform Act Allegedly Violated and When the Violation(s) Occurred: (If specific sections are not known, please provide a brief summary)

DSA has not properly filed for relevant periods when they were involved in political activity and is not properly following instructions on the Form 460, causing deficient disclosures.

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Name and Addresses of Potential Witnesses, Other than Yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____-_____

Fax: (____) ____-_____

E-mail: _____

###

Last Name: _____

First Name: _____

Street Address: _____

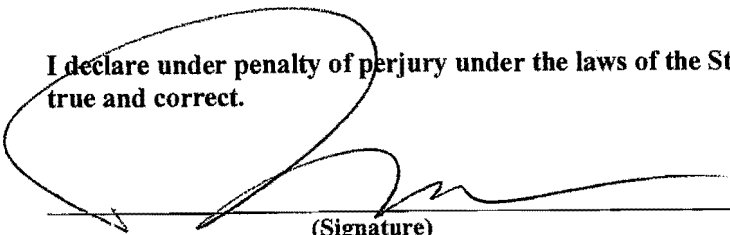
City: _____ State: _____ Zip: _____

Telephone: (____) ____-_____

Fax: (____) ____-_____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



(Signature)

3/12/14

(Date)

Douglas B. Allen

(Please Print Your Name)

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