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. This form must be completed in its entirety and all pertinent information must be stated on this form, not as an attachment.

Mail the complaint to:

Enforcement Division

Fair Political Practices Commission

428 J Street, Suite 620

Sacramento, California 95814

Person Making Complaint	· · · · ·	
Last name: AYERS		
First Name: CHARLENE		
Street Address: 10801 DEWITT COURT		
City: EL CAJON	State: CA	
Zip: 92020 -		
Telephone: (619) 442 - 8046	-	
Fax: ()	-	
E-mail: char.ayers@att.net	- 111 Table - 111	

*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 persons(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 (916-322-5660 or toll free at 866-ASK-FPPC) and discuss the complaint with an Enforcement Division attorney.

	sons who Allegedly Violates involved, attach additional			(If there are
Last Name:	OHNSTON	·		
First Name:	KARRIE			
Street Address: 1999 VISTA del				_
City: EL CAJ	ON	State:	CA	
Zip: 92019				
Telephone: (619) 246 - 6651			
Fax: (
E-mail:	johnston@smgfire.org			
sections are not and when it (the Karrie Johnston,	rovisions of the Political R known, please provide a brey) occurred.) You must state who has been a Director for S d her employment and income	ief summa ite the sus an Miguel (ry of the nature of pected violation(s	the violation(s),) on this form.
	oyment since 2007 has been w			e who contracts
	Consolidated Fire District to pr and has worked for El Cajon F			ay be retired new
	disclosed this in her 700s.	ne Departit	ient in her tendre, m	ay be retired now,
		· · · · · · · · · · · · · · · · · · ·		

Description, With as Much Particularity as Possible, of Facts Constituting Alleged Violation and how you have personal knowledge that it occurred**

Karrie Johnston has not disclosed her employement and income on a	ly 700 for years 2006
through 2011.	
Husband's employment and income not disclosed on 700s for 2006-20 Attachments:)11
1. 2004 Smart Voter: Johnston occupation-Fire Dispatcher	
AMR PR: SMGFire': Director Karrie Scully-Johnston-started employ	ment with AMP-March '07
3. 2008 Smart Voter: Johnston lists AMR employment & endorsement	
4. San MiguelCFPD Bio: Johnston's employment with Heartland Comm	
Authority (dispatcher); husband Warren's employment with El Cajon F	
5. 700s: 2006-2007	
6. AMR-SanMiguelCFPD Contract to provide ambulance services	
	
**Please attach copies of any available documentation that is evi	
(for example, checks, campaign materials, etc., if applicable to the a newspaper article is <u>NOT</u> considered evidence of a violation	e complaint). Note that I.
(for example, checks, campaign materials, etc., if applicable to the a newspaper article is <u>NOT</u> considered evidence of a violation Name and Addresses of Potential Witnesses, in addition to you	e complaint). Note that I.
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Last Name:	
First Name:	
Street Address:	
City:	State:
Zip:	
Telephone: ()	
Fax:	<u> </u>
E-mail:	
Last Name:	
First Name:	
Street Address:	
City:	
Zip:	
Telephone: (
Fax:	
E-mail:	
I declare under penalty of perjury und foregoing is true and correct.	ler the laws of the State of California that the
Charlene (ayer	MAY 21, 2012
(Signature)	(Date)
CHARLENE L AYERS	
(Please print your name)	