





**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 employment and income on any 700 for years 2006 through 2011.

Husband's employment and income not disclosed on 700s for 2006-2011

**Attachments:**

1. 2004 Smart Voter: Johnston occupation-Fire Dispatcher
2. AMR PR: SMGFire: Director Karrie Scully-Johnston-started employment with AMR-March '07
3. 2008 Smart Voter: Johnston lists AMR employment & endorsement by AMR's Mike Murphy
4. San MiguelCFPD Bio: Johnston's employment with Heartland Communications Facility Authority (dispatcher); husband Warren's employment with El Cajon FD
5. 700s: 2006-2007
6. AMR-SanMiguelCFPD Contract to provide ambulance services

**\*\*Please attach copies of any available documentation that is evidence of the violation, (for example, checks, campaign materials, etc., if applicable to the complaint). Note that a newspaper article is NOT considered evidence of a violation.**

**Name and Addresses of Potential Witnesses, in addition to 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: \_\_\_\_\_

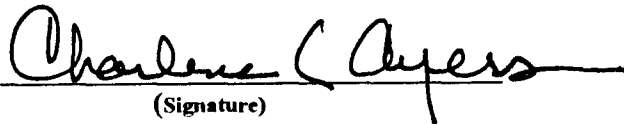
Zip: \_\_\_\_\_ - \_\_\_\_\_

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)

MAY 21, 2012

\_\_\_\_\_  
(Date)

CHARLENE L AYERS

\_\_\_\_\_  
(Please print your name)