

FORMAL COMPLAINT FORM

(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a formal 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: Allen

First Name: Barry

Street Address:
Chevy Chase Dr

City: GlendaleCA 91206 State:

Zip: _____ - _____

Telephone: (818) 243 1502

Fax: (818) 243 -2601

E-mail: vanguard1@charter.net

IMPORTANT NOTICE

Under the California Public Records Act (Gov. Code Section 6252 and following), this formal complaint and your identity as the complainant may be subject to public disclosure. 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.

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

The data was recorded and filed with the 460 form for period ending 6-30-06 ID #930080

indicating on page 4 (Schedule E)that here was a disbursement in the amount of \$2,500 to

Nielsen, Merksamer, Parinello, Mueller and Naylor LLP for legal defense.

page 4 attached

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: _____

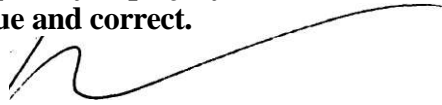
Zip: _____

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.



5/5/2008

(Signature)

(Date)
5-5-
2008

Barry Allen

(Please print your name)

Schedule E

Payments Made
SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded
whole dollar*

Statement covers period
January 1, 2006
through June 30, 2006

SCHEDULE E

CALIFORNIA ylfIA
FORM ^V>U

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Pag*» of «

ID NUMBER
930080

NAME OF FILER
David Weaver

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CM* campaign paraphernalia/misc. | MBR member communications | RAP radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| eve civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| RL candidate filing/balot fees | PHO phone banks | 71RC candidate travel, lodging, and meals |
| FND fund raising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, deliver/ and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRI print ads | WEB information technology costs (internet, e-mail) |

NAME OF CONTRIBUTOR	CODE	AMOUNT PAID
Nielsen, Merksamer, Parrinello, Mueller and Naylor, LLP 591 Redwood Highway, Bidg 4000 Mill Valley, CA 94941	LEG	\$2,500

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule E Summary

1. Payments made this period of \$100 or more- (Include all Schedule E subtotals,).....	\$.....	2,500
2. Unitemized payments made this period of under \$100 ,	\$.....	0
3. Total interest paid this period on loans. (EMet amount from Schedule B, Part 1, Column (e).).....	\$.....	0
4. Total payments made this period, (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$.....	2,500