FAIR POLITICAL PRACTICES COMMISSION
428 J Street • Suite 620 • Sacramento, CA 95814-2329
(916) 322-5660 • Fax (916) 322-0886

September 9, 2010

Honorable William Masterson (Ret.)

REDACTED

RE: FPPC File No. 10/751; Dan Hamburg, Dan Hamburg for Supervisor 2010, and Geoffrey Baugher, Treasurer

Dear Justice Masterson:

This letter is to notify you that the Enforcement Division of the Fair Political Practices Commission (the "FPPC") will investigate the allegation(s), under the jurisdiction of the FPPC, of the sworn complaint you submitted in the above-referenced matter. You will next receive notification from us upon final disposition of the case. However, please be advised that at this time we have not made any determination about the validity of the allegation(s) you have made or about the culpability, if any, of the person(s) you identify in your complaint.

Thank you for taking the time to bring this matter to our attention.

Sincerely,

REDACTED

Roman G. Porter
Executive Director

RGP/tr

cc. Dan Hamburg; Dan Hamburg for Supervisor 2010
Geoffrey Baugher

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: Masterson, (Ret Justice)

First Name: Justice Willlam Anthony

Street Address: _____

City: _____ State: _____

Zip: _____ _____

Telephone: (_____) _____-_____

Fax: (_____) _____-_____

E-mail: _____

***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.

10 AUG 26 PM 1:08
RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

Complaint

Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: Hamburg

First Name: Daniel Eugene

Street Address:

City: State:

Zip:

Telephone: ( ) -

Fax: ( ) -

E-mail:

Provision or Provisions of the Political Reform Act Allegedly Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) **You must state the suspected violation(s) on this form.**

These violations occurred from Jan 1, 2010 through June 30, 2010:

Section 85700 Failure to return contributions of $100 or more missing contributor's occupation and employer information. Forms not amended to include this information.

Section 82015 and 84300 Non-monetary contributions are not recorded.

Section 84212 Loans do not include interest rate and due date

Sections 82025, 82044, 84300 Names and addresses of payees, expenditure amounts, dates and description of goods not reported.

Section 84307 Expenditures made from candidate's personal funds and later reimbursed.

Setion 82015 Amounts of fund raiser tickets not reported as contributions (4/3/2010 event)

Section 84300 Funds from drink sales not reported as increases to cash

Section 82018 Contributions from same source (Tim Stoen) not cumulated

Sections 82036 and 84203 Late contribution not reported within 24 hours of receipt

Reporting violations: 81004, 84101 and 91013

Complaint

Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: Baugher

First Name: Geoffrey Sykes

Street Address:

City: State:

Zip:

Telephone: ( )

Fax: ( ) -

E-mail:

Provision or Provisions of the Political Reform Act Allegedly Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) **You must state the suspected violation(s) on this form.**

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Section 82018 Contributions from same source (Tim Stoen) not cumulated

Sections 82036 and 84203 Late contribution not reported within 24 hours of receipt

Reporting violations: 81004, 84101 and 91013

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

Forms 460 submitted for the periods 10/9/09 - 12/31/09; 1/1/10 - 3/20/10; 3/18/10 - 5/22/10 and 5/23/10 - 6/30/10 each show Payments Made were only to the candidate himself, Dan Hamburg, with no sub-vendors indicated and nothing under Description of Payment. There is only one vendor listed for the entire campaign which is entered on Form 496 dated June 7, 2010. No non-monetary donations, expenditures, or Miscellaneous Increases to Cash are listed for the entire campaign on any Form 460. Yet, numerous fund raising and Meet the Candidate venues are apparent in documentation. Amendments filed for these time periods do not correct this.

Forms 460 for 1/1/10-3/20/10; 3/18/10 - 5/22/10; 5/23/10-6/30/10 show numerous contributions of $100 or more which omit indication of occupation, employer, or name of business. A 3/29/10 donation from Tim Stoen does not show $200 contribution accumulated to date.

Forms 460 for 10/9/09-12/1/09, 1/1/10-3/20/10 and 3/18/10-5/22/10 each show outstanding loan balances for which the Payments Made indicate candidate received reimbursement.

Form 497 was not filed within 24 hours of the receipt of the $1000 donation.

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 <u>NOT</u> considered evidence of a violation.

Name and Addresses of Potential Witnesses, in addition to yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: Mendocino 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) **(Date)**

_____

(Please print your name)

Last Name: Rolen

First Name: Hoytus

Street Address:

City: State:

Zip:

Telephone: (

Fax: ( ) -

E-mail:

Last Name: Hooper

First Name: Mary

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)

(Date)

(Please print your name)

Last Name: Hensley

First Name: Nancy

Street Address:

City: State:

Zip:

Telephone: ( )

Fax: ( ) -

E-mail:

Last Name: Schaeffer

First Name: John

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) **(Date)**

(Please print your name)

Last Name: Hughes

First Name: Shannon

Street Address:

City: State:

Zip: -

Telephone: ( )

Fax: ( ) -

E-mail:

Last Name: Oldham

First Name: Vicki

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) (Date)

(Please print your name)

Last Name: Majide

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.

_____ 8/24/10

(Signature) **(Date)**

William Anthony Masterson

(Please print your name)