

31
**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type Initial

Not yet qualified or

Amendment

List I.D. number:

1286317

Termination – See Part 5

List I.D. number:

____/____/____ Date qualified as committee

____/____/____ Date qualified as committee
(If applicable)

____/____/____ Date of Termination

1. Committee Information

NAME OF COMMITTEE

JIM DESMOND FOR MAYOR 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

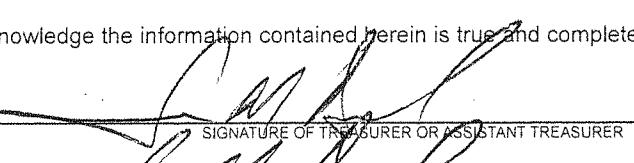
COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
--------------------	-----------------------------------------------------------------------

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 12/2/09 DATE

By _____

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 12/2/09 DATE

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

Executed on _____ DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

Executed on _____ DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

Executed on _____ DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOVENT

STATEMENT OF ORGANIZATION

Date Stamp
RECEIVED AND FILED
 in the office of the Secretary of State
 of the State of California

CALIFORNIA FORM 410

For Official Use Only

109 DEC 16 AM 10:57

REC'D S.D. CO. ROV

**DEBRA BOWEN
Secretary of State**

RECEIVED

DEC 17 2009

2. Treasurer and Other Principal Officers

NAME OF TREASURER

JIM DESMOND

STREET ADDRESS (NO P.O. BOX)

CITY OF SAN MARCOS
CITY CLERK DEPT

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA FORM **410**

Page 2

COMMITTEE NAME	I.D. NUMBER
JIM DESMOND FOR MAYOR 2010	1286317

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
JIM DESMOND	MAYOR OF SAN MARCOS	2010	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
CALIFORNIA BANK & TRUST	(760) 471-3000		
ADDRESS	CITY	STATE	ZIP CODE
978 W. SAN MARCOS BLVD	SAN MARCOS	CA	92069

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Desmond

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, San Marcos, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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CITY	STATE	ZIP CODE	AREA CODE/PHONE
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

Statement covers period
from Jan 1, 2010
through June 30, 2010

Page 3 of 6

I.D. NUMBER
1286317

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ 2217.00	\$ 2217.00
2. Loans Received	<i>Schedule B, Line 3</i>	(996.80)	(996.80)
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 1220.20	\$ 1220.20
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 1220.20	\$ 1220.20

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 922.14	\$ 922.14
7. Loans Made	<i>Schedule H, Line 3</i>	0	0
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 922.14	\$ 922.14
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	0	0
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	0	0
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 922.14	\$ 922.14

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 10174.04
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 1220.20
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	0
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 922.14
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 10472.10

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See Instructions on reverse</i>	\$ 0
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 2217.00
21. Expenditures Made	\$ 922.14

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Jan 1, 2010</u>		CALIFORNIA FORM 460
through <u>June 30, 2010</u>		Page <u>4</u> of <u>6</u>
		I.D. NUMBER <u>1286317</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/2/10	Thomas Lang PO Box 937 Rancho Sante Fe, CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00
1/10/10	Kirsten Walton 1680 Lighthouse Rd San Marcos, CA 92078	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Walton Law Office San Marcos, CA	100.00	100.00	100.00
1/22/10	Edwin Engle 1760 Andrea St. Carlsbad, CA 92008	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager Asset Management Carlsbad, CA	250.00	250.00	250.00
3/25/10	Sally Seelman 1714 Victoria Lane San Marcos, CA 92069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Interior Design Seelman Design San Marcos, CA	100.00	100.00	100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				650.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 650.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1567.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2217.00**

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

Statement covers period
from Jan 1, 2010
through June 30, 2010

Page 5 of 6

I.D. NUMBER

1286317

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jim Desmond	Pilot/Delta Airlines	\$ <u>996.80</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> PAID \$ <u>996.80</u> <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>0</u> DATE DUE _____	<u>0</u> % RATE _____	\$ <u>996.80</u> DATE INCURRED <u>11/12/09</u>	CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ <u>996.80</u>
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____				CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____				CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____				CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ 0 \$ 996.80 \$ 0 \$ 0								

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
2. Loans paid or forgiven this period \$ 996.80
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ (996.80)**
Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

Statement covers period
from Jan 1, 2010
through June 30, 2010

CALIFORNIA FORM 460

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I.D. NUMBER

1286317

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	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
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery 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	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mary Allen Photography 117 Laura Lane Conroe, TX 77385	PRO		Photographs	150.00
JF Web Design 4891B Collwood Blvd San Diego, CA 92115	PRO		Web Site Design	770.00

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

SUBTOTAL \$ 920.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 920.00
2. Unitemized payments made this period of under \$100	\$ 2.14
3. Total interest paid this period on loans. (Enter 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 \$ 922.14

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Desmond

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, San Marcos, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------	-----------------------------------------------------------------------------------

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>July 1, 2010</u>		CALIFORNIA FORM 460
through <u>Sept 30, 2010</u>		
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1286317</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ <u>298.00</u>	\$ <u>2515.00</u>
2. Loans Received	<i>Schedule B, Line 3</i>	\$ <u>0</u>	\$ <u>(996.80)</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ <u>298.00</u>	\$ <u>1518.20</u>
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ <u>111.19</u>	\$ <u>111.19</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ <u>409.19</u>	\$ <u>1629.39</u>

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ <u>3853.19</u>	\$ <u>4775.33</u>
7. Loans Made	<i>Schedule H, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ <u>3853.19</u>	\$ <u>4775.33</u>
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ <u>3853.19</u>	\$ <u>4775.33</u>

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ <u>10472.10</u>
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ <u>298.00</u>
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ <u>0</u>
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ <u>3853.19</u>
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>6916.91</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>0</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>2217.00</u> \$ <u>1629.39</u>
21. Expenditures Made	\$ <u>992.14</u> \$ <u>3853.19</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

Statement covers period from <u>July 1, 2010</u>		CALIFORNIA FORM 460
through <u>Sept 30, 2010</u>		
Page <u>4</u> of <u>8</u>		
I.D. NUMBER 1286317		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/10	Gerry Kaufman 1318 Mountain Park Pl Escondido, CA 92027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physical Therapist Graybill Medical Group	100.00	100.00	100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 100.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 198.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 298.00**

***Contributor Codes**

IND – Individual
COM – Recipient Committee
 (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from July 1, 2010

through Sept 30, 2010

SCHEDULE C

CALIFORNIA FORM 460

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from July 1, 2010
 through Sept 30, 2010

CALIFORNIA FORM 460
 Page 6 of 8

I.D. NUMBER
 1286317

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/24/10	San Diego County Republican Party Central Committee ID# 741949	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Party Contribution	2500.00	2500.00	2500.00
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure			
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure			
				SUBTOTAL \$ 2500.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 2500.00
2. Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$ 2500.00**

Schedule E
Payments Made

 Type or print in ink.
 Amounts may be rounded
 to whole dollars.

 Statement covers period
 from July 1, 2010
 through Sept 30, 2010
CALIFORNIA FORM 460

 Page 7 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

I.D. NUMBER
1286317
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	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
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery 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	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of San Marcos 1 Civic Center Drive San Marcos, CA 92069	FIL		Candidate Statement for Voters Guide	416.00
San Marcos Boys and Girls Club 1 Positive Place San Marcos, CA 92069	CVC		Donation for T-Box sign at Golf Tournament	400.00
San Diego County Republican Party Central Committee ID # 741949 5703 Oberlin Dr. #107 San Diego, CA 92121	CTB		Party Donation	2500.00

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

SUBTOTAL \$ 3316.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3778.19
2. Unitemized payments made this period of under \$100	\$ 75.00
3. Total interest paid this period on loans. (Enter 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 \$ 3853.19

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

ELI candidate filing/ballot fees

END candidate filing/ball
fundraising events

IND independent expenditure

IND independent expert
LEG legal defense

LEG legal defence
LIT campaign literature and mailings

LII campaign literature and mailings

NAME AND ADDRESS OF PAYEE

NAME AND ADDRESS OF FILER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR

Page 1 of 1

All Star Signs GME Campaign Signs

1914 Mission Ave
CMP

Escondido, CA 92029

Escondido, CA 92025

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
All Star Signs 1914 Mission Ave Escondido, CA 92029	CMP	Campaign Signs	462.19

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

SUBTOTAL \$ 462.19

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 01 July 10
through 30 Sept 10

CALIFORNIA FORM 460
Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

I.D. NUMBER
1286317

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 298.00	\$ 2515.00
2. Loans Received	Schedule B, Line 3	\$ 0	\$ (996.80)
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 298.00	\$ 1518.20
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 111.19	\$ 111.19
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 409.19	\$ 1629.39

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 2217.00	\$ 409.19
21. Expenditures Made	\$ 992.14	\$ 3853.19

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 3853.19	\$ 4775.33
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 3853.19	\$ 4775.33
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 3853.19	\$ 4775.33

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 10472.10	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ 298.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0	
15. Cash Payments	Column A, Line 8 above	\$ 3853.19	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6916.91	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

*Amounts in this section may be different from amounts reported in Column B.

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Desmond

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, San Marcos, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---------------------------------------------------------------------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 01 Oct 2010
through 16 OCT 2010

CALIFORNIA
FORM **460**
Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond For Mayor 2010

I.D. NUMBER
1286317

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 693.00	\$ 3208.00
2. Loans Received	Schedule B, Line 3	\$ 0	\$ (996.80)
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 693.00	\$ 2211.20
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 111.19
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 693.00	\$ 2322.39

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 0	\$ 4775.33
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0	\$ 4775.33
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0	\$ 4775.33

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 6916.91
13. Cash Receipts	Column A, Line 3 above	\$ 693.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7609.91

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 2217.00	\$ 1102.19
21. Expenditures Made	\$ 992.14	\$ 3853.19

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER
 1286317

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
 (Include all Schedule A subtotals.) \$ 0
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 693.00
3. Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 693.00**

*Contributor Codes

IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Desmond

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor, San Marcos

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---------------------------------------------------------------------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/17/10</u>	CALIFORNIA FORM 460
through <u>10/24/10</u>	Page <u>3</u> of <u>4</u>
I.D. NUMBER 1286317	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 0	\$ 3208.00
2. Loans Received	Schedule B, Line 3	\$ 0	\$ (996.80)
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0	\$ 2211.20
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 111.19
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0	\$ 2322.39

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 2217.00	\$ 1102.19
21. Expenditures Made	\$ 992.14	\$ 4094.19

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 241.00	\$ 5086.33
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 241.00	\$ 5086.33
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 241.00	\$ 5086.33

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 7609.91
13. Cash Receipts	Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 241.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 7368.91

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM **460**

Statement covers period
from 10/17/10
through 10/24/10

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

I.D. NUMBER
1286317

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Paper 3643 Grand Ave Suite B San Marcos, CA 92069	PRT		Print ad	241.00

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

SUBTOTAL \$ 241.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 241.00
2. Unitemized payments made this period of under \$100	\$ 0
3. Total interest paid this period on loans. (Enter 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 \$ 241.00

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

**CALIFORNIA
FORM 460**
Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Desmond

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor of San Marcos

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

□ YES □ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
----------------	-------------

NAME OF TREASURER	CONTROLLED COMMITTEE?
-------------------	-----------------------

□ YES □ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---------------------------------------------------------------------

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
-----------------------------------	-----------------------	---------------------------------------------------------------------

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/24/2010</u>	through <u>12/31/2010</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>		I.D. NUMBER <u>1286317</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<i>Schedule A, Line 3</i>	\$ 0	\$ 3208.00
2. Loans Received	<i>Schedule B, Line 3</i>	\$ 0	\$ (996.80)
3. SUBTOTAL CASH CONTRIBUTIONS	<i>Add Lines 1 + 2</i>	\$ 0	\$ 2211.20
4. Nonmonetary Contributions	<i>Schedule C, Line 3</i>	\$ 0	\$ 111.19
5. TOTAL CONTRIBUTIONS RECEIVED	<i>Add Lines 3 + 4</i>	\$ 0	\$ 2322.39

Expenditures Made

6. Payments Made	<i>Schedule E, Line 4</i>	\$ 2500.00	\$ 7586.33
7. Loans Made	<i>Schedule H, Line 3</i>	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	<i>Add Lines 6 + 7</i>	\$ 2500.00	\$ 7586.33
9. Accrued Expenses (Unpaid Bills)	<i>Schedule F, Line 3</i>	\$ 0	\$ 0
10. Nonmonetary Adjustment	<i>Schedule C, Line 3</i>	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	<i>Add Lines 8 + 9 + 10</i>	\$ 2500.00	\$ 7586.33

Current Cash Statement

12. Beginning Cash Balance	<i>Previous Summary Page, Line 16</i>	\$ 7368.91
13. Cash Receipts	<i>Column A, Line 3 above</i>	\$ 0
14. Miscellaneous Increases to Cash	<i>Schedule I, Line 4</i>	\$ 0
15. Cash Payments	<i>Column A, Line 8 above</i>	\$ 2500.00
16. ENDING CASH BALANCE	<i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 4868.91

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	<i>Schedule B, Part 2</i>	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<i>See instructions on reverse</i>	\$ 0
19. Outstanding Debts	<i>Add Line 2 + Line 9 in Column B above</i>	\$ 0

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$ 2217.00	\$ 1102.19
21. Expenditures Made	\$ 992.14	\$ 6594.19

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$ _____
/ /	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

SCHEDULE E

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/24/2010
through 12/31/2010

CALIFORNIA FORM 460
Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jim Desmond for Mayor 2010

I.D. NUMBER

1286317

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

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	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
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery 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	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
San Marcos Lions Foundation 955 Boardwalk, Ste 203 San Marcos, CA 92069	CVC		Civic Donation	\$500.00
Valley of Discovery Education Foundation PO Box 2517 San Marcos, CA 92079	CVC		Civic Donation	\$500.00
San Marcos Rotary Foundation PO Box 146 San Marcos, CA 92069	CVC		Civic Donation	\$500.00

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

SUBTOTAL \$ \$1500.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>2500.00</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>\$2500.00</u>

