

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

(Government Code Section 84206)

Type or print in ink.

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below) _____
7/18/2012	

SHORT FORM

Date Stamp  
**RECEIVED**

CALIFORNIA FORM 470

JUL 18 2012

For Official Use Only

CITY OF SAN MARCOS  
CITY CLERK DEPT

**1. Statement Covers Calendar Year 20 12.**

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Chris Orlando

STREET ADDRESS

CITY STATE ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Councilmember, City of San Marcos, CA

JURISDICTION (LOCATION)

San Marcos, CA

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

*List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

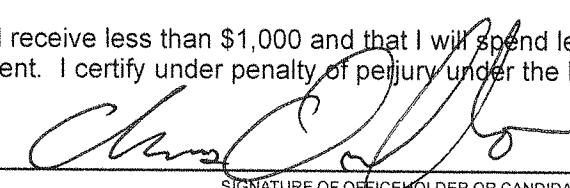
COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/18/2012  
DATE

By



SIGNATURE OF OFFICEHOLDER OR CANDIDATE