

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

**Amendment** (Explain Below)

Date Stamp

**RECEIVED**

JUL 23 2013

**1. Statement Covers Calendar Year 2013.**

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

James M. Desmond

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

City Council - Mayor

JURISDICTION (LOCATION)  
City of San Marcos

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
NA - no active committee		

**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 7/23/13

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE