

Officeholder and Candidate  
Campaign Statement -  
Short Form

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

☐ Amendment (Explain Below)

RECEIVED

JUL 29 2014

City Clerk Dept.  
City of San Marcos

CALIFORNIA  
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20

14.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Rebecca D Jones

STREET ADDRESS

CITY

San Marcos

STATE

CA

ZIP CODE

92079

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Councilmember

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

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 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

Executed on July 25, 2014

DATE

By

Clear Form

Print Form

FPPC Form 470/470 Supplement (Jan/2008)  
FPPC Form 470/470 Supplement Instructions - Rev. 2 (Dec/2012)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
www.fppc.ca.gov