CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

City of Oroville
Date Initial Filing Received
AUG 0 8 2018

Administration

Please type or	print in ink.					
NAME OF FILER (LAST) (F		(FIRST)		(MIDDLE)		
Bunker		Barbara			Cheri	
1. Office, A	gency, or Court					
Agency Nan	ne (Do not use acronyms)	·				
City of O	roville Council					
Division, Bo	ard, Department, District, if applicable		Your Position			
-	Council Member					
► If filing fo	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:			Position:			
2. Jurisdiction of Office (Check at least one box)						
State			☐ Judge or Court Co	ommissioner (Sta	atewide Jurisdiction)	
☐ Multi-Cou	unty		-	•		
➤ City of						
Cal City of _			U Other			
3. Type of	Statement (Check at least one box)					
Annual:	The period covered is January 1, 2017, throug	h	Leaving Office:	Date Left	<i></i>	
-or-	December 31, 2017.		(Check one)			
	The period covered is/	, through	The period concentration leaving officeor-		1, 2017, through the date of	
Assumi	ng Office: Date assumed/		The period co the date of lea		through	
Candidate: Date of Election11/6/2018 and office sought, if different than Part 1:						
4. Schedule Summary (must complete) ► Total number of pages including this cover page:1						
Schedules attached						
Sche	dule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions schedule attached			
Schedule A-2 - Investments – schedule attached		_	Schedule D - Income - Gifts - schedule attached			
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payment				ments – schedule attached		
-Or-						
▼ None - No reportable interests on any schedule						
. Verificatio	n					
MAILING ADDRE	SS STREET Procy Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	ona Ave #6	Oroville	9	CA	95965	
DAYTIME TELEF	PHONE NUMBER		E-MAIL ADDRESS			
(530)5	530) 591-9018 cbunkie@gmail,com					
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
_	1 9 2010		F		1	
Date Signed (month, day, year) Signature (File the originally signed statement with your filing official.)					nt with your filing official.)	
ALCOHOL: NAME OF THE PARTY OF T		THE RESERVE OF THE PERSON NAMED IN				