

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

City of Oroville
Date Stamp
AUG 06 2018
Administration

CALIFORNIA 470
FORM

For Official Use Only

Date of election if applicable:
(Month, Day, Year)
Nov. 6, 2018

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 18

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Barbara Cheri Bunker

STREET ADDRESS
500 Pomona Ave. #6

CITY Oroville **STATE** CA **ZIP CODE** 95965

AREA CODE/DAYTIME PHONE NUMBER 530-591-9018 **OPTIONAL: FAX / E-MAIL ADDRESS** cbunkie@gmail.com

OFFICE SOUGHT OR HELD
City Council

JURISDICTION (LOCATION)
City of Oroville

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 \$2,000 and that I will spend less than \$2,000 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 August 8, 2018 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form