

**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"/> Amendment (Explain Below) _____ _____
<i>11/6/2010</i>	

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For Official Use Only

470

SHORT FORM

CALIFORNIA FORM

1. Statement Covers Calendar Year 2010.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Michael D. Hunsaker

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

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
<i>None</i>		

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

Oct. 5 2010

DATE

By

Michael D. Hunsaker

SIGNATURE OF OFFICEHOLDER OR CANDIDATE