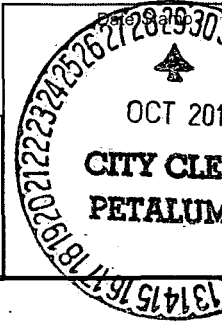


**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.



Statement covers period from <u>October 17, 2010</u> through <u>October 28, 2010</u>	Date of election if applicable: (Month, Day, Year) <u>Nov 2, 2010</u>
--	---

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="radio"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
(Also Complete Part 5) | <input type="radio"/> Ballot Measure Committee
<input type="radio"/> Primarily Formed
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
(Also Complete Part 6) |
| <input type="radio"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input type="radio"/> Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7) |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
|---|--|

3. Committee Information

ID. NUMBER
1331510

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

W. Bunker for City Council 2010

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Petaluma Ca 94952

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Wyatt Bunker

MAILING ADDRESS

CITY STATE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attachments certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/29/10
Date

Executed on 10/29/10
Date

Executed on _____
Date

Executed on _____
Date

By Wyatt Bunker
Signature of Treasurer or Assistant Treasurer

By Wyatt Bunker
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE				
Wyatt C. Bunker				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
City Council Member				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
	Petaluma	Ca	94952	

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
Identify the controlling officeholder, candidate, NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	

7. Primarily Formed Committee *List names of which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE

Attach continuation sheet

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from October 17, 20
through October 28, 20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 0.00	\$ 1823.00
2. Loans Received	Schedule B, Line 3	0.00	6000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0.00	\$ 7823.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	375.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0.00	\$ 8198.00

**Calendar Year
Running in B
General Elect**

20. Contributions
Received
21. Expenditures
Made

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made	Schedule E, Line 4	\$ 0.00	\$ 4652.26
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0.00	\$ 4652.26
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	375.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0.00	\$ 5027.26

**Expenditure L
Candidates**

22. Cur
(if)

Date of Elect
(mm/dd/yy)

Current Cash Statement		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 3170.74
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3170.74

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00
------------------------------	--------------------	---------

Cash Equivalents and Outstanding Debts		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)
18. Cash Equivalents	See instructions on reverse	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 6000.00

*Since January 1,
different from am

FI

**Schedule B – Part 1
Loans Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from October 17, 20
through October 28, 20

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

W. Bunker for City Council 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID PER PERIOD
Wyatt Bunker Petaluma, Ca 94952 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chemical Engineer Dow Pharmaceutical Sciences, Inc.	\$ 2000.00	\$ _____	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ _____	\$ 2000.00 N/A DATE DUE	N/A RATE \$ _____
Wyatt Bunker Petaluma, Ca 94952 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chemical Engineer Dow Pharmaceutical Sciences, Inc.	\$ 2000.00	\$ _____	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ _____	\$ 2000.00 N/A DATE DUE	N/A RATE \$ _____
Wyatt Bunker Petaluma, Ca 94952 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chemical Engineer Dow Pharmaceutical Sciences, Inc.	\$ 2000.00	\$ _____	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ _____	\$ 2000.00 N/A DATE DUE	N/A RATE \$ _____
SUBTOTALS		\$	0.00 \$	0 \$	6000.00 \$	

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

† Contributor Codes
IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other PTY – Political Party SCC – Small Contributor Committee