Officeholder and Candidate Campaign Statement – Short Form		Date of election if applicable: (Month, Day, Year) 11/03/2020	Amendment (Explain Below)	Pale Stamp RECEIVED JAN 2 5 2021 AMADOR COUNTY ELECTION	CALIFORNIA 470 FORM For Official Use Only	
1.	Statement Covers Calendar Year 20 20					
2.	Officeholder or Candidate Information		3. Office Sought or Held			
	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD			
	Claire Gunselman		City Council		I DIOTOLOTA II II I I I I I I I I I I I I I I I I	
	STREET ADDRESS		JURISDICTION (LOCATION)		DISTRICT NUMBER (IF APPLICABLE)	
	CITY	STATE ZIP CODE	Sutter Creek			
	Sutter Creek	CA 95685				
	AREA CODE/DAYTIME PHONE NUMBER	OPTIONAL: FAX / E-MAIL ADDRESS				
	2096622830	cdgunselman@att.net				
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 (NAME OF TREASURER	
	none					
5.	Verification			-		
	I declare under penalty of perjury that to the best of my all reasonable diligence in preparing this statement. I c	knowledge I anticipate that I will retify under penalty of perjury und	receive less than \$2,000 and that I will sper der the laws of the State of California that th	nd less than \$2,000 during the ca ne foregoing is true and correct.	lendar year and that I have use	
	Executed on			Den		
	DATE			SINATURE OF OFFICEHOLDER OR CANDIDAT	E	