

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

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA  
FORM **470**

For Official Use Only

Date of election if applicable: (Month, Day, Year) <u>6/8/2010</u>	<input type="checkbox"/> Amendment (Explain Below)  _____ _____	Date Stamp  <b>FILED</b> SANTA CRUZ CO. ELECTIONS <b>10 MAR 23 PM 1:26</b>	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 10 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

MARY JO WALKER

STREET ADDRESS

CITY

FELTON

AREA CODE/DAYTIME PHONE NUMBER

831-335-4196

STATE

CA

ZIP CODE

95018

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

AUDITOR - CONTROLLER

JURISDICTION (LOCATION)

COUNTY OF SANTA CRUZ

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 ID 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 \$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

March 23 2010  
DATE

By

Mary Jo Walker  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE