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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE JAN 21 2014

Please type or print in ink.

NAME OF FILER (LAST) HUNT (FIRST) M. (MIDDLE) BYNG
2014 JAN 27 AM 6:06
OFFICE OF THE CLERK

1. Office, Agency, or Court

Agency Name (Do not use acronyms) MONO COUNTY
Division, Board, Department, District, if applicable DISTRICT 5
Your Position SUPERVISOR (ELECTED)

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHMENT Position: SEE ATTACHMENT

2. Jurisdiction of Office (Check at least one box)

State (SIERRA NEVADA CONSERVANCY) Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County ALPINE, INYO, MONO County of MONO
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is _____ through December 31, 2013.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2013, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."
▶ Total number of pages including this cover page: 4
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None. No reportable interests on any schedule.

5. [Redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge the accuracy of the information.

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Date Signed 01-15-14
(month, day, year)

2013 STATEMENT OF ECONOMIC INTERESTS



For: M. BYNG HUNT, Mono County Supervisor, District 5. Mammoth Lakes, California

ATTACHMENT FOR FILING FOR MULTIPLE POSITIONS

AGENCY	POSITION
Mono County Board of Supervisors	Board Member
Eastern Sierra Council of Governments	Board Member
Eastern Sierra Transit Authority	Board Member
First 5 Mono County Commission	Commissioner
Local Agency Formation Commission	Commissioner
Eastern Sierra Interagency Visitor Center	Board Member
Yosemite Area Regional Transit System	Board Member
Sierra Nevada Conservancy	Board Member
Mono County Behavioral Health Advisory Board	Board Member
Great Basin Unified Air Pollution Control District	Board Member

Offered for full disclosure,



M. Byng Hunt, P.O.Box 2608, Mammoth Lakes, CA 93546, 760-914-0469, bhunt@mono.ca.gov

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
M. BYNG HUNT

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>MAMMOTH HOSPITAL</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <u>(SIERRA PARK ROAD)</u> <u>Box 660 - MAM. LKS., CA 93546</u>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>HEALTHCARE</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>NURSE (WIFE)</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	<small>Street address</small>
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	<small>City</small>
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____