

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only
MAR 8 2007
City Clerk's Office

Please type or print in ink

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MACHISIC, John			(951) 845-8343
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
5384 PLAIN FIELD DR, BANNING, CA 92220			
OPTIONAL: FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY COUNCIL

Division, Board, District, if applicable:

Your Position:

COUNCILMAN

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

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

☐ State

☐ County of _____

☒ City of BANNING

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial

Date: ____/____/____

☐ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

☐ The period covered is ____/____/____, through December 31, 2006.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 2

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed

3/6/07
(month, day, year)

Signature

John Machisic
(File the originally signed statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MACHISIC, John

> NAME OF SOURCE

BURKE, WILLIAMS + SORENSEN, LLP

ADDRESS

3403 Tenth St, Ste 300, Riverside, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LAW Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/1/11</u>	<u>\$ 178.29</u>	<u>TOTAL</u>
<u>9/1/06</u>	<u>\$ 140.29</u>	<u>League of Cities Dinner</u>
<u>12/1/06</u>	<u>\$ 38.00</u>	<u>Chocolate Pizza</u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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<u>1/1/11</u>	<u>\$</u>	
<u>1/1/11</u>	<u>\$</u>	

Comments:

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5384 PLAIN FIELD DR., BANNING, CA 92220			
OPTIONAL: FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY COUNCIL

Division, Board, District, if applicable:

Your Position:

MAYOR

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: RIVERSIDE COUNTY INDIAN GAMING LOCAL BENEFIT COMM.

Position: COMMITTEE MEMBER

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

☐ State

☐ County of _____

☒ City of BANNING

☐ Multi-County _____

☐ Other _____

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

☒ Assuming Office/Initial

Date: 1.9.07

☐ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

☐ The period covered is _____, through December 31, 2006.

☐ Leaving Office Date Left: _____ (Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

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☐ The period covered is _____, through the date of leaving office.

☐ Candidate

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Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

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Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

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☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 3/6/07 (month, day, year)

Signature [Signature] (File the originally signed statement with your filing official.)

mailed
3-26-07
mac

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1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY COUNCIL

Division, Board, District, if applicable:

Your Position:

MAYOR

— If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

WESTERN RIVERSIDE COUNCIL

Agency: OF GOVERNMENTS

Position: BOARD MEMBER

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

☐ State

☐ County of _____

☒ City of BANNING

☐ Multi-County _____

☐ Other _____

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

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OPTIONAL: FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY COUNCIL

Division, Board, District, if applicable:

Your Position:

MAYOR

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: WESTERN RIVERSIDE COUNTY REGIONAL CONSERVATION AUTHORITY

Position: BOARD MEMBER

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

☐ State

☐ County of _____

☒ City of BANNING

☐ Multi-County _____

☐ Other _____

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

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3/6/07
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Signature

[Signature]
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3-26-07
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5384 PLAIN FIELD DR., BANNING, CA 92220			
OPTIONAL: FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY COUNCIL

Division, Board, District, if applicable:

Your Position:

MAYOR

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG)

Position: DELEGATE

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

☐ State

☐ County of _____

☒ City of BANNING

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial

Date: ____/____/____

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-or-

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[Signature]
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*mailed
3-26-07
mac*

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MACHISIC, John			(951) 845-8343
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
5384 Plain Field Dr., Banning, CA 92220			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

SO. CALIFORNIA ASSOCIATION OF GOVERNMENTS

Division, Board, District, if applicable:

Your Position:

DELEGATE

➤ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

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

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Date Signed 3-30-07
(month, day, year)

Signature *Machisic*
(File the originally signed statement with your filing official.)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MACHISIC, John			(951) 845-8343
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
5384 Plain Field Dr., Banning, CA 92220			
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Riverside County

Division, Board, District, if applicable:

Indian Gaming Local Benefit Committee

Your Position:

COMMITTEE MEMBER

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State

☒ County of *Riverside*

☐ City of _____

☐ Multi-County _____

☐ Other _____

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

☒ Assuming Office/Initial Date: *1/9/07*

☐ Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

☐ The period covered is ____/____/____, through December 31, 2006.

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

Date Signed *3-30-07*
(month, day, year)

Signature *John Machisic*
(File the originally signed statement with your filing official.)

AMENDMENT
STATEMENT OF ECONOMIC INTERESTS
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5384 Plain Field Dr., Banning, CA 92220			
OPTIONAL: FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Riverside County

Division, Board, District, if applicable:

Regional Conservation Authority

Your Position:

Board member

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

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

☒ County of Riverside
☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)
☐ Assuming Office/Initial Date:

☒ Annual: The period covered is January 1, 2006, through December 31, 2006.

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 Schedule C ☐ Yes - schedule attached
 Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

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 Income - Gifts

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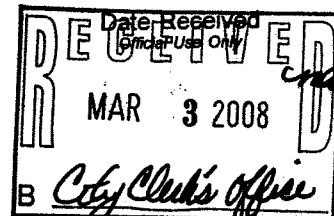
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed 3-30-07
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 Signature [Signature]
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1. Office, Agency, or Court

Name of Office, Agency, or Court:

City Council

Division, Board, District, if applicable:

Your Position:

Council Member

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State

☐ County of _____

☒ City of BANNING

☐ Multi-County _____

☐ Other _____

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

Date Signed

2-29-08
(month, day, year)

Signature

John Machisic
(File the originally signed statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name MACHISIC, John
--

> NAME OF SOURCE
Burke, Williams & Sorensen, LLP
 ADDRESS
2280 Market Street, Ste. 300, Riverside, CA 92501
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / / 07	\$ 126.04	League of Calif. Cities
12 / / 07	\$ 39.00	Chocolate Pizza
/ /	\$	

> NAME OF SOURCE
Edward Del La Rosa - Del La Rosa & Associates
 ADDRESS
10866 Wilshire Blvd., Ste. 1650, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Underwriters - Investment Bankers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 28 / 07	\$ 30.00	Bottle of Wine
/ /	\$	
/ /	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

> NAME OF SOURCE
 ADDRESS
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: League of California Cities (Dinner); Chocolate Pizza (Christmas Gift)

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MACHISIC, John			(951) 845-8343
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
5384 Plain Field Dr., Banning, CA 92220			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Riverside County

Division, Board, District, if applicable:

Indian Gaming Local Benefit Committee

Your Position:

Committee Member

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State

☒ County of RIVERSIDE

☐ City of _____

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office

Date Left: ____/____/____

(Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 2

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes -- schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes -- schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes -- schedule attached
Real Property

Schedule C ☐ Yes -- schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes -- schedule attached
Income -- Gifts

Schedule E ☐ Yes -- schedule attached
Income -- Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed

2/29/08
(month, day, year)

Signature

John Machisic
(File the originally signed statement with your filing official.)

mailed 3/13/08

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MACHISIC, John			(951) 845-8343
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
5384 Plain Field Dr., Banning, CA 92220			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Western Riverside Co. Regional Conservation Author.

Division, Board, District, if applicable:

Your Position:

Board Member

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State

☒ County of RIVERSIDE

☐ City of _____

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 2

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 2/29/08
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

mailed 3/13/08

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MACHISIC, John			(951) 845-8343
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
5384 Plain Field Dr., Banning, CA 92220			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Western Riverside Council of Governments (WRCOG)

Division, Board, District, if applicable:

Your Position:

Board Member

➔ If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State

☒ County of RIVERSIDE

☐ City of _____

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2007,
through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through
December 31, 2007.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2007, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages
including this cover page: 2

➔ Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best of
my knowledge the information contained herein and in any
attached schedules is true and complete.

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

Date Signed

2/29/08
(month, day, year)

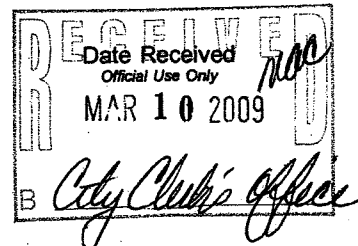
Signature

John Machisic
(File the originally signed statement with your filing official.)

mailed 3/13/08

STATEMENT OF ECONOMIC INTERESTS
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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MACHISIC	John		(951) 845-8343
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
5384 Plain Field Dr.		Banning	CA 92220

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City Council

Division, Board, District, if applicable:

Your Position:

Council Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State

☐ County of _____

☒ City of Banning

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-OR-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 1

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1. ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2. ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B. ☐ Yes - schedule attached
Real Property

Schedule C. ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D. ☐ Yes - schedule attached
Income - Gifts

Schedule E. ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

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

Date Signed 3/9/09 (month, day, year)

Signature Machisic
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MACHISIC	John		(951) 845-8343
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
5384 Plain Field Dr.		Banning	CA 92220

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City Council

Division, Board, District, if applicable:

Your Position:

Council Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Indian Gaming Local Benefit Committee

Position: Member

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

☐ State

☐ County of _____

☒ City of Banning

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 1

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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Date Signed 3/9/09 (month, day, year)

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MACHISIC	John		(951) 845-8343	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
5384 Plain Field Dr.		Banning	CA	92220
			OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City Council

Division, Board, District, if applicable:

Your Position:

Council Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Western Riverside council of Governments

Position: Member

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

☐ State

☐ County of _____

☒ City of Banning

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

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I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☒ No reportable interests on any schedule

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
MACHISIC	John		(951) 845-8343	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
5384 Plain Field Dr.		Banning	CA	92220
OPTIONAL: FAX / E-MAIL ADDRESS				

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City Council

Division, Board, District, if applicable:

Your Position:

Council Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Regional Conservation Authority

Position: Member

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

☐ State

☐ County of _____

☒ City of Banning

☐ Multi-County _____

☐ Other _____

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

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

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(Check one)

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-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

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► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

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Date Signed

3/9/09
(month, day, year)

Signature

[Signature]
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