

STATEMENT OF ECONOMIC INTERESTS
COVER PAGEDate Received
Official Use Only

MAR 10 2010

City Clerk's Office

Please type or print in ink.

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
ROBINSON	Donald	Ray	(951) 660-1350	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
1474 N. San Geronio	Banning	CA	92220	donrobinsonforbanning.org

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, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.☐ Leaving Office Date Left: ____/____/____
(Check one)☐ The period covered is January 1, 2009, 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: 3► 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.I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.Date Signed 3-9-10
(month, day, year)Signature Donald Ray Robinson
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Donald R. Robinson

► STREET ADDRESS OR PRECISE LOCATION
1346 E. Ramsey Street (Business)

CITY
Banning, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000
 _____ / ____ / 09 _____ / ____ / 09
 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ ☐ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION
1474. N. San Gorgonio (Residence)

CITY
Banning, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000
 _____ / ____ / 09 _____ / ____ / 09
 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ ☐ _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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*
McQuown Family Revokable Trust

ADDRESS (Business Address Acceptable)
1461 Hillside Dr., Banning, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
Investor

INTEREST RATE TERM (Months/Years)
7 % ☐ None 30 years

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*
Countrywide Home Loan

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER
Mortgage Loans

INTEREST RATE TERM (Months/Years)
5.75 % ☐ None 30 years

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

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1474 N. San Geronio		Banning	CA	92220
				OPTIONAL: E-MAIL ADDRESS
				donrobinsonforbanning.org

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Southern California Association of Governments

Division, Board, District, if applicable:

Your Position:

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 _____

☐ Multi-County _____

☒ Other Regional Council

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

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is ____/____/____, through December 31, 2009.

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

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► 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.

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

Date Signed

3-9-10
(month, day, year)

Signature

Donald Ray Robinson
(File the originally signed statement with your filing official.)

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1474 N. San Geronio	Banning	CA	92220	OPTIONAL: E-MAIL ADDRESS donrobinsonforbanning.org

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Riverside Transit Agency

Division, Board, District, if applicable:

Your Position:

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 _____☐ Multi-County _____☒ Other Public Agency - Western Riverside County**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: ____/____/____☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

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				donrobinsonforbanning.org

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Riverside County Transportation Commission

Division, Board, District, if applicable:

Your Position:

Member - Alternate

 ▶ 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, 2009, through December 31, 2009.

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1. Office, Agency, or Court

Name of Office, Agency, or Court:

Solid Waste Management Advisory Council

Division, Board, District, if applicable:

Your Position:

Member

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Agency: _____

Position: _____

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

☐ State

☒ County of Riverside

☐ City of _____

☐ Multi-County _____

☐ Other _____

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