

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only
MAR 12 2013
note
City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BURK DUANE

1. Office, Agency, or Court

Agency Name
City of Banning
Division, Board, Department, District, if applicable
Public Works Dept.
Your Position
Public Works Director

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of Banning ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____ through December 31, 2012.
☐ **Assuming Office:** Date assumed _____
☐ **Leaving Office:** Date Left _____
(Check one)
☐ The period covered is January 1, 2012, 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: 1

☐ **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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
99 E. Ramsey St. Banning CA 92220
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(951) 922-3125 dburk@ci.banning.ca.us

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 acknowledge this is a public document.

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

Date Signed 3/11/13
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
BURK DUANE

1. Office, Agency, or Court

Agency Name

Beaumont Watermaster Committee

Division, Board, Department, District, if applicable

Your Position

Committee Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public Agency _____

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

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The period covered is ____/____/____, through December 31, 2012.

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☐ **Schedule A-1 - Investments** - schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☐ **Schedule B - Real Property** - schedule attached

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

-or-

☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

99 E. Ramsey St.

Banning

CA

92220

DAYTIME TELEPHONE NUMBER

(951) 922-3125

E-MAIL ADDRESS (OPTIONAL)

dburk@ci.banning.ca.us

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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

3/11/13

(month, day, year)

Signature

James Burk

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

STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
BURK DUANE

1. Office, Agency, or Court

Agency Name

Western Riverside Council of Government

Division, Board, Department, District, if applicable

Your Position

Committee Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of Riverside

☐ City of _____

☐ Other _____

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

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(Check one)

-or-

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☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None - No reportable interests on any schedule**

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Banning

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Date Signed

3/11/13

(month, day, year)

Signature

Duane Burk

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
BURK DUANE

1. Office, Agency, or Court

Agency Name

Mt. San Jacinto College

Division, Board, Department, District, if applicable

Mt. San Jacinto College Foundation Board of Directors

Your Position

Director

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Community College District-Riverside County

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

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is _____, through December 31, 2012.

☐ Leaving Office: Date Left _____
(Check one)

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☐ Assuming Office: Date assumed _____

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

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4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1499 N. State Street San Jacinto CA 92583

DAYTIME TELEPHONE NUMBER

(951) 922-3130

E-MAIL ADDRESS (OPTIONAL)

dburk@ci.banning.ca.us

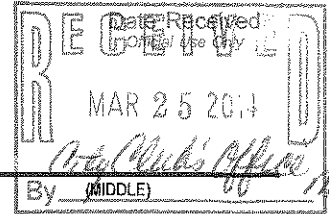
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/22/2013
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST)
BURK Duane

By (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Banning

Division, Board, Department, District, if applicable

Public Works Dept.

Your Position

Public Works Director

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of BANNING

☐ Other _____

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

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(Check one)

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☐ Schedule C - Income, Loans, & Business Positions - schedule attached

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-or-

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99 E. Ramsey Street

Banning

CA

92220

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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 3/25/14
(month, day, year)

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
BURK Duane

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Beaumont Watermaster Committee

Division, Board, Department, District, if applicable

Your Position

Member

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

Agency: _____ Position: _____

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

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other Public Agency

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

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BURK Duane

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Western Riverside Council of Governments

Division, Board, Department, District, if applicable

Your Position

Member

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of RIVERSIDE

☐ City of _____

☐ Other _____

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BURK Duane

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Mt. San Jacinto College

Division, Board, Department, District, if applicable

Mt. San Jacinto College Foundation Board of Directors

Your Position

Director

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Agency: _____ Position: _____

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

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☐ Judge or Court Commissioner (Statewide Jurisdiction)

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Signature Duane Burk

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