## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date	Initial	Filing Received
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Burke		Топуа	Tanisha	ארישות ביונב בים עונם
1. Office,	Agency, or Court		, ·	CITY OF PERRIS
- '	Name (Do not use acronyms) f Perris			Carlo
Division,	Board, Department, District, if applicable		Your Position	
			Councilmember	
► If filin	g for multiple positions, list below or on an att	achment. (Do not us	e acronyms)	
Agency:			Position:	
2. Jurisd	liction of Office (Check at least one b	ox)		
State			☐ Judge or Court Commissioner (Statewide	Jurisdiction)
☐ Multi-	County		County of	
City of	Perris		Other	
3. Type o	of Statement (Check at least one box)			
	ual: The period covered is January 1, 2015, December 31, 2015.	throu <del>g</del> h	Leaving Office: Date Left/	<i></i>
•	The period covered is/	through	<ul> <li>The period covered is January 1, 201 leaving office.</li> </ul>	5, through the date of
Assı	uming Office: Date assumed/	!	The period covered is/ the date of leaving office.	through
☐ Can	didate: Election year	and office sought, if	different than Part 1:	
	ule Summary (must complete)	► Total number	of pages including this cover page: 3	
Sched	lules attached			
□ S	ichedule A-1 - Investments - schedule attach	ed [,	Schedule C - Income, Loans, & Business Position	ns – schedule attached
□ S	chedule A-2 - Investments - schedule attach	ed [	Schedule D - Income - Gifts - schedule attached	i
	ichedule B - Real Property - schedule attach	ed [	Schedule E • Income – Gifts – Travel Payments	<ul> <li>schedule attached</li> </ul>
-or-				
□ No.	<b>ne -</b> No reportable interests on any s	chedule		
5. Verifica	ation			
MAILING A	DDRESS STREET or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
101 N	l. D. Street	Perris	CA 925	570
DAYTIME 1	TELEPHONE NUMBER		E-MAIL ADDRESS	
( 951	) 545-2487		tburke@cityofperris.org	
	sed all reasonable diligence in preparing this st nd in any attached schedules is true and com		ewed this statement and to the best of my knowledge this is a public document.	the information contained
i certify	under penalty of perjury under the laws of	the State of Californ	nia that the t	
Date Sig	ned 3/28//6		signature	
3	(month, day, year)	_	(File the originally signed statement with you	ır filing official )

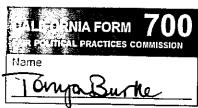
## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	700 MMISSION
Name	
10Mya Burke	

► 1. INCOME RECEIVED	➤ 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
City of Perris	Riverside Transit Authority	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
101 N. D Street, Perris, CA 92570	1825 3rd Street, Riverside, CA 92507	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
City Government	Transportation	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
City Council Member	Board Member	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	S500 - \$1,000	
▼ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
✓ Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car. boat, etc.)  Loan repayment	(Real property, car boat, etc.)  Loan repayment	
Commission or Rental Income, tist each source of \$10,000 or more	Commission or Rental Income, Est each source of \$10,000 or more	
(Describe)	(Describe)	
Other	☑ <sub>Other</sub> Stipend	
(Describe)	(Describe)	
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD		
You are not required to report loans from commercial lend retail installment or credit card transaction, made in the le members of the public without regard to your official statu regular course of business must be disclosed as follows:	nder's regular course of business on terms available to	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
	% None	
ADDRESS (Business Address Acceptable)		
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address	
\$500 - \$1,000	City	
\$1,001 - \$10,000		
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	
	OBICC	
	(Describe)	

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



► 1. INCOME RECEIVED	▼ 1. INCOME RECEIVED 海绵绿 温暖。	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Department of General Services	Department of Rehabilitation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
464 W. 4th St., San Bernardino, CA 92401	2010 Iowa Ave., Riverside, CA 92507	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
State Government	State Government	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Custodian	Counselor	
GROSS INCOME RECEIVED	G OSS FECONE RECEIVE	
S500 - \$1,000	S1,891 - \$10,000	
✓ \$10,001 - \$100,000 ☐ OVER \$100,000	S10 001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-ent-played use Schedule A-2.)	Scalary Scalars or ranjethand domestic partner's income	
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 18% ownership, For 10% or greater use Schooled Av2.)	
Sale or	Sale of	
(Real property, car, boat, etc.)  Loan repayment	Company of the contract of the	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
	The state of	
(Describe)		
Other(Describe)	Other	
> 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTUNE PER		
	ding institutions, or any indebtedness created as part of a ender's regular course of clusicess on terms available to us. Personal trops of course of clusices on terms available to	
NAME OF LENDER.	INTE ・ でおって TERM (Months/Years)	
ADDRESS (Business Address Acceptable)		
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Percint resistance	
	Park Brounds	
HIGHEST BALANCE DURING REPORTING PERIOD	Real Proverty	
S500 - \$1,000		
S1,001 - \$10,000		
S10,001 - \$100,000	Guary tra	
OVER \$100,000		
Comments:		