

AFFIDAVIT OF NOMINEE & OATH OR AFFIRMATION OF NOMINEE

AFFIDAVIT OF NOMINEE

State of California } ss.
County of Riverside }

OFFICIAL FILING FORM

City:	Perris
Issued by:	[Redacted]
Date:	July 20, 2016
Title:	Deputy Clerk

RECEIVED
AUG 4 2016
CITY CLERK'S OFFICE
CITY OF PERRIS

I, Tonya Burke, under penalty of perjury, state that I am a nominee for the office of Mayor

Ward or Councilmanic District N/A Full Term Short Term

I will accept the office in the event of my election to this office at the election to be held on November 8, 2016

I desire my name to appear on the ballot as follows: Tonya Burke
PRINT OR TYPE YOUR NAME

and I desire the following designation to appear on the ballot under my name:
Council member / Employment Counselor
(Print or type your principal profession(s), vocation(s), or occupation(s), in 3 words or less; or the name of the elective public office you hold or "Incumbent". If you leave this space blank, no designation will appear on the ballot.)

My residence address is as follows:
[Redacted] Perris, CA 92571
RESIDENCE ADDRESS: NUMBER, STREET, CITY & ZIP

[Redacted] Nuevo, CA 92567
MAILING ADDRESS, IF DIFFERENT

SIGNATURE OF NOMINEE
[Redacted]

([Redacted])
DAY TELEPHONE NUMBER EVENING TELEPHONE NUMBER FAX

EMAIL ADDRESS: [Redacted]

OATH OR AFFIRMATION OF NOMINEE

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

State of California } ss. [Redacted]
County of Riverside }
SIGNATURE OF NOMINEE

Subscribed and sworn to before me this 4th day of August, 20 16

[Redacted]
Deputy Clerk
TITLE OF OFFICER ADMINISTERING OATH

Ballot Designation Worksheet

Pursuant to California Elections Code Section 13107.3 and California Code of Regulations section 20711, this entire form must be completed, or it will not be accepted and you will not be entitled to a ballot designation. **DO NOT LEAVE ANY RESPONSE SPACES BLANK.** If information requested is not applicable, please write N/A in the space provided. Otherwise the information MUST be provided. Upon filing, this worksheet will be a public record.

RECEIVED
AUG - 4 2016
CITY CLERK'S OFFICE
CITY OF PERRIS

Candidate Name: Tonya Burke
Office: Mayor
Home Address: [REDACTED] 92571 E-Mail: [REDACTED]
Business Address: 101 N. D Street Perris, CA 92570
Mailing Address: [REDACTED]
Phone Number(s) Business: [REDACTED] Home/Mobile: [REDACTED] Fax: N/A
Gender (optional, for translation use only): Female

Attorney Name (or other person authorized to act in your behalf): N/A
Address: N/A
Home Address: N/A E-Mail: N/A
Business Address: N/A
Mailing Address: N/A
Phone Number(s) Business: N/A Home/Mobile: N/A Fax: N/A

Proposed Ballot Designation: Council member / Employment Counselor
1st Alternative: Council member
2nd Alternative: Employment Counselor

- You may select as your ballot designation:
- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a " "]
 - (b) The full title of the public office you currently occupy and to which you were elected
 - (c) "Appointed [full title of public office]" if you currently serve by appointment in an elective public office and are seeking election to a different office
 - (d) "Incumbent" if you were elected (or, if you are a Superior Court Judge, appointed) to your current public office and seek election to a new term
 - (e) "Appointed Incumbent" if you were appointed to your current elective public office (other than Superior Court Judge) and seek election to a new term

In the space provided on the next page or on an attachment sheet, describe why you believe you are entitled to use the proposed ballot designation. Attach any documents or exhibits that you believe support your proposed ballot designation. If using the title of an elective office, attach a copy of your certificate of election or appointment. These documents will not be returned to you. **Do not submit originals.**

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time

involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.

Remember, it is your responsibility to justify your proposed ballot designation and to provide all requested details. For your reference, attached are Elections Code Sections 13107 and 13107.3, and 2 California Code of Regulations (CCR) Section 20711. You may also wish to consult Elections Code Section 13107.5 ("community volunteer") and 2 CCR Sections 20712 - 20719 (found at www.sos.ca.gov).

Justification for use of proposed ballot designation: I am currently serving
as a city council member and employed as a Employment
counselor

Current or Most Recent Job Title: City Councilmember Start/End Dates: 12/14 - 11/18

Employer Name or Business: City of Ferris

Person(s) who can verify this information:

Name(s): Cathy Expo Phone Number: [Redacted]

E-mail: [Redacted]

Name(s): Richard Belmudez Phone Number: [Redacted]

E-mail: [Redacted]

Before signing below, answer the following questions.

Does your proposed ballot designation:

- Use only a portion of the title of your current elected office? Yes No
- Use only the word "Incumbent" for an elective office (other than Superior Court Judge) to which you were appointed? Yes No
- Use more than three total words for your principal professions, vocations, or occupations? Yes No
- Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? Yes No
- Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation or occupation? Yes No
- Abbreviate the word "retired"? Yes No
- Place the word "retired" after the words it modifies? Example: Accountant, retired Yes No
- Use any word of prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation or occupation? Yes No
- Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher Yes No
- Use the name of a political party or political body? Yes No
- Refer to a racial, religious, or ethnic group? Yes No
- Refer to any activity prohibited by law? Yes No

If the answer to any of these questions is "Yes," your proposed ballot designation is likely to be rejected.

Candidate's Signature [Redacted] Date 8/2/16



HOME | INFORMATION | CONTACT | SVRC-QRP | PERSONNEL | ABOUT US | FIND US

Search

Home Personnel **SVRC-QRP**

Senior Vocational Rehabilitation Counselor - Qualified Rehabilitation Professional (SVRC-QRP)

Vocational Rehabilitation (VR) Counseling staff at the DOR assist people with disabilities to achieve independence through employment, which is one of the primary functions of the Department. Positions are available in locations statewide. In order to gain eligibility for employment, you must complete an online examination. The online examination is available 24/7. For more information on how to qualify, or to take the exam, please visit [SVRC-QRP Exam](#).

JOB DUTIES

The SVRC-QRP evaluates the vocational rehabilitation potential and eligibility of persons with physical and mental disabilities. The SVRC-QRP analyzes medical, psychological and vocational information in order to develop an individualized plan for each person being served. The goal is to help people find meaningful employment and thereby facilitate their inclusion in the mainstream of California life.

For the full legal description of this job, go to the [SVRC-QRP Specifications page \(RTF Format\)](#).

QUALIFICATION REQUIREMENTS

This is a professional position. The requirements for the SVRC-QRP include either a Masters or Doctoral degree in counseling or a closely related field, or a person may possess an active certification as a Certified Rehabilitation Counselor. Students in the last academic year of this Masters or Doctoral program may also apply.

For the full description, go to the [SVRC-QRP Specifications](#) and read the section entitled **Minimum Qualifications**. These same Minimum Qualifications are also listed in the [SVRC-QRP Classification Specifications \(RTF Format\)](#).

For additional details on what types of Masters or Doctoral degrees are appropriate, go to ["Masters Degrees in Closely Related Field" \(RTF Format\)](#).

SVRC-QRP BROCHURE

- [SVRC-QRP Brochure \(RTF\)](#)
- [SVRC-QRP Brochure \(DOC\)](#)

DOR'S CRITICAL HIRING NEEDS

- Senior Vocational Rehabilitation Counselor - Qualified Rehabilitation Professional
- Support Services Assistant (Interpreter)
- Support Services Assistant (General)

SPECIAL EMPLOYMENT PROGRAM (LEAP)

- Limited Examination and Appointment Program (LEAP)
- How To Get Certified for the LEAP Program
- Lunch Time Seminars Feature Job Search Skills

[Personnel Home](#) | [Careers With DOR](#) | [State Employee Benefits](#) | [Upward Mobility Program](#) | [Bilingual Differential Pay](#) | [Out-of-State Applicants](#) | [State Applicants \(S111-075\)](#) | [Department Exam](#) | [DOR Vacancies](#) | [Transitioning](#) | [Recruiting](#) | [LEAP](#)

[Requesting Public Records from DOR](#)

[Decisions Pending and Opportunities for Public Participation](#)

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**CANDIDATE'S STATEMENT
Municipal Offices**

OFFICIAL USE ONLY

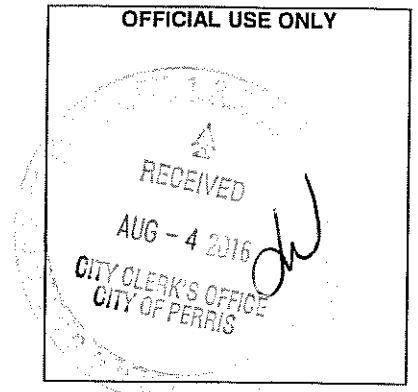
TO THE CANDIDATE:

The Candidate's Statement is optional. Indicate your decision below and return this form with your Nomination Documents.

I do not wish to submit a Candidate's Statement.

N/A
CANDIDATE'S INITIALS

I am submitting my Candidate's Statement (on the back of this form).



TO CANDIDATE SUBMITTING A CANDIDATE'S STATEMENT:

Please check below concerning payment of Candidate's Statement deposit.

City of Perris required deposit of \$500.00 is submitted herewith.

I understand that I must pay **my pro rata share of the actual cost**. I agree that if my pro rata share exceeds the deposit, I will pay the difference when billed.

Signature of Candidate



I request a waiver of the deposit on the grounds of indigence. My Statement of Financial Worth is submitted herewith. (Form available from the City Clerk)

I am aware that if notified that indigent status is not granted, I must pay the deposit within three days of notification or my Candidate's Statement will not be printed.

Further, I am aware that if indigent status is granted, I am excused only from payment of the deposit. I will be required to pay **my pro rata share of the actual cost**, and I agree to do so when billed.

Signature of Candidate

N/A

No deposit is required. (The city pays the cost.)

NOTE: Pursuant to Elections Code Section § 13308 Candidate statements shall be limited to a recitation of the candidate's own personal background and qualifications and shall not in any way make reference to other candidates for that office or to another candidate's qualifications, character, or activities. The Registrar of Voters will not print or circulate any statement that makes reference to other candidates.

**WORD COUNT
(Elections Code § 9)**

Punctuation	free
Dictionary words and single characters	one
Each abbreviation for a word, phrase, or expression	one
All proper nouns, including geographical names, shall be considered as one word: example, "City and County of San Francisco"	one
Whole numbers:	
Digits (1 or 10 or 100, etc.)	one
Spelled out (one or ten or one hundred)	one for each word
Dates: (5/30/02) or (May 30, 2002)	one
Hyphenated words (unless dictionary defined as one word)	one for each word
Phone Number	one
Internet Address	one

OFFICIAL
USE ONLY

NAME OF OFFICE SOUGHT: Mayor
(CITY COUNCIL, MAYOR, SCHOOL BOARD MEMBER, DIRECTOR, ETC.)

- WARD
- DIVISION
- TRUSTEE AREA (IF ANY) N/A FULL TERM SHORT TERM

JURISDICTION: City of Ferris
NAME OF DISTRICT

OCCUPATION: N/A (OPTIONAL) AGE: N/A (OPTIONAL)

CANDIDATE: Tonya Burke
PRINTED NAME

In 200 words or less briefly state your Education and Qualifications:

It has been an honor and a privilege to serve you and our city for the last two years. From the very moment I took my oath of office it has always been about us: our families, our neighborhoods, our homes, our jobs, our communities, and especially our city. I take great pride in what we have accomplished and I believe that if we continue to work together there is so much more that can be done. This is why I am running for Mayor. As your mayor I plan to lead our city in a direction where we can have thriving and livable communities, safer neighborhoods, and healthier families. My graduate degree from Pepperdine and leadership experience in social, community, employment, business and policy development has equipped me with the skills necessary to successfully move our city ahead in a positive direction.

Please join me on this journey as I call upon my personal passion and leadership experience to make this vision of a flourishing city our reality. Together we can build a better Perris. Vote Tonya Burke on November 8th. WWW.TONYABURKE.COM; TONYABURKE@TONYABURKE.ORG

133

39

172

TOTAL
WORD
COUNT

CANDIDATE BIOGRAPHY FORM

This form is completely optional; it may be filed in the City Clerk's Office for provision of information to the news media and public upon request. You may attach additional sheets.

RECEIVED
AUG - 4 2016
CITY CLERK'S OFFICE
CITY OF PERRIS

NAME: Tonya Burke

OFFICE SOUGHT: Mayor

ADDRESS: [REDACTED]

AGE: 41

YEARS OF RESIDENCE IN CALIFORNIA: 41

YEARS OF RESIDENCE IN PERRIS: 6

EDUCATION & TRAINING: B.A. Psychology, M.A.
Clinical Psychology

MEMBERSHIP & OFFICES IN CIVIC, RELIGIOUS OR FRATERNAL ORGANIZATIONS: Alpha Kappa Alpha Sorority Inc.

CAMPAIGN CONTACT/HEADQUARTERS (IF ANY): Campaign Manager
Tiffany Baker

HOME PHONE: [REDACTED] BUSINESS PHONE: [REDACTED]

WEBSITE: WWW.TonyaBurke.com EMAIL: [REDACTED]

AT WHICH NUMBER DO YOU PREFER TO BE CONTACTED? Business

I APPROVE THE USE OF THIS FORM FOR PUBLIC INFORMATION.

DATE: 8/2/16 SIGNATURE: [REDACTED]

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Burke Tonya T
AUG 4 2016
CITY CLERK'S OFFICE
CITY OF PERRIS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Perris
Division, Board, Department, District, if applicable
Your Position
Council 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
- Multi-County _____
- City of Perris
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____ through December 31, 2015.
- Assuming Office: Date assumed _____
- Candidate: Election year 2016 and office sought, if different than Part 1: Mayor
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - or-
 - The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- 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)
101 N. D Street Perris CA 92571

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[REDACTED] [REDACTED]

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 8-4-16 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Tonya Burke

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Dept. of Rehabilitation

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Counselor

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Riverside Transit Authority

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Board Member

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other **Stipend** _____
 (Describe)

▶ 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____

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

Name
 Tonya Burke

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 City of Perris

ADDRESS (Business Address Acceptable)
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Councilmember

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address

 City

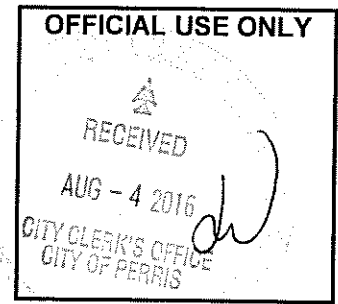
Guarantor _____

Other _____
 (Describe)

Comments: _____

"CODE OF FAIR CAMPAIGN PRACTICES"

There are basic principles of decency, honesty, and fair play which every candidate for public office in the State of California has a moral obligation to observe and uphold in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.



THEREFORE:

- (1) **I SHALL CONDUCT** my campaign openly and publicly, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponents or political parties which merit this criticism.
- (2) **I SHALL NOT USE OR PERMIT** the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.
- (3) **I SHALL NOT USE OR PERMIT** any appeal to negative prejudice based on a candidate's actual or perceived race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, sexual orientation, sex, including gender identity, or any other characteristic set forth in Section 12940 of the Government Code, or association with another person who has any of the actual or perceived characteristics set forth in Section 12940 of the Government Code.
- (4) **I SHALL NOT USE OR PERMIT** any dishonest or unethical practice that tends to corrupt or undermine our American system of free elections, or that hampers or prevents the full and free expression of the will of the voters including acts intended to hinder or prevent any eligible person from registering to vote, enrolling to vote, or voting.
- (5) **I SHALL NOT** coerce election help or campaign contributions for myself or for any other candidate from my employees.
- (6) **I SHALL IMMEDIATELY AND PUBLICLY REPUDIATE** support deriving from any individual or group that resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics that I condemn. I shall accept responsibility to take firm action against any subordinate who violates any provision of this code or the laws governing elections.
- (7) **I SHALL DEFEND AND UPHOLD** the right of every qualified American voter to full and equal participation in the electoral process.

I, the undersigned, candidate for election to public office in the State of California or treasurer or chairperson of a committee making any independent expenditures, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

8/7/16
DATE OF SIGNING


SIGNATURE
Tonya Barne
PRINTED NAME

Mayor
OFFICE SOUGHT (INCLUDING DISTRICT/DIVISION IF APPLICABLE)

November 8, 2016
DATE OF ELECTION