

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received
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Ple	ease type or print in ink.	
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	BURKHART JOHA	RAYMOND
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	Bighorn-Desert View Water Agency	389
	Division, Board, Department, District, if applicable	Your Position
	Board	
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)	
	Agency:	Position;
		1 05(10)
2.	Jurisdiction of Office (Check at least one box)	
	State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of San Bernardino
	City of	Other
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2024, through December 31, 2024.	Leaving Office: Date Left//(Check one circle below.)
	The period covered is/, through December 31, 2024.	The period covered is January 1, 2024, through the date of leaving office.
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office soug	ht, if different than Part 1:
4.	Schedule Summary (required) ► Total number of pages including this cover page:	
	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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
		a Valley CA 92284
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	(760) 364-2315	
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained nerein 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 Calif	ornia that the foregoing is true and correct.
Date Signed Signature (month, day, year) Signature (File the originally signed paper st		Signature (File the originally signed paper statement with your filing official.)