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## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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|-----------------------------|--|---|-------|---|-----------------------------------|------------------------------|--|
| Вι                          | ırkey, Michael Andrew  |   |       |   |                                   |                              |  |
| 1. Office, Agency, or Court |  |   |       |   |                                   |                              |  |
|                             | Agency Name (Do not use acronyms)  |   |       |   |                                   |                              |  |
|                             | San Luis Obispo Count  |   |       |   |                                   |                              |  |
|                             | Division, Board, Department, District, if applicable   |   |       | Your Position   |                                   |                              |  |
|                             | Cambria CSD  |   |       | Fire Chief  |                                   |                              |  |
|                             | If filing for multiple positions, list below or on an attachment. (Do not use acronyms)                  |   |       |   |                                   |                              |  |
|                             | gency:   |   |       | Position:   |                                   |                              |  |
| 2.                          | Jurisdiction of Office (Check at least one box)  |   |       |   |                                   |                              |  |
|                             | ☐ State  |   |       | Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |                                   |                              |  |
|                             | Multi-County   |   |       | X County of San Luis Obispo   |                                   |                              |  |
|                             | City of  |   |       | X Other Tow   | n of Cambria                      |                              |  |
| 3.                          | Type of Statement (Check at least one box)   |   |       |   |                                   |                              |  |
|                             | December 31, 20  | red is January 1, 2023 through<br>023.  | h     | Leaving O   | Office: Date Left(Checl           | _//<br>< one circle)         |  |
|                             | -or-<br>The period cove<br>December 31, 2  | ered is/, thr<br>2023.  | ough  | O The pe of leavi   | riod covered is Januaring office. | y 1, 2023 through the date   |  |
|                             | X Assuming Office: Date a  | assumed <u>12 / 16 / 2023</u>   |       |   | eriod covered is<br>ing office.   | J, through the date          |  |
|                             | Candidate:Date of Election and office sought, if different than Part 1:                                  |   |       |   |                                   |                              |  |
| 4.                          | 4. Schedule Summary (required) ► Total number of pages including this cover page:1<br>Schedules attached |   |       |   |                                   |                              |  |
|                             |  |   |       |   |                                   |                              |  |
|                             | ☐ Schedule A-1 - Investments – schedule attached ☐ Schedule C - Income, Loans, & Business P              |   |       |   | ess Positions – schedule attached |                              |  |
|                             | Schedule A-2 - Investments – schedule attached   |   |       | ☐ Schedule D - Income - Gifts - schedule attached                                   |                                   |                              |  |
|                             | Schedule B - Real Pl   | roperty – schedule attached   |       | Schedule E - Ind  | come – Gifts – Travel             | Payments – schedule attached |  |
| -or-                        |  |   |       |   |                                   |                              |  |
|                             | None - No reportable interests on any schedule   |   |       |   |                                   |                              |  |
| 5.                          | /erification   |   |       |   |                                   |                              |  |
|                             | MAILING ADDRESS ST<br>(Business or Agency Address Recomm   | REET<br>rended - Public Document)   | CITY  |   | STATE                             | ZIP CODE                     |  |
|                             | P.O. Box 65  DAYTIME TELEPHONE NUMBER  |   | Cambr | ia<br>E-MAIL ADDRESS  | CA                                | 93428                        |  |
|                             | ( 805 ) 927-6240   | 805 ) 927-6240  |       | mburkey@cambriacsd.org  |                                   |                              |  |
|                             |  | have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein and in any attached schedules is true and complete. I acknowledge this is a public document.  Certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. |       |   |                                   |                              |  |
|                             | I certify under penalty of per   |   |       |   |                                   |                              |  |
|                             | Date Signed01/16/2024  | ate Signed _01/16/2024 Signature _Michael Andrew Burkey   |       |   |                                   |                              |  |
|                             | (m   | onth, day, year)  |       | (File the originally signed paper statement with your filing official.)             |                                   |                              |  |