Trustees

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Indial Filing Received

Please type or print in ink.			
	FIRST)	(MIDI	DLE)
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1. Office, Agency, or Court		The second secon	reflexant free to the second successive and a second successive and the second
Agency Name (Do not use acronyms) Corchelle Vol Division, Board, Department, District, if applicable	lley Pub	1.c Cemete	-, District
If filing for multiple applicability that had		IVUSTE	EE Borrd
▶ If filling for multiple positions, list below or on an at	tachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one I.	oox)		
State		Judge, Retired Judge, Pro (Statewide Jurisdiction)	Tem Judge, or Court Commissioner
Multi-County		County of	
City of		XOther Rive	rside County
3. Type of Statement (Check at least one box)	Name and Address of the Owner, when the Parket of the Owner, when the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owne		The state of the s
Annual: The period covered is January 1, 2021, December 31, 2021.		Leaving Office: Date Left (Che	t
The period covered is/	through	The period covered is leaving office.	January 1, 2021, through the date of
Assuming Office: Date assumed/	1	The period covered is the date of leaving office	ce. J, through
Candidate: Date of Election	and office sought, i	f different than Part 1:	
J. Schedule Summary (must complete) Schedules attached	► Total number of	of pages including this cover	er page: 3
Schedule A-1 - Investments - schedule attach	ed /	Schedule C - Income, Loans, & Bu	siness Positions – schedule attached
Schedule A-2 - Investments - schedule attach	ed	Schedule D - Income - Gifts - sch	nedule attached
Schedule B - Real Property - schedule attach	ed	Schedule E - Income - Gifts - Tra	vel Payments - schedule attached
-or- None - No reportable interests on ar	ny schedule		
5. Verification	OMPANISH WARRANT PRINCIPLE AND PRINCIPLE	The state of the s	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
82925 Aue, 92	(094/11	9 (A	92236
DAYTIME TELEPHONE NUMBER $(240) \leq 7417676$	E	MAIL ADDRESS	,
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and comp	atement. I have reviewe	EVNESTOCIOSI ed this statement and to the best of a is is a public document	my knowledge the information contained
I certify under penalty of perjury under the laws of		7.57	orrect.
Date Signed 3 - 9 - 22		nature	3-8
(month, day, year)		(Fife the originally signed pa	per statement with your filing official.)

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

CALIFORNIA FORM	700
Name	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
(West Western Ins. Co.	/
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Kasker / Tras Salus	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ASCORT BUKE	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
And the control of the desired control of the contr	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No locome - Business Position Only
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000	GROSS INCOME RECEIVED No Income - Business Position Only \$5500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 VOVER \$100,000	\$10,001 - \$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	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(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, hoat, etc.)	(Real property, car, boal, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Ins Spla	
(Describe)	(Describe)
Other	
	Other
(Describe)	(Describa)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)
Coscribo) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	(Describe) ERIOD lending institution, or any indebtedness created as part of e lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
Conscribe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REFORTING P * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official section.	(Describe) ERIOD lending institution, or any indebtedness created as part of e lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official s regular course of business must be disclosed as follows NAME OF LENDER*	(Describe) ERIOD lending institution, or any indebtedness created as part of elender's regular course of business on terms available status. Personal loans and loans received not in a lender's status.
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official segular course of business must be disclosed as follows. NAME OF LENDER*	(Describe) ERIOD lending institution, or any indebtedness created as part of elender's regular course of business on terms available status. Personal loans and loans received not in a lender's status. INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official s regular course of business must be disclosed as follows NAME OF LENDER*	(Describe) ERIOD lending institution, or any indebtedness created as part of elender's regular course of business on terms available status. Personal loans and loans received not in a lender's status. INTEREST RATE INTEREST RATE Whone SECURITY FOR LOAN
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official s regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	Coescribe) Coescribe Coescribe
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official s regular course of business must be disclosed as follows. NAME OF LENDER*	(Describe) ERIOD Jending institution, or any indebtedness created as part of elender's regular course of business on terms available status. Personal loans and loans received not in a lender's interest rate
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official s regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) ERIOD lending institution, or any indebtedness created as part of elender's regular course of business on terms available status. Personal loans and loans received not in a lender's status. INTEREST RATE INTEREST RATE Whone SECURITY FOR LOAN
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official a regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Coescribe)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official a 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	Coescribe)
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

Please typ	e or print in	ink. Plos	JOH	KI.	=	M.	
NAME OF FIL	ER (LAST)	RIOS	(FIRST)	N.		(MIDDLE)	
. Office	, Agency	, or Court					
	OAC		ALLEY P	u BLIC C	CEME"	TERY	DISTRICT
DIVISION	, Board, De	partment, District, if appli	cadle	200		MEMBE	ER.
► If fili	ng for multip	ole positions, list below of	r on an attachment. (Do no		The state of the s		
Agency	:			Po	osition:	- XXII -	
2. Juris	diction c	of Office (Check at le	ast one box)			10 - 1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	
Stat	е			(8	Statewide Jurisdictio	n)	r Court Commissioner
Mult	ti-County		- CA AND THE STREET S	/	(i) (F.) (F.) (F.)		COUNTY
☐ City	of			_ Ido	other Specie	al District	
3. Type	of State	ment (Check at least	one box)				
An An	Dece	period covered is Januar ember 31, 2021.	y 1, 2021, through		Leaving Office: D	ate Left/	
		period covered is ember 31, 2021.	/, throu	1911	The period cover leaving office.	ered is January 1, 20	21, through the date of
☐ As	suming Off	ice: Date assumed					J, through
☐ Ca	ndidate: D	ate of Election	and office so	ought, if different	than Part 1:		THE POLICE LANGUAGE LANGUAGE CONTRACTOR OF STATE AND STA
1. Sche	dule Sur	mmary (must com	plete) ▶ Total num	ber of page	s including this	s cover page:	
Sche	dules a	ttached					
		-1 - Investments - sched				ns, & Business Positi ts – schedule attache	ons - schedule attached
		 1-2 - Investments – sched 1 - Real Property – sched 					- schedule attached
		No reportable intere					
5. Verific	STERNISH CANADAM	AND AND ARTHUR BEARING AND	AVE . 52	CO	AC 4) 1= L4	A CA	L, F 92201
	ADDRESS s or Agency Ad	STREET dress Recommended - Public D	CIT	γ	10170	STATE	ZIP CODE
DAYTIME (76	TELEPHONE	NUMBER 35 - 324	-7	EMAIL ADD	000	D 1/2 12 20	o. NET
I have	used all reas	sonable diligence in prepa	aring this statement. I have and complete. I acknowle	reviewed this st	atement and to the		
			ne laws of the State of Ca			and correct.	
Date Si	gned	2 - 11 - 3	2022	Signature	(File)he original	Ily signed paper statement with	to S
		(The second second second



Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.				
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
U	Inderwood	Bruce		С	
1.	Office, Agency, or Court	44-14-14-14			
	Agency Name (Do not use acronyms)				
	Coachella Valley Public Cemeter	ry Disrict			
	Division, Board, Department, District, if app	licable	You	Position	
			Mo	ember, Board of Trustee	
	▶ If filing for multiple positions, list below of	or on an attachment.	(Do not use acronyms)		
	Agency:		Pos	sition:	***************************************
2.	Jurisdiction of Office (Check at I	east one box)			
	State			dge, Retired Judge, Pro Tem Ju atewide Jurisdiction)	dge, or Court Commissioner
	Multi-County		□ Co	unty of	
	City of		-	her Riverside County	
_					
3.	Type of Statement (Check at lease	t one box)			
	Annual: The period covered is Janua December 31, 2021.	ry 1, 2021, through	_ L	eaving Office: Date Left (Check one	
	The period covered is December 31, 2021.	J	_, through	The period covered is Januar leaving office.	y 1, 2021, through the date of
	Assuming Office: Date assumed			The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and o	ffice sought, if different		
4.	Schedule Summary (must con	ıplete) ► Tota	I number of pages		ge:
	Schedules attached				
	Schedule A-1 - Investments - sche	dule attached	Schedule	C - Income, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - sche	dule attached	Schedule	${\bf D} - {\it Income} - {\it Gifts} - {\it schedule}$	attached
	Schedule B - Real Property - sche	dule attached	Schedule	E - Income - Gifts - Travel Pa	yments - schedule attached
orane.	or- None - No reportable intere	sts on any sched	lule		
5.	Verification		X.		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	Document)	COAC VOLLA	STATE	ZIP CODE
	82-895 Avenue 52		- Corenello	16473	52 15 2
	DAYTIME TELEPHONE NUMBER		EMAIL ADDR		
	(760) 238-1446			9bruceunderwooddrph.c	
	I have used all reasonable diligence in prepherein and in any attached schedules is tru	aring this statement. ue and complete. I a	I have reviewed this sta cknowledge this is a pu	tement and to the best of my kn blic document.	owledge the information contained
	I certify under penalty of perjury under t	he laws of the State	of California that the	foregoing is true and correct	i a
	Date Signed February 28, 2	2022	Signature _	Jun C. W	18087
-	(month, day, year)			File the originally signed paper stat	ement with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

THE RESERVE AND ADDRESS OF THE PARTY OF THE	RNIA FORM 700 cal practices commission
Name	
BRUC	E C. UNDERWOOD

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
HEALTHY FUTURES, INC.	
Name	Name
75-895 ALTA MIRA DRIVE	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Disease Management, Health, Nutrition & Wellness	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J_21 J_21
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION PRESIDENT	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below VALLEY SANITARY DISTRICT	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: □ INVESTMENT □ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / /21 / /21 / /21	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: SPOUSE IS 50% OWNER OF THE CORPORAT	TON



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.			A to the second	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	5
Coronel Jr.,	Marcos	viii-	A.	
. Office, Agency, or Cour	t			
Agency Name (Do not use acro	nyms)			
Coachella Valley Public	Cemetery District	% 3		
Division, Board, Department, Dis	trict, if applicable	Your Positi	on	
Board of Trustees	States from the other party and the control of the state	Trustee		
► If filing for multiple positions,	list below or on an attachment. (D	o not use acronyms)		
Agency:	water and the same	Position: -		
. Jurisdiction of Office (Check at least one box)		A STATE OF THE STA	garante de la granda de la companyon de la granda de la gr
☐ State		(Statewid	Jurisdiction)	dge, or Court Commissioner
Multi-County	The second and the second seco	County o	Riverside	
			Special District	
3. Type of Statement (Che				
Annual: The period covere December 31, 202	d is January 1, 2021, through	Leaving	Office: Date Left(Check one	
-or- The period covere December 31, 202	ed is, t 21.	through	period covered is January ng office.	1, 2021, through the date of
Assuming Office: Date as	sumed	_ The	period covered is/. date of leaving office.	, through
☐ Candidate: Date of Election	n and offic	e sought, if different than P	art 1:	
I. Schedule Summary (m Schedules attached	ust complete) ► Total n	number of pages inclu		(e;
☐ Schedule A-1 - Investme	ents - schedule attached	D <u>-22-</u> V)		Positions - schedule attached
Schedule A-2 - Investme		3 <u></u>	come - Gifts - schedule a	
Schedule B - Real Prope	erty - schedule attached	☐ Schedule E - In	come – Gills – Travei Pay	ments - schedule attached
-or- No reporta	ble interests on any schedule	e		15
i. Verification	the first terms of the first ter			
MAILING ADDRESS STR (Business or Agency Address Recommen		CITY	STATE	ZIP CODE
82-925 Avenue 52	ued - Public Documenty	Coachella	CA	92236
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(760) 851-6333		Marcos.Cord	nel@cvpcd.org	
	nce in preparing this statement. I h dules is true and complete. I ackn			wledge the information contained
	ry under the laws of the State o	N 100 M 200 N		5
00	Jor Jooga	-	to	M
Date Olyneu	/05/2022 th, day, year)	Signature Marcol Committee	(File the originally signed paper state	ment with your filing official.)
(illore				, , , , , , , , , , , , , , , , , , , ,

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

Please type or print in lnk.

NAI	ME OF FILER (LAST) / (FIRST)	(MIDDLE)
	ME OF FILER (LAST) VOSSLER (FIRST) JUD)	Y. //
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	de a
	COACHEULA VALLEY PUBLIC	L CEMETERY DISTRICT
	Division, Board, Department, District, if applicable	Your Position
	COACHEULA VALLEY PUBLIC Division, Board, Department, District, if applicable BOARD OF TRUSTIEES	1 RUSTEE VICE CHAIR
	▶ If filing for multiple positions, list below or on an attachment. (Do not use ac	cronyms)
	Agency:	Position:
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 RIVERSIDE
	City of	Vother SPECIAL DISTRICT
3.	. Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2021, through December 31, 2021.	Leaving Office: Date Left
	The period covered is, through December 31, 2021.	The period covered is January 1, 2021, 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 sought, if	different than Part 1:
4.	Schedule Summary (must complete) Total number of	pages including this cover page:
	Schedules attached	
	Schedule A-1 - Investments - schedule attached	chedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	chedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	chedule E - Income - Gifts - Travel Payments - schedule attached
-(or- None - No reportable interests on any schedule	NOT BE A THURSDOCK OF THE STREET STREET STREET STREET AND A THE ANALYSIS FOR A THE STREET STR
5.	. Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	B2-925 AVENUE 52 COAC	HELLA CA 92236
	DAYTIME TELEPHONE NUMBER	JUDY, VOSSLEA @ CVPCD, DRG
	(760) 774 5216 I have used all reasonable diligence in preparing this statement. I have reviewed	d 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	s 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 D2-05-2022 Sign	rature July A Lowley (File the originally signed paper statement with your filing official.)
-		

Employees



Date Initial Filing Received Filing Official Use Only

Please type or print in ink.		
NAME OF FILER (LAST)	· (FIRST)	(MIDDLE)
Bonnes	Joshua	Ryan
I. Office, Agency, or C		
Agency Name (Do not use	acronyms)	
Coachella U	aller Public Line	Terr District
Division, Board, Departmen	t, District, if applicable	Your Position
		General Manager
► If filing for multiple posit	ions, list below or on an attachment.	(Do not use acronyms)
Agency:		Position:
£0	Ce (Check at least one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of RIVERSIDE
924362010079 53		
	(Check at least one box)	
	1844 (1941) 1944 (1941) 1944 (1941) 1944 (1941) 1944 (1941) 1944 (1941) 1944 (1941) 1944 (1941) 1944 (1941) 19	Leaving Office: Date Left/
December 3	overed is January 1, 2021, through 1, 2021.	(Check one circle.)
-or- The period of December 3	overed is/	leaving office.
	ate assumed	
		the date of leaving office.
Candidate: Date of E	lection and c	office sought, if different than Part 1:
4. Schedule Summary	(must complete) ► Tota	nl number of pages including this cover page:
Schedules attache	ed	© Control Con
Schedule A-1 - Inv	estments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	estments - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real	Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- No rep	portable interests on any sched	dule
5. Verification	CANCELLO MARCOLA CARA MARCOLA COMPANSA A MARCOLA MARCOLA CARA MARCOLA MARCO	STOREM SELECTION OF THE PROPERTY OF THE PROPER
MAILING ADDRESS	STREET	CITY STATE ZIP CODE
(Business or Agency Address Rec	10 5 2	Coachella CA 92236
DAYTIME TELEPHONE NUMBER	CO. Company of the Co	EMAIL ADDRESS
(100) 5 74-	- 9906	Josh, Bonner & CVPCI). 059
herein and in any attached	schedules is true and complete. I a	I have reviewed this statement and to the best of my knowledge the information contained acknowledge this is a public document.
I certify under penalty of	perjury under the laws of the Stat	e of California that the foregoing is true and correct.
Date Signed FO	7,2022	Signature 9
Date digited 1 7 7) / (month, day, year)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
NAVARRO-LUPIAN MA	Rlene –
1. Office, Agency, or Court	
Agency Name (Do not use acronyms),	23
Agency Name (Do not use acronyms), COACHELLA VALUEY CEMETE. Division Roard Department District if applicable	by
Division, byard, Department, District, if applicable	, Tour Position
COMETIONY SURVICES	SURVICE MANAGER
▶ If filing for multiple positions, list below or on an attachment. (Do not	
Agency	Position:
Agency.	FOSILION.
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
City of	Nother Spagal District
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2021, through	Leaving Office: Date Left/
December 31, 2021.	(Check one circle.)
The period covered is	The period covered is January 1, 2021, 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 sou	ght, if different than Part 1:
4. Schedule Summary (must complete) ► Total numb	per of pages including this cover page:
Schedules attached	To be paged moraling and cover page.
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
Alama Nama Nama	
None - No reportable interests on any schedule	
5. Verification MAILING ADDRESS STREET CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	ON A POPPET DE COMPANY
82925 AUG. 52, COACH	GUA, CA 92236
(760) 398-3221	MARIENE. NAVARRO-LUPIAN @CVPCD. Ord
I have used all reasonable diligence in preparing this statement. I have re herein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of Cali	or the second control of the second entering the second control of the second control o
Date Signed 03/25/2022	Signature Dalle War a
(montepasy, year)	(File the originally signed puper statement with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Mims	/	ianna M.
1. Office, Agency, or Cour		ice/me-
Agency Name (Do not use acro		
Coachella Vo		District
Division, Board, Department, Dis	trict, if applicable	Your Position
► If filing for multiple positions	list below or on an attachment. ((Do not use acronyms)
r ming for mattiple positions,	iot bolow of on an attachment.	Carlo Cardend
Agency:		Position: Cometery Service Coordnots
2. Jurisdiction of Office (Check at least one box)	
State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
Control of the Contro		(Statewide Jurisdiction)
Multi-County		County of
City of		Dother Special District
3. Type of Statement (Che	ck at least one box)	
	ed is January 1, 2021, through	Leaving Office: Date Left/
December 31, 202		(Check one circle.)
The period covere	ed is,	, through The period covered is January 1, 2021, through the date of leaving office.
December 31, 202		-or-
Assuming Office: Date as	ssumed	The period covered is, through the date of leaving office.
Candidate: Date of Election	on and offi	ffice sought, if different than Part 1:
4. Schedule Summary (m	ust complete) > Total	semple of pages including this cover page.
Schedules attached	dot complete) > lotal	number of pages including this cover page:
		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investme		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Prop	erty – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
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-or- None - No reporta	ble interests on any schedu	ule
5. Verification	Benedicing of Cult Life Constitution of Australia (Constitution Constitution Consti	No. of the Control of
MAILING ADDRESS STR (Business or Agency Address Recommer	REET Inded - Public Document)	CITY STATE ZIP CODE
82925 AV	re 52	Coachella CA 92236
DAYTIME TELEPHONE NUMBER	21	EMAIL ADDRESS
(760) 39832		I have reviewed this statement and to the best of my knowledge the information contained
herein and in any attached sche	nce in preparing this statement. I ackedules is true and complete. I ack	cknowledge this is a public document.
I certify under penalty of perju	ury under the laws of the State	of California that the foregoing is true and correct.
	-12077	diam's
Date Signed 07/0-	nth, day, year)	Signature (File the originally signed paper statement with your filing official.)
	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN THE	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

FAIR POLITICAL PRACTICES	COMMISSION
Name	

CALIFORNIA FORM 700

Mims Janitorial Services	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Comercial Cleaning Service	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Sole proprietor	NATURE OF INVESTMENT Stock Other
Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
01 101 125 2016 1 121	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
OFWERN RECORDS OF THE RUNNING	CENERAL DESCRIPTION OF THE PUBLICAGE
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	A
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
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NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
1 121 1 121	, 21 , 21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NAME OF BOSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
<u> </u>	14
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
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NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//21//21
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

FAIR POLITICAL PRACTICES COMMISSION	Thing Chica Ose Only		
Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Ayala	Donna		
1. Office, Agency, or Court		and the second of the second o	
Agency Name (Do not use acronyms) - Coachella Valley Division, Board, Department, District, if app	Public Cev	netery District Your Position	Service Coordinat
*			
► If filing for multiple positions, list below	or on an attachment. (Do not us	se acronyms)	
Agency:		Position:	14 No 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
2. Jurisdiction of Office (Check at I	east one box)		
State		Judge, Retired Judge, Pro Tem ((Statewide Jurisdiction)	22 9
Multi-County		- County of Riverside	
City of		Other	
3. Type of Statement (Check at leas	t one box)		
Annual: The period covered is Janua December 31, 2021.		Leaving Office: Date Left(Check or	
The period covered is December 31, 2021.	, through	 The period covered is Janual leaving office. 	ary 1, 2021, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	
Candidate: Date of Election	and office sough	t, if different than Part 1:	

		(Statewide C	Jurisaiction)	
Multi-County		County of	Riverside	
City of		Other		
Type of Stateme	ent (Check at least one box)			
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	od covered is/, er 31, 2021.	through		, 2021, through the date of
Assuming Office	Date assumed/	_ The pe	eriod covered is/ te of leaving office.	
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Schedules atta				(CONTRACTOR STEEL)
Schedule A-1	- Investments - schedule attached	Schedule C - Inco.	me, Loans, & Business Po	ositions - schedule attached
Schedule A-2	- Investments - schedule attached	Schedule D - Inco	me - Gifts - schedule atta	ached
Schedule B - I	Real Property - schedule attached	Schedule E - Incom	me – Gifts – Travel Payme	ents - schedule attached
or- 🗹 None - No	reportable interests on any schedu	le		
Verification		Carchella		
MAILING ADDRESS (Business or Agency Address	STREET s Recommended - Public Document)	CITY	STATE	ZIP CODE
(· · · · · · · · · · · · · · · · · · ·			
DAYTIME TELEPHONE NUM	MBER	EMAIL ADDRESS		
(760) 398-	3221	Donna.	Ayala a CVF	CD. org
I have used all reasona	able diligence in preparing this statement.	have reviewed this statement ar	nd to the best of my knowl	edge the information contained
	ched schedules is true and complete. I ack	AND THE TAKE SALES AND A SECOND STATES OF THE SALES AND A SECOND SALES		
I certify under penalt	y of perjury under the laws of the State	of California that the foregoin	ig is true and correct.	
	ha l l		/)	\sim 0
Date Signed	02 07 2022 (month, day, year)	Signature	e the originally signed paper statemen	nt with your filing official.)
	and the same of th			00 Farm 100 Carre 1 (2004 farm)
Print	Clear			PC Form 700 - Cover Page (2021/2022) gov • 866-275-3772 • www.fppc.ca.gov



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Date Initial Filing Received Filing Official Use Only

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-	ME OF FILER (LAST) (FIRST)	(winders)
	Tarcia Jimenez Omar	
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	1
	CORMELLA VALLEY PLBLEC CEMETERY	
	Division, Board, Department, District, if applicable	Your Position
		MAINTENANCE TECHNICIAN
	▶ If filing for multiple positions, list below or on an attachment. (Do not us	se acronyms)
	Agency:	Position:
_		A
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
	City of	Other SAECTAL STSTRICT
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ა.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2021, through December 31, 2021.	Leaving Office: Date Left
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	December 31, 2021.	leaving office.
	Assuming Office: Date assumed	☐ The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sought	t, if different than Part 1:
ousons A	Schodula Summary (must complete) - Total number	
7.	Schedule Summary (must complete) ► Total number Schedules attached	or pages including this cover page.
	PLEATE DE LE DESTIN	70.1.1.0 t
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
	Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
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-(or- None - No reportable interests on any schedule	
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	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	82925 AVENUE 52 COAC	HELLA CA 92236
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	(760) 398-3221	
	I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of the State of Califor	rnia that the foregoing is true and correct.
	2/2/2/2	Dental
	Date Signed 2/10/22 (month, day, year)	Gignature (File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink. AME OF FILER (LAST) (FIRST)	(MIDDLE)
Dengering Matthew	
Office, Agency, or Court	
Agency Name (Do not use acronyms) Coachella Valley Po	oblic Cemetery District
Division, Board, Department, District, if applicable	Your Position
	Your Position Main Lengue Tech
▶ If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)
Agency:	Position:
Jurisdiction of Office (Check at least one box)	
State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	Other Special District
Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2021, through December 31, 2021.	Leaving Office: Date Left////
The period covered is	h
Assuming Office: Date assumed	☐ The period covered is/, through the date of leaving office.
Candidate: Date of Election and office sou	ght, if different than Part 1:

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Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached	Schedule D - Incor	ne - Gifts - schedule a	
Schedule B - Real Property – schedule attached OT - None - No reportable interests on any sche Verification		ne – Gifts – Travel Pay	mients – scriedule attached
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Verification MAILING ADDRESS STREET (Business or Agency Address Recommended, Public Document)	dule	STATE	ethikutta silasti sila

Signature

Print

Date Signed

Clear

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



Date Initial Filing Received Filing Official Use Only

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	LER (LAST)	-	(FIRST)	(MIDDLE)
WI	LBERT	2	JASON	DWAYNE
1. Offic	e, Agency,	or Court		
		ot use acronyms)		
				CEMETERY DISTRICT
Divisio	n, Board, Depa	rtment, District, if applic	able	Your Position
				SCNIOR MAINTENANCE TECHA
► If fi	ling for multiple	positions, list below or	on an attachment. (Do n	ot use acronyms)
Agenc	ev:			Position:
- 1,501.10	,			
2. Juris	sdiction of	Office (Check at lea	st one box)	
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Mu	Iti-County			County of
Cit	y of			Mother SPECIAL DISTRICT
	The state of the s	ent (Check at least o		
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	edules atta		netej ► lotal num	ber of pages including this cover page:
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		- Investments - schedu		Schedule D - Income - Gifts - schedule attached
	Schedule B -	Real Property - schedu	lle attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- 🔀	None - N	o reportable interes	ts on any schedule	
5. Verifi				
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8,	1925	AVENUE 5	2 COA	CHEUA CA 92236
	ie telephone nu 378		Đ	EMAIL ADDRESS
I have	used all reason	nable diligence in prepar		reviewed this statement and to the best of my knowledge the information contained get his is a public document.
				alifornia that the foregoing is true and correct.
Date S	^	10/22	31 31	Signature Out (A)
		(morth, day, year)		(File the originally signed paper statement with your filing official.)

Contract Support



Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in ink.		
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
	MCCVE	MATTHEW	C
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	COACHECIA VALLEY CENTER	ERY DISTRI	CT
	Division, Board, Department, District, if applicable		Your Position
			CONSULTANT
	► If filing for multiple positions, list below or on	an attachment (Do no	at use acronyms)
	and the second of the second o	100,000	, use userymay
	Agency:		Position:
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
	City of		Other SPECIAL DISTRICT
3.	Type of Statement (Check at least one	box)	
	Annual: The period covered is January 1,		Leaving Office: Date Left/
	December 31, 2021.	ESE I, Illiough	(Check one circle.)
	-or- The period covered is/		gh
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	Assuming Office: Date assumed/_		The period covered is/, through the date of leaving office.
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	Schedules attached	io, Protar numi	oer or pages including this cover page.
	Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule	2000 Me MA	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	Or- None - No reportable interests	on any schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	nt) CITY	STATE ZIP CODE
	82925 AVENUE 52	Cont	TECCA CA 92253
	(760) 398-3221		MATTHEW-MCWE C CVPCD . ORG
	I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have re	eviewed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under the la		and the same and t
			111/1
	Date Signed 2/7/22 (month, day/year)		Signature (File the eriginally signed paper statement with your filing official.)
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Date Initial Filing Received Filing Official Use Only

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NAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Ca	ampos	Carlos		L		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					_
	Coachella Valley Public Cemetery D	District				
	Division, Board, Department, District, if applicab	POLITICATE DE LA CONTRACTOR DE LA CONTRA	Your Po	osition		
			0			
		A20 WE 12 NGS	2	eral Counsel		
	▶ If filing for multiple positions, list below or or	an attachment. (Do n	ot use acronyms)			
	Agency:		Positio	n:		
	, , , , , , , , , , , , , , , , , , , ,				***	
2.	Jurisdiction of Office (Check at least	one box)				
	State				Judge, or Court Commissioner	(
			(State	wide Jurisdiction)		
	Multi-County		Count	y of		
	City of		✓ Other	Riverside County		
-						
J.	Type of Statement (Check at least on	5-17-55-19-5 Ph	0 m : 20		W 05	
	Annual: The period covered is January 1, December 31, 2021.	2021, through	∐ Leav	ving Office: Date Left	one circle.)	
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	The period covered is/ December 31, 2021.	/, thro	le le	eaving office.	lary 1, 2021, through the date t	DI
			-or-	10000000000000000000000000000000000000	/, throug	ah.
	Assuming Office: Date assumed			he date of leaving office.		,,,
	Candidate: Date of Election	and office so	ought, if different that	n Part 1:		
4.	Schedule Summary (must comple	ete) ► Total nun	iber of pages in	cluding this cover p	page:4	
	Schedules attached					
	Schedule A-1 - Investments − schedule	attached	Schedule C	- Income, Loans, & Busine	ess Positions - schedule attach	ed
	Schedule A-2 - Investments - schedule	attached	Schedule D	 Income – Gifts – schedu 	le attached	
	Schedule B - Real Property − schedule	attached	Schedule E	Income – Gifts – Travel	Payments – schedule attached	
	spanic and a perspective of the contract of th	or let o				
ORUSTICS.	or- None - No reportable interests	on any schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CIT nent)	Υ	STATE	ZIP CODE	
	74-760 Highway 111, Ste 100	Inc	dian Wells	CA	92210	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(760) 568-2611		carlos.cam	pos@bbklaw.com		
	I have used all reasonable diligence in preparing herein and in any attached schedules is true at				knowledge the information conta	ained
	I certify under penalty of perjury under the I	aws of the State of Ca	alifornia that the for	egoing is true and corre	ct.	
				V/))		
	Date Signed 1\25\22	<u> </u>	Signature			_
	(month, day, year)			(File the aliginally signed paper:	statement with your filing official.)	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Carlos Campos

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Best Best & Krieger LLP	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
5592.54110 2121900012 (2010)	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
➤ Partnership ○ Income Received of \$0 - \$499 ⊗ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
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, , 21 , , 21	, , 21 , , 21
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► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
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GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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NATURE OF INVESTMENT	NATURE OF INVESTMENT
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	
Name	

Carlos Campos

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 79-543 Dandelion Drive	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
La Quinta, CA 92253	
FAIR MARKET VALUE S2,000 - \$10,000 \$10,001 - \$10,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Adriana Gomez	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \text{\$1,001} - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	Section 2015 development of the Community of the Communit
Comments:	I.I.

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES	
Name	
Carlos Campo	os

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Root Root & Krigger I I D	TANKE OF GOODE OF INCOME
Best Best & Krieger LLP ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
74-760 Highway 111, Suite 100, Indian Wells, CA 92210	ADDRESS (Business Address Acceptable)
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	VOUE BUILDING DOUTION
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Partner (Equity)	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000
\$10,001 - \$100,000 X 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.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(0 11)
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the second commercial card transaction.	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER*	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows:	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Wone None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER*	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Whome SECURITY FOR LOAN
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Wone None
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Whome SECURITY FOR LOAN None Real Property
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Whome SECURITY FOR LOAN None Personal residence
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Whone SECURITY FOR LOAN None Real Property Street address
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Whone SECURITY FOR LOAN None Real Property Street address
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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 \$10,001 - \$10,000	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official 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	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years)