Trustees

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



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Please type or print in ink.	Ed & c of the 65 to 16 16 16 16 16 16 16 16 16 16 16 16 16
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Rosples Fine	2500
1. Office, Agency, or Court	<u>-</u>
Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable	Public Cemetery District Borard Trustee
▶ 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	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, 2022, through December 31, 2022.	Leaving Office: Date Left/(Check one circle.)
The period covered is/	_, through
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election and o	ffice sought, if different than Part 1:
I. Schedule Summary (required) ► Total	I number of pages including this cover page: 2
Schedules attached	
 Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached 	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- None - No reportable interests on any sched	lule
5. Verification	PROCESS OF CONTROL AND PROCESS OF ACCUSANCE AND ACCUSANCE ASSOCIATION AND ACCUSANCE ASSOCIA
MAILING ADDRESS (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER The state of the sta	CITY STATE ZIP CODE Sorbella CA 92236 EMAIL ADDRESS EVEN ESTOCYOSOLOS @ SMA
herein and in any attached schedules is true and complete. I ac I certify under penalty of perjury under the laws of the State	
Date Signed 2-16-2023 (month, day, year)	Signature

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Ernesto C. Rosales

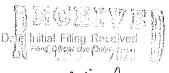
1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Great Westernins to	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
18/11	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	\$500 - \$1,000
_	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	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
ms. Sples	
(Describe)	(D
	(Describe)
Other(Describe)	Other
Other	Other(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	Other (Describe) 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 to members of the public without regard to your official	Other (Describe) 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
Other	Other (Describe) 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 s:
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F * 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 regular course of business must be disclosed as follows:	Other (Describe) 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 s: INTEREST RATE TERM (Months/Years)
Other	Other
Other	Other
* 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 regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* 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 regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
* 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	Other
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Other	Other
Other	Other
Cother (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F * 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	Other

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



NΑ	ME OF FILER (LAST) / (FIRST)		(MIDDLE)
	VOSSHER I	VOY	· / //
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms) COACHELLA DALLEY	CE	NETERY DISTRICT Your Position TRUSTEE VICE CHAHR
	Division, Board, Department, District, if applicable		Your Position
	BOARD OF / RUSTEES		PRUSTEE VICE CHALL
	▶ If filing for multiple positions, list below or on an attachment.	(Do not use	
	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 PIVERSIDE #Other SPECIAL DISTRICT
	City of		#Other SPECIAL DISTRICT
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2022, through December 31, 2022.		Leaving Office: Date Left/(Check one circle.)
	The period covered is/	_, through	☐ The period covered is January 1, 2022, through the date of leaving office. -or-
	Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
	Candidate: Date of Election and o	ffice sought, it	different than Part 1:
1.	Schedule Summary (required) ► Total	l number o	f 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
- C	or- None - No reportable interests on any sched	lule	
5.	Verification	Contract to the second	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	82-925 AUE52	CD)	ACHEHA CA 92236
	DAYTHME TELEPHONE NUMBER	E	MAIL ADDRESS TUDY VOICE CO @ CVP/12 DAG
	160,111 2026	L bayo rovious	TVDY: VOSSIFR (CVPCD: Organist Contained this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and complete. I ac	cknowledge th	is 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 02-10-23 (month, day, year)	Sig	nature Cicle 1 On least filing official.
-			77 To population and your ming union.)



A PUBLIC DOCUMENT

Date Initial Filing Received	- }
Fling Official Use Only,	

Please type or print in ink. NAME OF FILER (LAST) (FIRST)

(FIRST)	(MIDDLE)
COPONEL JR., MARCOS A.	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
COACHELLA VALLEY PUBLIC CEMETER	Y DISTILICT
Division, Board, Department, District, if applicable	Your Position
BONZD OF TILVSTEES	TRUSTEE
▶ 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	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of PIVERSTOE
City of	M Other SPECIAL DIVINICT
3. Type of Statement (Check at least one box)	
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The period covered is/, through December 31, 2022.	The period covered is January 1, 2022, 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:
Schedule Summary (required) ► Total number	er of pages including this cover page:
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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	
S. Verification	A PHOLOGORIA DISCOLLARIZATA (A. B.) A TOCARIO SIGNAL, CIETA A PARTICIPA COMPANIA PROPERTICA PROPERT
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
82-925 AVENUE 52 COACHE	2CA CA 92236
(7Go) 851- 633.3	EMAIL ADDRESS
	iewed this statement and to the best of my knowledge the information contained a this is a public document.
I certify under penalty of perjury under the laws of the State of Califo	
(month, day, year)	Signature (Eile the originally signed paper statement with your filing official.)



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Date	Initia	l Filing	Rece	ived	1	5 0	TO THE	2	1
	Filing I	Official Use	Only:	i i de la comp	3.5	3.7	1		45
		15/3	S 5	200	Same Sail	10.02		9	

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) BRULE Underwood 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT Division, Board, Department, District, if applicable Your Position MEMBER, BOARD OF TRUSTEES ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of Other RIVERSIDE COUNTY City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left _ December 31, 2022. (Check one circle.) The period covered is January 1, 2022, through the date of The period covered is leaving office. December 31, 2022. The period covered is . Assuming Office: Date assumed _____/__ and office sought, if different than Part 1: __ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B · Real Property – schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 82895 AVENUE 52 COACHELLA 92236 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (760) 238-1446 BRUCE.UNDERWOOD@CVPCD.ORG 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 FEBRUARY 16, 2023

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (FIRST) (MIDDLE) 12105 1. Office, Agency, or Court Agency Name (Do not use acronyms) PUBLIC CEMETERY DACHELLA DISTRICT Division, Board, Department, District, if applicable BOARD ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County _____) VEIZ SIDE County of City of SPECIAL DISTRICT 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ___ December 31, 2022. (Check one circle.) The period covered is ______, through ☐ The period covered is January 1, 2022, through the date of December 31, 2022. leaving office. Assuming Office: Date assumed _____/___ The period covered is _ the date of leaving office. Candidate: Date of Election and office sought, 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 E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification 82.925 MAILING ADDRESS (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER EMAIL ADDRESS 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.

Signature

nt with your filing official.)

SCHEDULE B

Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

John M. Rios

SIOUT CITY	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /22 /22 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$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	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$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
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Employees

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



Please type or print in ink.

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1.	Office, Agency, or Co			101 01	
	Agency Name (Do not use according to a Cooperation of the Cooperation	ronyms)	cmolory	Your Position	
	► If filing for multiple positions	s, list below or on an attachment.	(Do not use acre	onyms)	
	Agency:			Position:	
2.	Jurisdiction of Office	(Check at least one box)			
	State			Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)	or Court Commissioner
	Multi-County			County of Riverside, Cq.	
	City of			Other Special Distri	
3.	Type of Statement (CF	eck at least one box)			
	N December 31, 2	red is January 1, 2022, through 022.		Leaving Office: Date Left/(Check one circl	
	-or- The period cove December 31, 2	red is/	_, through	☐ The period covered is January 1, 2 leaving office.	2022, through the date of
	Assuming Office: Date a	assumed/		The period covered is/ the date of leaving office.	
	Candidate: Date of Elect	ion and o	ffice sought, if diff	ferent than Part 1:	
4.	Schedule Summary (r Schedules attached	equired) ► Total	number of p	ages including this cover page:	THE PROPERTY AND A STATE OF THE PROPERTY OF TH
	Schedule A-2 - Investn	nents – schedule attached	Sch	edule C - Income, Loans, & Business Posi edule D - Income - Gifts - schedule attacl edule E - Income - Gifts - Travel Paymen	hed
- C		perty – schedule attached able interests on any sched		eddie E - Income - Gills - Haver Faymen	is – scriedule allached
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	(Business or Agency Address Recomme	· · · · · · · · · · · · · · · · · · ·		STATE (A ADDRESS (15) Bildon & (O) (V)	92236
	I have used all reasonable diligi	ence in preparing this statement. edules is true and complete. I ac	have reviewed the	nis statement and to the best of my knowled	ge the information contained
	I certify under penalty of per	ury under the laws of the State	of California tha	at the foregoing is true and correct.	
	Date Signed	/ 2.3 nth, day, year)	Signatu	ITE	vith your filing official \
				J. J	,



Date Initial Filing Received

FAIR POLITICAL PRACTICES COMMISSION		VER PAGE	
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AME OF FILER (LAST)	(FIRST)	(MIDDLE)	
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. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Coachella Valley Public Cemetery Dis	trict	Cernitery Sarvices Your Position	Specialist
Division, Board, Department, District, if applicable		Your Position	
▶ If filing for multiple positions, list below or on an	n attachment. (Do not use a	acronyms)	
Agency:		Position:	
. Jurisdiction of Office (Check at least on	ne box)		
State		Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	e, or Court Commissioner
Multi-County		County of Riverside	
City of		Other Special District	
Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20 December 31, 2022.	022, through	Leaving Office: Date Left/_ (Check one co	
The period covered is	_/, through	☐ The period covered is January 1 leaving office.	, 2022, through the date of
Assuming Office: Date assumed		The period covered is/_ the date of leaving office.	, through
Candidate: Date of Election	and office sought, if	different than Part 1:	

	Candidate: Date of Election	and office sought, if different than Part 1:
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-(or- X None - No reportable interests on any s	schedule
5.	Verification	

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

82-925 Avenue 52 Coachella CA 92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

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	2/24/2023	Signature	Mun agh	
	(mon t h, day, y l ear)		(File the originally signed paper statement with your filing $m{b}$ fficial.)	



Date Initial Filing Received

A PUBLIC DOCUMENT

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1. Office, Agency, or	Court		
Agency Name (Do not us	se acronyms)		
Coachella Valley P	ublic Cemetery District	MAINTENANCE SERVICES	MANAGER
Division, Board, Departme	ent, District, if applicable	Your Position	704.0
► If filing for multiple pos	sitions, list below or on an attachment. (Do no	ot use acronyms)	
Agency:		Position:	
2. Jurisdiction of Of	fice (Check at least one box)		
State		Judge, Retired Judge, Pro Tem Judge, or Co (Statewide Jurisdiction)	ourt Commissioner
Multi-County		County of Riverside	
		Other Special District	
3. Type of Statemen	t (Check at least one box)		
December	covered is January 1, 2022, through 31, 2022 .	Leaving Office: Date Left//_(Check one circle.)	
-or- The period December	covered is/, throu 31, 2022 .	gh	through the date of
Assuming Office: [Date assumed/	The period covered is/	, through
Candidate: Date of	Election and office so	ught, if different than Part 1:	
4. Schedule Summar		ber of pages including this cover page:	1
Schedules attach	ned		
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Schedule A-2 - In	vestments - schedule attached	Schedule D - Income - Gifts - schedule attached	
Schedule B - Rea	al Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - s	schedule attached
-or- 🛛 None - No re	eportable interests on any schedule		
5. Verification			
MAILING ADDRESS (Business or Agency Address Re	STREET CITY ecommended - Public Document)	STATE ZI	P CODE
82-925 Avenue 52		achella CA S	92236
DAYTIME TELEPHONE NUMBE	R	EMAIL ADDRESS	
(760) 398-3221		GUILBRAND DELATORRAWCUPCO	026.
	e diligence in preparing this statement. I have did schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the dge this is a public document.	e information contained
I certify under penalty o	f perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.	
Date Signed 2/24	123	Signature	City Co. 1
,	• (month, day, year)	(File the originally signed paper statement with you	r tiling official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

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1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		1/ 6	1
Coachella Valley Public Cemetery Distri	ct	Tech -	
Division, Board, Department, District, if applicable		Your Position	
▶ If filing for multiple positions, list below or on an a	attachment. (Do not use a	cronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	hox)		
State	boxy	Judge, Retired Judge, Pro Tem Judg	an Court Commissioner
State		(Statewide Jurisdiction)	ge, or Court Commissioner
Multi-County		County of Riverside	
City of		Other Special District	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2022 December 31, 2022.	through	Leaving Office: Date Left(Check one of	
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		the date of leaving office.	•
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4. Schedule Summary (required)	> Total number of	nago including this saver nage	
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Schedule B - Real Property – schedule attac		chedule E - Income – Gifts – Travel Payn	
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-or- No reportable interests on a	any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 82-925 Avenue 52	Coachella	a CA	92236
DAYTIME TELEPHONE NUMBER		AIL ADDRESS	92230
(760) 398-3221			
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and cor			ledge the information contained
I certify under penalty of perjury under the laws of	of the State of California	that the foregoing is true and correct.	
		Marth	
Date Signed 7 29 25	Signa		
` (month, day, ye ā r)		(File the originally signed paper stateme	ent with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received

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NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
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1. Office, Agency, o				-	
Agency Name (Do not					
	Public Cemetery District		MAINT	ENANCE TE	c.H
	ment, District, if applicable		Your Positio		~
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	THICE (Check at least one box)				
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Multi-County			County of	•	
				ecial District	
			Other Of	Journal District	
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Schedules attac	hed			. •	
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Schedule B - Re	eal Property - schedule attached		Schedule E - Inco	me – Gifts – Travel Pay	ments - schedule attached
-or- 🗷 None - No	reportable interests on any sche	edule			
5. Verification					
MAILING ADDRESS (Business or Agency Address)	STREET Recommended - Public Document)	CITY		STATE	ZIP CODE
82-925 Avenue 52	,	Coache	ella	CA	92236
DAYTIME TELEPHONE NUME			EMAIL ADDRESS		02200
(760) 398-322	1				
I have used all reasonab herein and in any attach	ole diligence in preparing this statement ned schedules is true and complete. I	i. I have review acknowledge th	ved this statement a	nd to the best of my know ment.	wledge the information contained
	of perjury under the laws of the Sta		*		
Date Signed ⊘ 2 -	-24-23	e:.	anaturo /	20 20 x	
Date Signed	- 24 - 23 (month, day, year)	519	gnature <u>(Fil</u>	e the originally simbed paper states	nent with your filing official.)



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Coachella Valley Public Cemetery District Division, Board, Department, District, if applicable Your Position Cemetery service Specialist ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) ______ Position: _ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Riverside Multi-County ____ Other Special District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left _____/___ December 31, 2022. (Check one circle.) -or-☐ The period covered is January 1, 2022, through the date of The period covered is _______, through leaving office. December 31, 2022. The period covered is ______, through Assuming Office: Date assumed _____/___ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: ___ Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ⋈ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82-925 Avenue 52 92236 Coachella CA DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (760) 398-3221 adrianna mims e exped org 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 2/24/2623 Signature _____ (File the originally signed paper statement with your filing official.)



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) MARLUNE MANARRO-LUDIAN 1. Office, Agency, or Court Agency Name (Do not use acronyms) Coachella Valley Public Cemetery District CUMSTERY SERVICE MANAGER.
Your Position Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Riverside Multi-County _____ Other Special District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____/_ December 31, 2022. (Check one circle.) -or-The period covered is _____/____, through ☐ The period covered is January 1, 2022, through the date of leaving office. December 31, 2022. The period covered is _ the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: _ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **None -** No reportable interests on any schedule -or-5. Vérification STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82-925 Avenue 52 Coachella CA 92236 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (760) 398-3221 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 Signature File the originally signed paper statement your filing official.)



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) MANUE 1. Office, Agency, or Court Agency Name (Do not use acronyms) MAINTENANCE TECH Coachella Valley Public Cemetery District Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Riverside Multi-County ____ Other Special District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____/___ December 31, 2022. (Check one circle.) -or-The period covered is January 1, 2022, through the date of The period covered is _____/___, through leaving office. December 31, 2022. The period covered is _______, through Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election ____ _____ and office sought, if different than Part 1: _____ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - 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 -or- None - No reportable interests on any schedule 5. Vérification MAILING ADDRESS CITY STREET STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82-925 Avenue 52 Coachella CA 92236 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (760) 398-3221 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. 14 Signature

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

AME OF FILER (LAST)	(FIRST)		(MIDDLE)		
WILBELTS	JASON	DWAYNE			
Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Coachella Valley Public Cemet	ery District	SENIOR	MAINTE	BJANCE	SPECIALI
Division, Board, Department, District, if ap	pplicable	Your Position			
► If filing for multiple positions, list below	v or on an attachment. (Do not u	se acronyms)		-	
Agency:		Position:		···	
Jurisdiction of Office (Check at	t least one box)				
State		Judge, Retired Jud (Statewide Jurisdict		dge, or Court C	Commissioner
Multi-County		County of River	side		
City of		Other Special I	District		
Type of Statement (Check at lea					
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Schedule A-2 - Investments - sch		Schedule D - Income - G			
Schedule B - Real Property - sch	nedule attached	Schedule E - Income - G	itts – Travel Pay	<i>ments</i> – sched	ule attached
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MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY C Document)		STATE	ZIP COD	DE
82-925 Avenue 52	Coacl	nella	CA	9223	36
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	. 0		
(760) 398-3221		JASON. WILBER	45@1CV	IPCD. OF	4
have used all reasonable diligence in pre herein and in any attached schedules is t	. •		e best of my kno	wledge the info	ormation contained
certify under penalty of perjury under	the laws of the State of Californ	rnia that the foregoing is tru	e and correct.		
1 1 -		\wedge	1		
Date Signed $2/24/23$;	Signature (/ ~			



A PUBLIC DOCUMENT

Date Initial Filing Received

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Winder	Sherry		Lynn	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms	s)			
Coachella Valley Public Cer	netery District			
Division, Board, Department, District,	if applicable	Your Po	sition	
		Finar	nce Analyst / Clerk of t	he Board
► If filing for multiple positions, list b	elow or on an attachment. (Do			
Agency:		Position	ı:	
2. Jurisdiction of Office (Chec	ck at least one box)			
	A de reast one boxy		Defined to be De Teer to	
State			Retired Judge, Pro Tem Jud vide Jurisdiction)	age, or Court Commissioner
Multi-County		County	of Riverside	
		personne	Special District	
3. Type of Statement (Check at	t least one box)			74.7
Annual: The period covered is	•	Leav	ing Office: Date Left	1 1
December 31, 2022.	January 1, 2022 , amoag.		(Check one	
-or- The period covered is . December 31, 2022 .	, thi		ne period covered is January aving office.	1, 2022, through the date of
Assuming Office: Date assume	ed/	TI	ne period covered is/ e date of leaving office.	, through
Candidate: Date of Election	and office	sought, if different than	Part 1:	
4. Schedule Summary (requi	red) ► Total nu	ımber of pages inc	cluding this cover pag	ne: 2
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 a	attached
Schedule B - Real Property -	- schedule attached	Schedule E -	Income – Gifts – Travel Pay	ments - schedule attached
	interests on any schedule			
5. Verification MAILING ADDRESS STREET	(CITY	STATE	ZIP CODE
(Business or Agency Address Recommended -		5111	SIAIL	ZIF CODE
82-925 Avenue 52		Coachella	CA	92236
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(760) 398-3221			nder@cvpcd.org	
I have used all reasonable diligence in herein and in any attached schedules	n preparing this statement. I have is true and complete. I acknow	ve reviewed this statement wledge this is a public	ent and to the best of my kno document.	wledge the information contained
I certify under penalty of perjury u	nder the laws of the State of	California that the fore	egoing is true and correct.	,
Date Signed March 21, 2023		Signature	Theres It	rides
(month, day,	year)		(File the originally stoned paper state)	ment with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater)

	▶ 1. BUSINESS ENTITY OR TRUST
Sherry Winder Bookkeeping Inc.	
Name	Name
79870 Swansea Avenue, Indio, CA 92203	
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 Bookkeeping	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 Over \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Tother 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 <u>10</u> THE ENTITY/TRUST) 	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10 000 OP MORE /	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
None or Names listed below Coachella Valley Public Cemetery District	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
None or Names listed below Coachella Valley Public Cemetery District 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	None or Names listed below None or Names listed below ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
None or Names listed below Coachella Valley Public Cemetery District 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	☐ None or ☐ Names listed below
None or Names listed below Coachella Valley Public Cemetery District • 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	None or Names listed below ▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
None or Names listed below Coachella Valley Public Cemetery District 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	None or Names listed below 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
None or Names listed below Coachella Valley Public Cemetery District 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	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
None or Names listed below Coachella Valley Public Cemetery District 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 Description of Business Activity or	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 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or
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Contract Support



STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received Filing Official Use Only **COVER PAGE**

A PUBLIC DOCUMENT

Please type or print in ink.	_			Et Honoley
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Campos	Carlos		L	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms,				
Coachella Valley Public Cem	etery District			
Division, Board, Department, District, in	f applicable	You	Position	
		G	eneral Counsel	
▶ If filing for multiple positions, list be	elow or on an attachment. (I	Do not use acronyms)		
Agency:		Pos	sition:	
2. Jurisdiction of Office (Check	c of locat and boyl			
	t at least one box)			
State			dge, Retired Judge, Pro Tem atewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		Co	unty of	
City of			her Riverside County	
3. Type of Statement (Check at		···		
★ Annual: The period covered is J	•		eaving Office: Date Left	1 1
December 31, 2022 .	andary 1, 2022, anough			ne circle.)
-or- The period covered is _		through C) The period covered is Janu	ary 1, 2022, through the date of
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Assuming Office: Date assumed	d/	_ (The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office	ce sought, if different	han Part 1:	
4. Schedule Summary (require	ed) ► Total ı	number of pages	including this cover p	age: 4
Schedules attached	•	, 0	7	<u> </u>
Schedule A-1 - Investments -	schedule attached	Schedule	C - Income, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments -	schedule attached	Schedule	D - Income - Gifts - schedul	le attached
Schedule B - Real Property −	schedule attached	Schedule	E - Income - Gifts - Travel I	Payments - schedule attached
-or- ☐ None - No reportable in	aterests on any schedul	' o		
5. Verification	neresis on any schedul	<u> </u>		
MAILING ADDRESS STREET		CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - P 74-760 Highway 111, Ste 10		Indian Wells	CA	92210
DAYTIME TELEPHONE NUMBER		EMAIL ADDR		32210
(760) 568-2611		carlos.ca	ampos@bbklaw.com	
I have used all reasonable diligence in herein and in any attached schedules	preparing this statement. I his true and complete. I ackr	nave reviewed this stan	ement and to the best of my lolic document.	knowledge the information contained
I certify under penalty of perjury un				ct.
Date Signed		Signature		and the second
(month, day, y	caij		(File the originally signed paper s	tatement with your filing oπicial.)

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

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	\$2,000 - \$10,000 \$10,001 - \$100,000
X \$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
➤ Partnership ○ Income Received of \$0 - \$499 ③ 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:
, , 22 , , 22	, , 22 , , , 22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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
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NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
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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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\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
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IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 22 , , , 22	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	1
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
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 IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
▼ Ownership/Deed of Trust □ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IS DENTH PROPERTY OFFICE WASHINGTON	Ĭ
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$\begin{array}{c c c c c c c c c c c c c c c c c c c	\$1,001 - \$10,000 \text{\$500} - \$1,000
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. None
	I 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)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Carlos Campos

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
	NAME OF SOURCE OF INCOME
Best Best & Krieger LLP ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
74-760 Highway 111, Suite 100, Indian Wells, CA 92210	ADDITEGO (Busiliess Addiess Acceptable)
BUSINESS ACTIVITY. IF ANY, OF SOURCE	PHONESC ACTIVITY IS ANY OF COURSE
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm YOUR BUSINESS POSITION	VOLID BUSINESS POSITION
Partner (Equity)	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$1,000 \$1,000 \$1,000 \$1,000 \$10,000 \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
	S10,001 - \$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.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	(For self-employed 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) ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	(Describe)
* You are not required to report loans from a commercial I a retail installment or credit card transaction, made in the	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
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
HIGHEST RAI ANCE DUDING DEDORTING DEDICE	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000 	
OVER \$100,000	Other(Describe)
Comments:	



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Date Initial Filing Received

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1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
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		CONSULTANT		
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in ming for multiple positions, list below	or on an attachment. (Do not use	acionyms)		
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2. Jurisdiction of Office (Check at a	least one box)			
State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	udge, or Court Commissioner	
Multi-County		County of		
City of		Other SPECIAL DISTE	21/7	
			, ~ · ·	
3. Type of Statement (Check at leas	t one box)			
Annual: The period covered is Janua December 31, 2022.	ry 1, 2022, through	Leaving Office: Date Left(Check one		
-or- The period covered is	_/, through	☐ The period covered is Januar	,	
December 31, 2022 .		leaving officeor-		
Assuming Office: Date assumed		the date of leaving office.	<i>J</i> , through	
Candidate: Date of Election	and office sought, i	f different than Part 1:		
4. Schedule Summary (required)	► Total number o	of pages including this cover page	qe:	
Schedules attached		, ,		
Schadula A-1 - Investments scho	dula attached	Schedule C - Income Loans & Business	Positions – schedule attached	
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – 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 interes	ests on any schedule			
5. Verification				
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	
(Business or Agency Address Recommended - Public I	Document)	-1	6. 1. <i>(C)</i>	
DAYTIME TELEPHONE NUMBER	LACKUIN	EMAIL ADDRESS	92248	
(760) 218-1477		MMCCVE123C LAMARL.Com	7	
I have used all reasonable diligence in prep herein and in any attached schedules is tru	aring this statement. I have review are and complete. I acknowledge the	ed this statement and to the best of my kno		
I certify under penalty of perjury under t				
, , , , ,				
Date Signed $3/(0/23)$	Sig	nature Italian d	That will	
(month, day, year)			(File the originally signed paper statement with your filing official.)	