

Trustees

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received

RECEIVED
FEB 15 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BY: awides
ROSALES ERNESTO C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

Your Position

CHAIR

► 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 **RIVERSIDE**

☐ City of _____

☒ Other **SPECIAL DISTRICT**

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
December 31, 2023.

☐ The period covered is January 1, 2023, 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 office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 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 attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) **574-7979**

EMAIL ADDRESS

ERNESTOCROSALES@GMAIL.COM

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 02/15/2024
(month, day, year)

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Ernesto Rosales

1. BUSINESS ENTITY OR TRUST
ER Funeral Home Planning Service
Name
84460 Goya Dr. Camarillo, CA
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS
Ins. Svcs.
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
ACQUIRED / 23 DISPOSED / 23
NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other
YOUR BUSINESS POSITION President

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

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
Great Western Ins. Co
Diocese of San Bernardino

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 City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
ACQUIRED / 23 DISPOSED / 23
NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold Yrs. remaining ☐ Other
☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST
Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
ACQUIRED / 23 DISPOSED / 23
NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other
YOUR BUSINESS POSITION

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

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

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Check one box:
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Description of Business Activity or City or Other Precise Location of Real Property
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☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
ACQUIRED / 23 DISPOSED / 23
NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold Yrs. remaining ☐ Other
☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
JAN 12 2024
BY: *R. Winder*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
VOSSLER JUDY A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

Your Position

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 **RIVERSIDE**

☐ City of _____

☒ Other **SPECIAL DISTRICT**

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

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December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

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December 31, 2023.

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of leaving office.

-or-

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the date of leaving office.

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☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

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☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
82925 AVENUE 52		COACHELLA	CA	92236
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(760) 774-5216		JUDY.VOSSLER@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

1-12-24
(month, day, year)

Signature

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

RECEIVED
Date Initial Filing Received
Filing Official Use Only
FEB 09 2024
BY: *AWinder*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CORONEL, JR. MARCOS A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

Your Position

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 RIVERSIDE

☐ City of _____

☒ Other SPECIAL DISTRICT

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-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 851-6333

EMAIL ADDRESS

MARCOS.CORONEL@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

02/09/2024
(month, day, year)

Signature

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
JAN 12 2024
BY: *W. Underwood*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
UNDERWOOD BRUCE C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

Your Position

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 **RIVERSIDE**

☐ City of _____

☒ Other **SPECIAL DISTRICT**

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

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(Check one circle.)

-or-

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☐ The period covered is January 1, 2023, through the date
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-or-

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-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) **238-1446**

EMAIL ADDRESS

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

1/12/2024
(month, day, year)

Signature

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Bruce C. Underwood</u>

1. BUSINESS ENTITY OR TRUST	
Name <u>HEALTHY FUTURES</u>	
Address (Business Address Acceptable) <u>75-895 Ath Mi19</u>	
Check one ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE ☐ \$0 - \$1,999 ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/23 ____/____/23 ACQUIRED DISPOSED
NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☒ <u>Corporation</u> Other _____	
YOUR BUSINESS POSITION <u>President</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
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	

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 City or Other Precise Location of Real Property _____	
FAIR MARKET VALUE ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/23 ____/____/23 ACQUIRED DISPOSED
NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold _____ Yrs. remaining ☐ Other _____	
☐ Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Name _____	
Address (Business Address Acceptable) _____	
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE ☐ \$0 - \$1,999 ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/23 ____/____/23 ACQUIRED DISPOSED
NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☐ _____ Other _____	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
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NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership ☐ Leasehold _____ Yrs. remaining ☐ Other _____	
☐ Check box if additional schedules reporting investments or real property are attached	

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

JAN 12 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
RIOS JOHN M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

Your Position

CHAIR

► 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 RIVERSIDE

☐ City of

☒ Other SPECIAL DISTRICT

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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4. Schedule Summary (required)

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☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 285-3247

EMAIL ADDRESS

JMRIOS20@VERIZON.NET

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

1-12-24
(month, day, year)

Signature

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

Employees

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Date Initial Filing Received
Filing Official Use Only
JAN 11 2024
BY ASides

Please type or print in ink.

NAME OF FILER (LAST) Bonner (FIRST) Joshua (MIDDLE) Ryan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

Your Position

General Manager

► 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 RIVERSIDE

☐ City of _____

☒ Other SPECIAL DISTRICT

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MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

Josh.Bonner@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

1-11-24

(month, day, year)

Signature

[Signature]

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
JAN 11 2024
BY: *Sherry Winder*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Winder Sherry L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

Your Position

Finance Analyst / Clerk of the Board

► 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 *RIVERSIDE*

☐ City of _____

☒ Other *SPECIAL DISTRICT*

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MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

Sherry.Winder@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

01-11-2024
(month, day, year)

Signature

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Sherry Winder

► 1. BUSINESS ENTITY OR TRUST

Sherry Winder Bookkeeping Inc.

Name

79870 Swansea Avenue, Indio, CA 92203

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Bookkeeping

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /23 / /23
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION President

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /23 / /23
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

► 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

► 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

► 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

► 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

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

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /23 / /23
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► 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
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /23 / /23
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

JAN 11 2024

BY: *[Signature]*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rodriguez *Enda* *Lised*

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

Administrative Assistant

Your Position

► 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 *RIVERSIDE*

☐ City of _____

☒ Other *SPECIAL DISTRICT*

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ The period covered is January 1, 2023, 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 office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

enda.rodriquez@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

1-11-24

(month, day, year)

Signature

[Signature]

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

JAN 11 2024

BY: *[Signature]*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

DE LA TORRE

Guillermo

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

MAINTENANCE MANAGER

Division, Board, Department, District, if applicable

Your Position

► 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 RIVERSIDE

☐ City of _____

☒ Other SPECIAL DISTRICT

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

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(Check one circle.)

-or-

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-or-

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☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

Guillermo.DeLaTorre@CVCPO.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

1/11/24

(month, day, year)

Signature

[Signature]

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

RECEIVED
Date Initial Filing Received
Filing Official Use Only
JAN 11 2024
BY: *AWG/ndles*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
WILBERTS JASON DWAYNE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

MAINTENANCE SPECIALIST

Your Position

► 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 *RIVERSIDE*

☐ City of _____

☒ Other *SPECIAL DISTRICT*

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is _____, through
December 31, 2023.

☐ **Leaving Office:** Date Left _____
(Check one circle.)

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

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the date of leaving office.

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☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

JASON.WILBERTS@CVCAPD.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

1/11/2024
(month, day, year)

Signature

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
JAN 11 2024
BY: *Al Orndes*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Garcia Jimenez Omar

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

MAINTENANCE TECH

Division, Board, Department, District, if applicable

Your Position

► 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 *RIVERSIDE*

☐ City of _____

☒ Other *SPECIAL DISTRICT*

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

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☐ The period covered is ____/____/_____, through
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☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

Omar.Garcia@CVCPP.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

1/11-24

(month, day, year)

Signature

Omar Garcia

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
JAN 11 2024
BY: *[Signature]*

Please type or print in ink.

NAME OF FILER (LAST) Dengering (FIRST) Matthew (MIDDLE) Ein

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

MAINTENANCE TECH

Division, Board, Department, District, if applicable

Your Position

► 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 RIVERSIDE

☐ City of _____

☒ Other SPECIAL DISTRICT

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

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(Check one circle.)

-or-

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-or-

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☐ The period covered is ____/____/_____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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☐ **Schedule A-1 - Investments** – schedule attached

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☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

MAT.DENGERING@CVCPO.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 Jan 11, 2024
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

JAN 11 2024

BY: MD

Please type or print in ink.

NAME OF FILER (LAST) SANTANA (FIRST) MANUEL (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

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: MANAGER

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 _____

☒ Other SPECIAL DISTRICT

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
December 31, 2023.

☐ The period covered is January 1, 2023, 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 office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

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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

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(760) 398-3221

MANUEL.SANTANA@CVCED.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

1-11-24

(month, day, year)

Signature

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

JAN 11 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
NAVARRO-LUPIAN MARLENE -

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 SERVICES MGR.

► 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 RIVERSIDE

☐ City of _____

☒ Other SPECIAL DISTRICT

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
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☐ The period covered is January 1, 2023, 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 office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

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☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(760) 398-3221

MARLENE.NAVARRO-LUPIAN@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

01-11-2024
(month, day, year)

Signature

Marlene Navarro-Lupian
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
FEB 15 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BY: Adrianna Mims

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)

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 _____

☒ Other SPECIAL DISTRICT

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

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(Check one circle.)

-or-

The period covered is ____/____/_____, through
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☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/_____, through
the date of leaving office.

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► Total number of pages including this cover page: 1

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☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

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☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

Adrianna.Mims@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 2-14-2024
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

RECEIVED
Date Initial Filing Received
Filing Official Use Only
JAN 11 2024
BY: AWRider

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Ayala

Donna

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Cemetery Service Specialist

Division, Board, Department, District, if applicable

Your Position

► 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 RIVERSIDE

☐ City of _____

☒ Other SPECIAL DISTRICT

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

☐ **Leaving Office:** Date Left _____
(Check one circle.)

-or-

The period covered is _____, through
December 31, 2023.

☐ The period covered is January 1, 2023, 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 office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

(760) 398-3221

EMAIL ADDRESS

Donna.Ayala@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

11/11/2024
(month, day, year)

Signature

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

Contract Support

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
MAR 18 2024
awinder

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Campos Carlos L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Coachella Valley Public Cemetery District

Division, Board, Department, District, if applicable

Your Position

General Counsel

► 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 Riverside County

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

☒ **Annual:** The period covered is January 1, 2023, through
December 31, 2023.

-or-

The period covered is ____/____/____, through
December 31, 2023.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

Schedules attached

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☒ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

74-760 Highway 111, Ste 100

CITY

Indian Wells

STATE

CA

ZIP CODE

92210

DAYTIME TELEPHONE NUMBER

(760) 568-2611

EMAIL ADDRESS

carlos.campos@bbklaw.com

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

01/29/24
(month, day, year)

Signature

(File the originally 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 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Carlos Campos

▶ NAME OF BUSINESS ENTITY

Best Best & Krieger LLP

GENERAL DESCRIPTION OF THIS BUSINESS

Law Firm

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☒ Partnership ☐ Income Received of \$0 - \$499
☒ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

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

79-54 Dandelion Drive

CITY

La Quinta, CA 92253

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining 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

Adriana Gomez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/23 ____/____/23
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining 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

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

Carlos Campos

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor☐ Other _____ (Describe)

FPPC Form 700 - Schedule C (2023/2024)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 13

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) McCue (FIRST) Matthew (MIDDLE) C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

Your Position

► 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
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☐ Multi-County _____

☒ County of RIVERSIDE

☐ City of _____

☒ Other SPECIAL DISTRICT

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

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☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle.)

-or-

The period covered is ____/____/_____, through
December 31, 2023.

☐ The period covered is January 1, 2023, through the date
of leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/_____, through
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☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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► Total number of pages including this cover page: 1

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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

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

82925 AVENUE 52

COACHELLA

CA

92236

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(760) 398-3221

Matthew.McCue@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

2/14/24
(month, day, year)

Signature

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