# Trustees

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



Please type or print in ink.					mig i do
NAME OF FILER (LAST)	(FIRST)	-		(MIDDLE)	BT: 1000 Pace
ROSALES	ERNEST	0		C.	
1. Office, Agency, or Cou	rt				
Agency Name (Do not use acr	onyms) PUBLIC CEMETERY DIS	TRICT			
Division, Board, Department, Di	strict, if applicable		Your Pos	sition	
BOARD OF TRUSTEES	<b>3</b>		CHAIF	2	
▶ If filing for multiple positions	, list below or on an attachment.	(Do not use a	acronyms)		
Agency:			Position	:	
2. Jurisdiction of Office	(Check at least one box)				
State				Retired Judge, Pro Tem Juide Jurisdiction)	udge, or Court Commissioner
Multi-County	·		County	of RIVERSIDE	
			Other	SPECIAL DISTRIC	Т
3. Type of Statement (Ch	eck at least one box)				
December 31, 20	red is January 1, 2023, through 023.		Leavi	ng Office: Date Left (Check one	
The period cover December 31, 20	red is	_, through		ne period covered is Janua leaving office.	ary 1, 2023, through the date
Assuming Office: Date a	assumed/		☐ Th	ne period covered is e date of leaving office.	_/, through
Candidate: Date of Election	ion and o	ffice sought, it	f different than	Part 1:	
4. Schedule Summary (r	equired) ► Tota	l number o	of pages inc	cluding this cover pa	age: <u>2</u>
Schedules attached					
Schedule A-1 - Investr	nents - schedule attached				ss Positions - schedule attached
	nents - schedule attached			Income - Gifts - schedule	
Schedule B - Real Pro	perty – schedule attached		Schedule E -	Income – Gitts – Travel Pa	Payments – schedule attached
-or- None - No report	able interests on any scheo	lule			
5. Verification					
MAILING ADDRESS ST (Business or Agency Address Recomm	REET	CITY		STATE	ZIP CODE
82925 AVENUE 52	ended - Fublic Documenty	COACH	IELLA	CA	92236
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS		
(760 ) 574-7979			ERNESTO	CROSALES@GMAI	IL.COM
	ence in preparing this statement. nedules is true and complete. I a				nowledge the information contain
I certify under penalty of per	jury under the laws of the State	of California	a that the fore	egoing is true and correc	at.
D ( 0)	helpoor	61		6	$\times$
Date Signed	1/19/2024 ionth, day, year)	Sig	nature	(File the originally signed paper sta	latement 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	► 1. BUSINESS ENTITY OR TRUST
ER Funeral Preplemaines	Are.
84460 Gora Da Carchella Ce	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Ins. Sics.	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship	Partnership Sole Proprietorship Other
Other	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RAT.
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499	\$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$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.)	■ 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	None or Names listed below
Great Western Ins. Co Diocese of SonBernadino	
D1	
Ulocese of smolin andino	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
INVESTMENT REAL PROPERTY	I NVESTMENT REAL PROPERTY
INVESTIMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000/_23/23	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining  Check box if additional schedules reporting investments or real property	Trs. remaining  Check box if additional schedules reporting investments or real property
are attached	are attached
	11

Comments: .



(month, day, year)

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

JAN 1 2 2024

A PUBLIC DOCUMENT

	A PUDL	IC DOCUMENT	0,0
lease type or print in ink.			BY: DWINDES
AME OF FILER (LAST)	(FIRST)	(MIDDLE)	
OSSLER	JUDY	A.	
Office, Agency, or Court			
Agency Name (Do not use acronyms			
COACHELLA VALLEY PUBI	LIC CEMETERY DISTRICT		
Division, Board, Department, District,	f applicable	Your Position	
BOARD OF TRUSTEES		TRUSTEE	
▶ If filing for multiple positions, list be	elow or on an attachment. (Do not use	acronyms)	
Agency:		Position:	
Jurisdiction of Office (Chec	k at least one box)		
State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of RIVERSIDE	
City of		Other SPECIAL DISTRIC	т
Type of Statement (Check at		adalisati saturaturi da diserbati saturaturi en el delen timbi de delen de en el de del como esperante en el d	
Annual: The period covered is December 31, 2023.		Leaving Office: Date Left(Check c	one circle.)
-or- The period covered is December 31, 2023.		☐ The period covered is Janu of leaving office.	uary 1, 2023, through the date
Assuming Office: Date assume	ed/		
Candidate: Date of Election	and office sought, i	if different than Part 1:	
Schedule Summary (requi	red) ► Total number o	of pages including this cover p	page: /
Schedules attached			,
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 - schedu	le attached
Schedule B - Real Property -	- schedule attached	Schedule E - Income - Gifts - Travel	Payments - schedule attached
None - No reportable	interests on any schedule		
Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	STATE	ZIP CODE
82925 AVENUE 52	COACH	HELLA CA	92236
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(760 ) 774-5216		JUDY.VOSSLER@CVPCD.O	RG
	n preparing this statement. I have review s is true and complete. I acknowledge the		knowledge the information contain
I certify under penalty of perjury u	nder the laws of the State of Californi	ia that the foregoing is true and corre	ect.
1.11	214	gnature Queleller	1
Date Signed /-/2	₹ Sic	gnature Ludel len	elle-

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



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ate Init	ial Fi	ling Rec	eived
FEB	0 G	2024	

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
CORONEL, JR.	MARCOS	Α.	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
COACHELLA VALLEY PUBLI	C CEMETERY DISTRICT		
Division, Board, Department, District, if	applicable	Your Position	
BOARD OF TRUSTEES		TRUSTEE	
► If filing for multiple positions, list belo	ow or on an attachment. (Do not u	ese acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		en e
State	,	Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-County		County of RIVERSIDE	
City of		Other SPECIAL DISTRIC	Т
3. Type of Statement (Check at I			
Annual: The period covered is Ja December 31, 2023.	ŕ	Leaving Office: Date Left(Check on	
The period covered is December 31, 2023.	, through	The period covered is Janua of leaving office.	ary 1, 2023, through the date
Assuming Office: Date assumed		The period covered is the date of leaving office.	J, through
Candidate: Date of Election	and office sough	ht, if different than Part 1:	
4. Schedule Summary (require	ed) ► Total numbe	er of pages including this cover pa	nge: /
Schedules attached			
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Busines	s Positions - schedule attached
Schedule A-2 - Investments -		Schedule D - Income - Gifts - schedule	attached
Schedule B - Real Property -	schedule attached	Schedule E - Income - Gifts - Travel P	ayments - schedule attached
-or- None - No reportable in	terests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	CITY whic Document)	STATE	ZIP CODE
82925 AVENUE 52		CHELLA CA	92236
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(760 ) 851-6333		MARCOS.CORONEL@CVPCI	D.ORG
I have used all reasonable diligence in herein and in any attached schedules i		viewed this statement and to the best of my kape this is a public document.	nowledge the information contained
I certify under penalty of perjury und	der the laws of the State of Califo	ornia that the foregoing is true and correc	<b>L</b>
Date Signed 02/04/3	2024	Signature	Jan
(month, day, y	ear)	(File the originally signed paper st	atement with your filing official.)



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Date Initial Filing Received
Filing Official Use Only

JAN 1 2 2024

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) C. **UNDERWOOD** BRUCE 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT Division, Board, Department, District, if applicable Your Position **BOARD OF TRUSTEES** TRUSTEE ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: — Agency: \_ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (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, 2023, through Leaving Office: Date Left \_\_\_\_ (Check one circle.) December 31, 2023. -or-\_\_ The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_, through of leaving office. December 31, 2023. \_\_/\_\_\_\_, through \_\_ 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 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 STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 COACHELLA CA 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. Signature **Date Signed** 

ment with your filing official.)

(File the originally signed paper st

#### **SCHEDULE A-2**

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORN FAIR POLITICA	I <b>IA F</b>	ORM 700 CTICES COMMISSION
Name Bruce	C.	Undenwood

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
HEALTHY FUTURES	
75-895 Ath Mila	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	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	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
NATURE OF INVESTMENT Partnership Sole Proprietorship V Colpanion Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION TOSTACT	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below	➤ 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:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: \_



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JÁ	NI	2	2024	

A PUBLIC DOCUMENT D. St. Sinder Please type or print in ink. NAME OF FILER (LAST) (FIRST) M RIOS JOHN 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT Your Position Division, Board, Department, District, if applicable CHAIR **BOARD OF TRUSTEES** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) \_\_\_ 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, 2023, through Leaving Office: Date Left \_\_\_\_ (Check one circle.) December 31, 2023. \_\_ The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_\_, through of leaving office. December 31, 2023. \_\_ 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: 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 STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 COACHELLA CA 92236 DAYTIME TELEPHONE NUMBER **EMAIL ADDRESS** (760 ) 285-3247 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.

Signature

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

# Employees



A PUBLIC DOCUMENT

Date	Initial Filing Received					
Parameter Unit	AN 1		2024	No.		

Please type	or print in ink.					abrides
NAME OF FILE		(FIRST)			(MIDDLE)	A Le edicelecciones
	Bonner	Josha	9		Kyan	
1. Office,	Agency, or Court				18.01.44.200	
Agency N	Name (Do not use acronyms	:)	The state of the s			
	HELLA VALLEY PUB	**	STRICT	General	Manga	61
Division,	Board, Department, District,	if applicable	ALVER AND	Your Position		
► If filing	g for multiple positions, list b	elow or on an attachment.	(Do not use acron	yms)		
Agency:				Position:		
2. Jurisd	liction of Office (Chec	k at least one box)				
State			-	Judge, Retired Judge (Statewide Jurisdiction		e, or Court Commissioner
Multi-	-County			County of RIVER	,	
				Other SPECIAL		
- Tolly	of			- Other		
3. Type	of Statement (Check a	t least one box)				
Ann	nual: The period covered is	January 1, 2023, through	Γ	Leaving Office: D		
	December 31, 2023.			The period cover	(Check one cit	,
	The period covered is December 31, 2023.		, through	of leaving office		, 2023, through the date
Ass	uming Office: Date assume	ed		The period cover the date of leav		, through
Can	didate: Date of Election	and	office sought, if diffe	rent than Part 1:	water the state of	
4. Sched	lule Summary (requi	red) ► Tota	al number of pa	ges including this	s cover page	: 1
Sched	dules attached					
	Schedule A-1 - Investments	- schedule attached	Sche	dule C - Income. Loar	ns. & Business P	ositions - schedule attached
	Schedule A-2 - Investments			dule D - Income - Gif		
	Schedule B - Real Property		Sche	dule E - Income - Gif	ts – Travel Paym	ents - schedule attached
Samujanasad						
-or- 🏻	None - No reportable	interests on any sche	dule			
5. Verific	ation					
MAILING A		Dublic Desument	CITY		STATE	ZIP CODE
	or Agency Address Recommended - 5 AVENUE 52	Ривііс Боситепі)	COACHELL	Δ	CA	92236
-	TELEPHONE NUMBER			ADDRESS	<u> </u>	32230
(760	) 398-3221		1 50	sh. Bonner	&CVP(	0.00
				s statement and to the	best of my know	ledge the information contained
I certify	under penalty of perjury u	nder the laws of the Sta	te of California tha	t the foregoing is true	e and correct.	
	, ,, ,	ч				
Date Sig	ned		Signatu		Illy signed naner stateme	ant with your filing official )



A PUBLIC DOCUMENT

Date	Initia Filing	al F	- ilir	g Rece	eived
All J	AN	1		2024	y

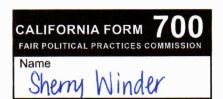
BY: Albrides Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) Sherry 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT Division, Board, Department, District, if applicable Your Position Finance Analyst / Clerk of the Board ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms, Agency: \_ Position: \_ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (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, 2023, through Leaving Office: Date Left \_\_\_\_\_/\_\_ December 31, 2023. (Check one circle.) The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_, through of leaving office. December 31, 2023. 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 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. Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 92236 COACHELLA CA EMAIL ADDRESS DAYTIME TELEPHONE NUMBER Sherry. Winder @ cvpcd.org (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 01-11-2024 Signature

signed paper statement with your filing official.)

#### SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



▶ 1. BUSINESS ENTITY OR TRUST	► 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	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	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	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
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
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	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:  INVESTMENT REAL PROPERTY
INVESTMENT KERE PROPERTY	INVESTMENT KEAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock Partnership
Leasehold Yrs, remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	EDDC Form 700 Schodulo A 2 /2022/202





A PUBLIC DOCUMENT

Ple	ase type or print in ink.			BY: JOW Half
_	ME OF FILER (LAST)	(FIRST)	(MIDDI	
K	odriquez_	Enda		sed
	Office, Agency, or Court			
	Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CE	METERY DISTRICT	Administrative	Assistant.
	Division, Board, Department, District, if applica	ble	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 lease	st one box)		
	State		Judge, Retired Judge, Pro T (Statewide Jurisdiction)	em Judge, or Court Commissioner
	Multi-County		County of RIVERSIDE	
	City of		Other SPECIAL DIST	RICT
3.	Type of Statement (Check at least o	ne box)		
	Annual: The period covered is January December 31, 2023.		• • • • • • • • • • • • • • • • • • • •	ck one circle.)
	The period covered is/_ December 31, 2023.	, through	☐ ☐ The period covered is of leaving office.	January 1, 2023, through the date
	Assuming Office: Date assumed	J	The period covered is the date of leaving office	ee. , through
	Candidate: Date of Election	and office souç	ht, if different than Part 1:	
4.	Schedule Summary (required)	► Total numb	er of pages including this cove	er page:
	Schedules attached			
	Schedule A-1 - Investments - schedu	le attached		isiness Positions - schedule attached
	Schedule A-2 - Investments - schedu		Schedule D - Income - Gifts - sch	
	Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Tra	vel Payments – schedule attached
-(	or- V None - No reportable interes	's on any schedule		
5.	Verification			
	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Door 82925 AVENUE 52		CHELLA CA	92236
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(760 ) 398-3221		lenda, rodriguezo	e cypediora
	I have used all reasonable diligence in prepar herein and in any attached schedules is true			my knowledge the information contained
	I certify under penalty of perjury under the	laws of the State of Calif	fornia that the foregoing is true and c	orrect.
	Date Signed		Signature (File the originally signed a	paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

JAN 1 1 2024

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) DE LA PORRE Office, Agency, or Court Agency Name (Do not use acronyms) 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) Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (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 Jacary 1, 2023, through Leaving Office: Date Left \_\_\_\_ December 31, 2023. (Check one circle.) -or-\_\_ The period covered is January 1, 2023, through the date The period covered is of leaving office. December 31, 2023. 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 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. Verification MAILING ADDRESS STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 COACHELLA DAYTIME TELEPHONE NUMBER Trucceno . DE MOTORE @ CVCPD. ORG (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. Signature **Date Signed** inally signed paper statement with your filing official.)



Date Initial Filing Received
JAWN 2024

BY: Swhile

A PUBLIC DOCUMENT

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NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
	WILBERTS	SASON		DWATA	J (c
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)			-	
	COACHELLA VALLEY PUBL	IC CEMETERY DISTRICT	MAIN	STENANCE	SPECIALIST
	Division, Board, Department, District, if	applicable	Your Position	on	
	► If filing for multiple positions, list below	ow or on an attachment. (Do not us	se acronyms)		
	Agency:		Position: _		
2.	Jurisdiction of Office (Check	at least one box)			
	State		Judge, Re	etired Judge, Pro Tem Jud	dge, or Court Commissioner
				Jurisdiction)	
	Multi-County		County of	RIVERSIDE	
	City of		Other S	PECIAL DISTRICT	
3.	. Type of Statement (Check at I	least one box)			
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	December 31, 2023.	, ., <u></u> ,g.	, ,	(Check one	
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	Assuming Office: Date assumed			period covered is	, through
	Candidate: Date of Election	and office sough	t, if different than Pa	art 1:	
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	Schedule A-1 - Investments -	schedule attached	Schedule C - Inc	come, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investments -		Schedule D - Inc	come - Gifts - schedule a	attached
	Schedule B - Real Property -	schedule attached	Schedule E - Inc	come – Gifts – Travel Pay	ments - schedule attached
	\ /				
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5.	. Vérification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	CITY ublic Document)		STATE	ZIP CODE
	82925 AVENUE 52	COAC	CHELLA	CA	92236
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	-	
	(760 ) 398-3221			. WIIBENTS QC	
	I have used all reasonable diligence in herein and in any attached schedules in				owiedge the information contained
	I certify under penalty of perjury und	der the laws of the State of Califo	rnia that the forego	oing is true and correct.	
	1/1/20	2.4		)	
	Date Signed (month, day, y		Signature	File the originally signed paper state	ement with your filing official )
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	JAN 1 1 2024

Please type or print in ink. NAME OF FILER (LAST) dimenez 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT MAINTENANCES TECH Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (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, 2023, through Leaving Office: Date Left \_\_\_\_ (Check one circle.) December 31, 2023. -or-\_\_ The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_ through of leaving office. December 31, 2023. \_\_ The period covered is \_\_\_ 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 E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- X None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 CA 92236 COACHELLA DAYTIME TELEPHONE NUMBER **EMAIL ADDRESS** DMAN. GARCIA @ CUCPO.ONG (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 the originally signed paper statement with your filing official.)



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Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT MAINTENANCE TECH Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of RIVERSIDE Multi-County SPECIAL DISTRICT City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left \_\_\_ (Check one circle.) December 31, 2023. -or-The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_ through of leaving office. December 31, 2023. The period covered is \_ 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 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 STREET CITY ZIP CODE (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 COACHELLA CA 92236 DAYTIME TELEPHONE NUMBER MATT, FENGEMING & CYCPO. ORG (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 Q av **Signature** (File the originally signed paper statement with your filing official.)

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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BY Stonde Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) MA 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) Position: MANUENANTECL Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of RIVERSIDE Multi-County \_\_\_\_\_ Other SPECIAL DISTRICT City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_ Annual: The period covered is January 1, 2023, through December 31, 2023. (Check one circle.) -or-\_\_ The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_ through of leaving office. December 31, 2023. The period covered is \_\_\_\_ 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 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 CITY ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 COACHELLA DAYTIME TELEPHONE NUMBER EMAIL ADDRESS GANTANA B CVECD. ONE (760 ) 398-3221 MANUEL. I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the infamoation 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 perfect. Signature (File the originally signed paper tement with your filing official.)



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NAVARRO-LUPIAN MARLE		
Office, Agency, or Court		
Agency Name (Do not use acronyms)		
COACHELLA VALLEY PUBLIC CEMETERY DISTRICT	Acousting Converse 160	
Division, Board, Department, District, if applicable	Your Position Your Position	
Division, Board, Department, District, in applicable	Total Totalen	
▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)	
Agency:	Position:	
Jurisdiction of Office (Check at least one box)		
	Lidas Betard Lidas Bra Tara Lidas as Court Commissions	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	r
Multi-County	County of RIVERSIDE	
City of	Other SPECIAL DISTRICT	
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2023, through	Leaving Office: Date Left	
December 31, 2023.	(Check one circle.)	
-or- The period covered is/, through	The period covered is January 1, 2023, through the date	
December 31, 2023.	of leaving office.	
Assuming Office: Date assumed/	The period covered is/, throu	gh
	the date of leaving office.	Ů.
Candidate: Date of Election and office sought,	f different than Part 1:	
Schedule Summary (required) ► Total number	of pages including this cover page:	
Schedules attached	pages mending the cover page.	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attack	hed
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	t
or- None - No reportable interests on any schedule		
. Vérification		
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE	
82925 AVENUE 52 COACH	HELLA CA 92236	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	
(760 ) 398-3221	MARLENE, NAVARRO-LUDIAN Q.C.V.P.	2
I have used all reasonable diligence in preparing this statement. I have review	ved this statement and to the best of my knowledge the information con	itained
herein and in any attached schedules is true and complete. I acknowledge t		
I certify under penalty of perjury under the laws of the State of Californ	a mat me foregoing is true and correct.	
210 1 01 11 2021	Mark all SI	
Date Signed 0/-//-2024 Signed	gnature While the originally signed gater statement with your filing official.)	

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) drianna 1. Office, Agency, or Court Agency Name (Do not use acronyms) 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) Agency: \_\_\_\_ 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, 2023, through Leaving Office: Date Left \_\_\_\_ December 31, 2023. (Check one circle.) -or-\_\_ The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_ through of leaving office. December 31, 2023. 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 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 STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 92236 COACHELLA 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 with your filing official.)



Date Initial Filing Received
Filing Official Use Only 4

BY OWINGES

A PUBLIC DOCUMENT
Please type or print in ink.

NAM	IE OF FILER (LAST) (FIR:	ST)	(MIDDLE)	
	Ayala	Donna	,	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	COACHELLA VALLEY PUBLIC CEMETER	RY DISTRICT	Cemetery Service	Specialist
	Division, Board, Department, District, if applicable		Your Position	Pecialist
	▶ If filing for multiple positions, list below or on an atta	chment. (Do not use	e acronyms)	Color of the color
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one bo	x)		
	State		Judge, Retired Judge, Pro Tem Judge	e. 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, t	hrough	Leaving Office: Date Left	
	December 31, 2023.		(Check one ci	rcle.)
	The period covered is/	, through	The period covered is January 1 of leaving office.	1, 2023, through the date
	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:	
4.	Schedule Summary (required)	► Total number	of pages including this cover page	: (
	Schedules attached			
	Schedule A-1 - Investments - schedule attache	d	Schedule C - Income, Loans, & Business P	ositions - schedule attached
	Schedule A-2 - Investments - schedule attache	d	Schedule D - Income - Gifts - schedule att	ached
	Schedule B - Real Property - schedule attache	d	Schedule E - Income - Gifts - Travel Paym	ents - schedule attached
	~ · ·			
-(	or- None - No reportable interests on an Verification	y schedule		
J.	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document)	GITT	SIAIL	ZII GODE
	82925 AVENUE 52	COAC	HELLA CA	92236
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	2 -
	(760 ) 398-3221		Donna. Ayala a) CV	
	I have used all reasonable diligence in preparing this statement and in any attached schedules is true and comp			ledge the information contained
	I certify under penalty of perjury under the laws of	the State of Califor	nia that the foregoing is true and correct.	
	· ·			2 /
	Date Signed	8	Signature (File the originally signed paper stateme	ent with your filing official.)



A PUBLIC DOCUMENT



Please type or print in ink. NAME OF FILER (LAST) (FIRST) **CELIS JESSICA** 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT Division, Board, Department, District, if applicable Your Position CRM PROJECT MANAGER ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (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, 2023, through Leaving Office: Date Left \_\_\_\_\_/\_\_ December 31, 2023. (Check one circle.) -or-☐ The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_\_, through of leaving office. December 31, 2023. 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 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- Mone - No reportable interests on any schedule 5. Verification MAILING ADDRESS ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 92236 82925 AVENUE 52 COACHELLA CA DAYTIME TELEPHONE NUMBER **EMAIL ADDRESS** (760) 398-3221 JESSICA.CELIS@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 03/25/2024

Signature

(month, day, year)

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

# Contract Support

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



Please type or print in ink.		De la Colon Nales
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Campos	Carlos	L
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Coachella Valley Public Cemet	ery District	
Division, Board, Department, District, if a		Your Position
		General Counsel
► If filing for multiple positions, list below	v or on an attachment. (Do not	
Agency:		Position:
2. Jurisdiction of Office (Check a	t least one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)
Multi-County		County of
City of		
3. Type of Statement (Check at lea		
Annual: The period covered is Jan December 31, 2023.	uary 1, 2023, through	Leaving Office: Date Left/
-or- The period covered is	, through	h The period covered is January 1, 2023, through the date
December 31, 2023.	e e e	of leaving office.
Assuming Office: Date assumed _		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sou	ght, if different than Part 1:
4. Schedule Summary (required	1) Total numb	er of pages including this cover page: 4
Schedules attached	ij Protai numb	er or pages including this cover page:4
		Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-1 - Investments – so		Schedule C - Income, Loans, & Business Positions – schedule attached
<ul> <li>Schedule A-2 - Investments − so</li> <li>Schedule B - Real Property − so</li> </ul>		Schedule E - Income - Gifts - Travel Payments - schedule attached
Scriedule B - Real Property - Sc	nedule attached	
-or- ☐ None - No reportable inte	erests on any schedule	
5. Verification	***	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Publ 74-760 Highway 111, Ste 100		an Wells CA 92210
DAYTIME TELEPHONE NUMBER	IIIdie	EMAIL ADDRESS
( 760 ) 568-2611		carlos.campos@bbklaw.com
I have used all reasonable diligence in pr herein and in any attached schedules is		eviewed this statement and to the best of my knowledge the information contained
		fornia that the foregoing/is true and correct.
1		$(\Lambda h)$
Date Signed 31 29	M	Signature
(month, day, year	)	(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	► NAME OF BUSINESS ENTITY
	Best Best & Krieger LLP	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Law Firm	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
		S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe)	(Describe)
	➤ Partnership   O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	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	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe)  Partnership (Income Received of \$0 - \$499	(Describe)  Partnership () Income Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
	A	a t
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
_	NAME OF BUSINESS ENTITY	NAME OF BURNISON FUTITY
	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
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
	○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	, , 23 , , , 23	, , 23
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
C	omments:	

#### **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	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
79-54 Dandelion Drive	
CITY	CITY
La Quinta, CA 92253	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     10,001 - \$100,000     23     23     23     23     23     23     24   25   25   25   25   25   25	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     / 23   / 23     / 23     / 23     / 23     / 23     / 23
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Yrs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
▼ \$10,001 - \$100,000	\$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.	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	None
Adriana Gomez  You are not required to report loans from a commercial commerc	cial lending institution made in the lender's regular course o lic without regard to your official status. Personal loans and
You are not required to report loans from a commer business on terms available to members of the publication.	cial lending institution made in the lender's regular course o lic without regard to your official status. Personal loans and
Adriana Gomez  You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business.	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business of Lender*  ADDRESS (Business Address Acceptable)	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
You are not required to report loans from a commer business on terms available to members of the publ loans received not in a lender's regular course of business of Lender*	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commer business on terms available to members of the publ loans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  Whone  HIGHEST BALANCE DURING REPORTING PERIOD  S500 - \$1,000 \$1,001 - \$10,000

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
	Carlos Campos

1. INCOME RECEIVED	► 1. INCOME RECEIVED
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	·
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Partner (Equity)	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
☐ \$10,001 - \$100,000 × OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)
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(Describe)	Other(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	
<ul> <li>You are not required to report loans from a commercial a retail installment or credit card transaction, made in the</li> </ul>	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
7.55 (E30/7000 / 1000 p. 1000	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
Dodine of Arthur Arthur Control of State of Stat	
LUCULEAT DALAMOSE DUDINO DEDOSTINO DECICO	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:	



Date Initial Filing Received
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Please type or print in ink. NAME OF FILER (LAST) (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: \_\_\_ 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, 2023, through Leaving Office: Date Left \_\_\_\_\_/\_ (Check one circle.) December 31, 2023. -or-☐ The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_\_, through of leaving office. December 31, 2023. ☐ The period covered is \_\_\_ 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 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 STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 82925 AVENUE 52 92236 COACHELLA CA 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