

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: Rosales
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 Your Position
BOARD OF TRUSTEES 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.
- 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 EMAIL ADDRESS
(760) 574-7979 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)

▶ 1. BUSINESS ENTITY OR TRUST

Name *ER Funeral Pre Planning Serv.*

Address (Business Address Acceptable)
84460 Goya Dr. Conchella, CA

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 / / /23 / / /23
 \$2,000 - \$10,000 / / /23 / / /23
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 / / /23 / / /23
 \$2,000 - \$10,000 / / /23 / / /23
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

Great Western Ins. Co
Diocese of San Bernardino

▶ 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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / /23 / / /23
 \$10,001 - \$100,000 / / /23 / / /23
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / /23 / / /23
 \$10,001 - \$100,000 / / /23 / / /23
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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 Your Position
BOARD OF TRUSTEES 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)

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

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

Assuming Office: Date assumed ____/____/____

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

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.

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 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 Vessler*
(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: *M. Winder*

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 Your Position
BOARD OF TRUSTEES 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)

Annual: The period covered is January 1, 2023, through December 31, 2023.
-or-
The period covered is _____, through December 31, 2023.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 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.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – 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) 851-6333 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
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RECEIVED
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)

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 ____/____/_____
and office sought, if different than Part 1: _____

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

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) 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
Bruce C. Underwood

▶ 1. BUSINESS ENTITY OR TRUST

Name HEALTHY FUTURES
Name 75-895 Ath Millg
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 ____/____/23 ____/____/23
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Corporation 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

▶ 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 ____/____/23 ____/____/23
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 ____/____/23 ____/____/23
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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
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None or Names listed below

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 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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: *John Rio*

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 Your Position
BOARD OF TRUSTEES 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of RIVERSIDE
- 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.
- Assuming Office: Date assumed _____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
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4. Schedule Summary (required)

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- Schedule A-1 - Investments – schedule attached
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- Schedule D - Income – Gifts – 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) 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.

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

Signature *John Rio*
(File the originally signed paper statement with your filing official.)

Employees

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)
Bonner Joshua Ryan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
COACHELLA VALLEY PUBLIC CEMETERY DISTRICT
Division, Board, Department, District, if applicable
General Manager
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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of RIVERSIDE
- Other SPECIAL DISTRICT

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

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- or-
- Assuming Office: Date assumed _____
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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 EMAIL ADDRESS
(760) 398-3221 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of *RIVERSIDE*
- 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.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
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- or-
- The period covered is _____, through the date of leaving office.

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- Schedule D - Income – Gifts** – 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
<i>82925 AVENUE 52</i>	<i>COACHELLA</i>	<i>CA</i>	<i>92236</i>	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
<i>(760) 398-3221</i>	<i>Sherry.Winder@cvpcd.org</i>			

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 IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____/____/23 _____/____/23

\$2,000 - \$10,000 _____/____/23 _____/____/23

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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

▶ 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 _____/____/23 _____/____/23

\$10,001 - \$100,000 _____/____/23 _____/____/23

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

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 _____/____/23 _____/____/23

\$2,000 - \$10,000 _____/____/23 _____/____/23

\$10,001 - \$100,000 ACQUIRED DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

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

▶ 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 _____/____/23 _____/____/23

\$10,001 - \$100,000 _____/____/23 _____/____/23

\$100,001 - \$1,000,000 ACQUIRED DISPOSED

Over \$1,000,000

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: *R. W. [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

Administrative Assistant

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

enda.rodriguez@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)

Annual: The period covered is January 1, 2023, through December 31, 2023.
-or- The period covered is _____ through December 31, 2023.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 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.

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 EMAIL ADDRESS
(760) 398-3221 **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/ndk*

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 MAINTENANCE 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of RIVERSIDE
- 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.)
- The period covered is January 1, 2023, through the date of leaving office.
- Assuming Office:** Date assumed _____
- The period covered is _____, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- **None - No reportable interests on any 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 JASON.WILBERTS@CVCPD.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 *JW*
(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: *AW*

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)

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)

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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

Omar.Garcia@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 *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: *AWinder*

Please type or print in ink.

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

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

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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

EMAIL ADDRESS

(760) 398-3221

MATT.DENGERLING@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 *Matthew Dengerling*
(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: MS/ids

Please type or print in ink.

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

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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of RIVERSIDE
- 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.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

BY: *Marlene Navarro-Lupian*

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 CEMETERY SERVICES MGR.

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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of *RIVERSIDE*
- 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.)
- The period covered is January 1, 2023, through the date of leaving office.
- Assuming Office: Date assumed _____
- The period covered is _____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

~~-or-~~ None - No reportable interests on any 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
Mims Adrianna M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
COACHELLA VALLEY PUBLIC CEMETERY DISTRICT
Division, Board, Department, District, if applicable
Cemetery Service 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of RIVERSIDE
- 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.
- Assuming Office:** Date assumed _____ and office sought, if different than Part 1: _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- **None - No reportable interests on any 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 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: *AWrides*

Please type or print in ink.

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

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.
-or- The period covered is _____, through December 31, 2023.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 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.

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
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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 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.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

RECEIVED
Date Initial Filing Received
Filing Official Use Only
MAR 25 2024
BY: J. Winder

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
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: _____ 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.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 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.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

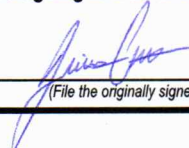
5. Verification

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 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
(month, day, year)

Signature 
(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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County 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.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
74-760 Highway 111, Ste 100 Indian Wells CA 92210

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(760) 568-2611 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
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
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)

Name
Carlos Campos

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
79-54 Dandelion Drive

CITY
La Quinta, CA 92253

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
 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 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
 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: _____

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

NAME OF SOURCE OF INCOME
Best Best & Krieger LLP

ADDRESS (*Business Address Acceptable*)
74-760 Highway 111, Suite 100, Indian Wells, CA 92210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

YOUR BUSINESS POSITION
Partner (Equity)

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)
 Sale of _____
(Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

(Describe)
 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McCue Matthew 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 (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.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 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.

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
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-or- None - No reportable interests on any schedule

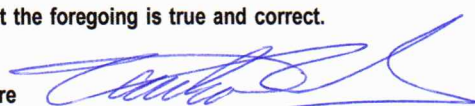
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
82925 AVENUE 52 COACHELLA CA 92236
DAYTIME TELEPHONE NUMBER 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.)