Trustees



A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	BY:	Swinder
ROSALES	ERNESTO		C.	ELD 0.0 0 0	
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
COACHELLA VALLEY F	PUBLIC CEMETE	ERY DISTRICT			
Division, Board, Department, District, if applic	able	 Your Position 			
BOARD OF TRUSTEES		TRUSTEE			
▶ If filing for multiple positions, list below or	on an attachment. (Do not us	se acronyms)	1:		
Agency:		Position:			
2. Jurisdiction of Office (Check at lea	ast one box)				
State		Judge, Retired Judge (Statewide Jurisdiction		dge, or Cou	t Commissioner
Multi-County		County of RIVE	RSIDE		
City of		Other SPECIA	AL DIST	RICT	
3. Type of Statement (Check at least to					
Annual: The period covered is January December 31, 2024.	1, 2024, through	Leaving Office: Da	ite Left Check one cir		
The period covered is/. December 31, 2024.	, through	☐ The period cover leaving office.	ed is January	1, 2024, thr	ough the date of
Assuming Office: Date assumed		The period cover the date of leaving			, through
Candidate: Date of Election	and office sough	t, if different than Part 1:			
4. Schedule Summary (required)	► Total number	r of pages including this	cover pag	ie: 2	
Schedules attached		, ,			-
Schedule A-1 - Investments – sched	ule attached	Schedule C - Income, Loans	s, & Business	Positions -	schedule attached
Schedule A-2 - Investments – sched		Schedule D - Income - Gifts	s – schedule a	attached	
Schedule B - Real Property – sched	ule attached	Schedule E - Income - Gifts	s – Travel Pay	/ments – scl	nedule attached
- News War					
-or- None - No reportable interes5. Verification	ts on any schedule				
MAILING ADDRESS STREET	CITY		STATE	ZIP	CODE
(Business or Agency Address Recommended - Public Do		NI I		00	000
82925 AVENUE 52 DAYTIME TELEPHONE NUMBER	COAC	CHELLA EMAIL ADDRESS	CA	92	236
(760) 574-7979		ERNESTOCROSALES@	OGMAIL CC	M	
I have used all reasonable diligence in prepar herein and in any attached schedules is true		ewed this statement and to the b			information contained
I certify under penalty of perjury under th	· ·	*	and correct.	X	
Date Signed		Signature)	
(month, day, year)		Signature (File the originally	signed paper state	ement with your fi	ing 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 PRE PLANNING SVC, INC.	
Name	Name
84460 GOYA DR., COACHELLA, CA 92236	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS INSURANCE SERVICES	GENERAL DESCRIPTION OF THIS BUSINESS
INSURANCE SERVICES	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000/ 24 / 24 DISPOSED	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
PRESIDENT	
YOUR BUSINESS POSITION TRESTORY	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	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 SAN BERNARDINO	
A INVESTMENTS AND INTERESTS IN DEAL PROPERTY HELD OR	A INVESTMENTS AND INTERESTS IN DEAL PROPERTY HELD OR
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	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 or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> 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:
	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

Comments: _



A PUBLIC DOCUMENT



Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) (FIRST) VOSSLER JUDY A. 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT Division, Board, Department, District, if applicable **BOARD OF TRUSTEES** TRUSTEE ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of RIVERSIDE Multi-County **■** Other SPECIAL DISTRICT City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ___ December 31, 2024. (Check one circle below.) -or-☐ The period covered is January 1, 2024, through the date of The period covered is _____/____ leaving office. December 31, 2024. 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: 1 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) 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. Signature **Date Signed** (File the originally signed paper statement with your filing official.)



A PUBLIC DOCUMENT



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) 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, 2024, through Leaving Office: Date Left ___ December 31, 2024. (Check one circle below.) -or-The period covered is _____/____ ☐ The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. The period covered is Assuming Office: Date assumed _____/___ the date of leaving office. and office sought, if different than Part 1: ____ Candidate: Date of Election 4. Schedule Summary (required) ► Total number of pages including this cover page: 1 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) 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** Signature

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



onth, day, y

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



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** TRUSTEE ▶ 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, 2024, through Leaving Office: Date Left ___ December 31, 2024. (Check one circle below.) -or-The period covered is ____/____ The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. 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: 2 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 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. **Date Signed** Signature

(File the originally signed

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION BRUCE LINDERWOOD

(Ownership Interest is 10	0% or Greater)
▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
HEALTHY FUTURES	
Name 75-895 ALTA MIRA	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 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Partnership Sole Proprietorship	FAIR MARKET VALUE
YOUR BUSINESS POSITION PRESIDENT	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
➤ 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 or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 124	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / /24 / /24 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership Leasehold Other	Property Ownership/Deed of Trust Stock Partnership Leasehold Other
Leasehold Other Other	Leasehold Other Other Other
are attached	are attached

Comments: _



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Initial Filing O			Receive Only	ed
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Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) RIOS JOHN M. 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT Division, Board, Department, District, if applicable **BOARD OF TRUSTEES** TRUSTEE ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) ■ County of RIVERSIDE Multi-County Other SPECIAL DISTRICT City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ___ December 31, 2024. (Check one circle below.) -or-The period covered is _________ ☐ The period covered is January 1, 2024, through the date of leaving office. December 31, 2024. The period covered is . the date of leaving office. __ and office sought, if different than Part 1: __ Candidate: Date of Election 4. Schedule Summary (required) ► Total number of pages including this cover page: 1 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. **Date Signed Signature** (File the originally signed paper statement with your filing official.)

Employees



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date	Initial Filing Received	Janobas
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& A As	4 "	4 - 44	
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Please type or print in ink.			By Slorhder
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
BONNER	JOSHUA	RYAN	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
COACHELLA VALLE	Y PUBLIC CEMETE	RY DISTRICT	
Division, Board, Department, District, if a	pplicable	Your Position	
		GENERAL MANA	GER
▶ If filing for multiple positions, list below	w or on an attachment. (Do not use	acronyms)	
Agency:		Position:	
Agenty.		T OSIBOII.	
2. Jurisdiction of Office (Check a	it least one box)		
State		Judge, Retired Judge, Pro Tem	Judge, or Court Commissioner
		(Statewide Jurisdiction)	-
Multi-County		County of RIVERSID	
City of	-	Other SPECIAL DIS	STRICT
3. Type of Statement (Check at le	ast one hov)		
		Leaving Office: Date Left	1 1
Annual: The period covered is Jar December 31, 2024.	dary 1, 2024, through		circle below.)
-or- The period covered is December 31, 2024.	/, through	leaving office.	uary 1, 2024, through the date of
Assuming Office: Date assumed		-or-The period covered isthe date of leaving office.	
Candidate: Date of Election	and office sought,	if different than Part 1:	
A Sahadula Summany /raquira	4)		1
4. Schedule Summary (required Schedules attached	1) • Iotal number	of pages including this cover	page:
	la la la marta d	Schedule C - Income, Loans, & Busin	ass Positions - schedule attached
Schedule A-1 - Investments - so Schedule A-2 - Investments - so		Schedule D - Income - Gifts - schedu	
Schedule B - Real Property – se		Schedule E - Income – Gifts – Travel	
Schedule B - Near Property - St	inequie attached		- -/
-or- None - No reportable into	erests on any schedule		
5. Verification	, , , , , , , , , , , , , , , , , , , ,		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pub			00000
82925 AVENUE 52 DAYTIME TELEPHONE NUMBER	COACH	HELLA CA	92236
(760) 398-3221		JOSH.BONNER@CVPCD.ORG	
I have used all reasonable diligence in pherein and in any attached schedules is		wed this statement and to the best of my	knowledge the information contained
I certify under penalty of perjury under			ect.
a pariety of porjety until			
Date Signed \- \5 -	LOLS	ignature /	
(month, day, yea			statement with your filing official.)



A PUBLIC DOCUMENT

Date	Initial	Filing	Received
	Filing O	fficial Use	Only

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) NAVARRO-LUPIAN MARLENE 1. Office, Agency, or Court Agency Name (Do not use acronyms) COACHELLA VALLEY PUBLIC CEMETERY DISTRICT Division, Board, Department, District, if applicable CEMETERY SERVICES MANAGER ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of RIVERSIDE Multi-County Other SPECIAL DISTRICT City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left _____/_ December 31, 2024. (Check one circle below.) -or-The period covered is January 1, 2024, through the date of The period covered is ______, through leaving office. December 31, 2024. -or-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: 1 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 CA COACHELLA 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 js true and correct. **Date Signed** Signature

with your filing official.)

(File the originally signed paper



1

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT



Ple	ease type or print in ink.			BY: MOINDER				
NA	AME OF FILER (LAST)	(FIRST)	(MIDDLE)					
	Mims	Adrianna	,					
1.	Office, Agency, or Court							
	Agency Name (Do not use acronyms) Coachella Valley Public Cemetery District Division, Board, Department, District, if applicable Your Position							
			Cemetery Service	es Specialist				
	► If filing for multiple positions, list below or or	i an attachment. (Do not use	acronyms)	·				
	Agency:		Position:					
2.	Jurisdiction of Office (Check at least	one box)						
	State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	dge, or Court Commissioner				
	Multi-County		County of Riverside	,				
	City of		Wother Special Dis	strict				
3.	. Type of Statement (Check at least on	e box)						
	Annual: The period covered is January 1 December 31, 2024.	, 202 4, through	Leaving Office: Date Left(Check one cir					
	The period covered is/ December 31, 202 4.	, through	☐ The period covered is January leaving office.	y 1, 202 4, through the date of				
	Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through				
	Candidate: Date of Election	and office sought, i	f different than Part 1:					
4.	Schedule Summary (required)	► Total number o	of pages including this cover pag	ge:				
	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 Page	yments - schedule attached				
-(or- None - No reportable interests	on anv schedule						
	Verification	,						
	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE				
	(Business or Agency Address Recommended - Public Docur 82925 AVENUE 52	COACH	HELLA CA	92236				
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS					
	(760) 398-3221		ADRIANNA.MIMS@CVPCD.ORG					
	I have used all reasonable diligence in preparing herein and in any attached schedules is true at			owledge the information contained				
	I certify under penalty of perjury under the I	aws of the State of Californi	a that the foregoing is true and correct.					
	Date Signed 3/3/2025	Siç	inature Mu					
	(month, day, year)		(File the originally signed paper state	ement with your filing official.)				

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

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AME OF FILER (LAST)	(FIRST)			(MIDDLE)	\$ 0 \$ 00000000000000000000000000000000
AYALA	DONNA				
. Office, Agency, o	r Court				
Agency Name (Do not	use acronyms)				
COACHELLA	A VALLEY PUBLIC CE	EMETER'	Y DISTRI	CT	
Division, Board, Departn	nent, District, if applicable		Your Position		
			CEMET	FRY SERVICE	S SPECIALIST
If filing for multiple p	ositions, list below or on an attachment.	/Do not uso so			
► If filling for multiple p	JSHIOTIS, IIST DEIOW OF OH AH AMACHINEHI.	(DO HOL USE ACI	uriyiris)		
Agency:			_ Position:		
Jurisdiction of O	ffice (Check at least one box)				
State			Judge, Retin	red Judge, Pro Tem Jud	lge, or Court Commissioner
			(Statewide J	7	
Multi-County			County of	RIVERSIDE	
			Other SF	PECIAL DIST	RICT
Type of Stateme	nt (Check at least one box)				
	od covered is January 1, 2024, through		Leaving O	office: Date Left	
Decembe	er 31, 2024.			(Check one circ	cle below.)
The perio	od covered is/	, through		Total Control of the	1, 2024, through the date of
Decembe	er 31, 2024.		leaving -or-		
Assuming Office:	Date assumed/				, through
÷			the dat	e of leaving office.	
Candidate: Date of	of Election and o	office sought, if d	ifferent than Part	1:	
Schedule Summa	ary (required) Total	al number of	nages includ	ing this cover pag	۰. 1
Schedules attac		ii iidiiibei oi	pages merau	ing this cover pag	
ochedules allac	,neu				
	Investments - schedule attached				Positions – schedule attached
	Investments - schedule attached			me - Gifts - schedule a	
Schedule B - R	leal Property – schedule attached		hedule E - Incol	me – Gifts – Travel Pay	ments – schedule attached
or- 🗹 None - No	reportable interests on any sche	dule			
Verification					
MAILING ADDRESS (Business or Agency Address	STREET Recommended - Public Document)	CITY		STATE	ZIP CODE
82925 AVENUE		COACHE	LLA	CA	92236
DAYTIME TELEPHONE NUM			AIL ADDRESS	~ ,	
(760) 398-3221		D	AJAYALA	@CVPCD.ORG	
I have used all reasonal	ble diligence in preparing this statement. hed schedules is true and complete. I a	I have reviewed	this statement ar	nd to the best of my kno	wledge the information contain
	of perjury under the laws of the Stat				
,				. \	0
Date Signed	1/12/2025	Signa	ture	Juna an	h
	month day year)	o.g.iic	(Fil.	e the originally signed paper state	ment with your filing official)



A PUBLIC DOCUMENT



Please type or print in ink.

NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	BY: Mindly
DI	E LA TORRE	GUILLERMO		7 0 a G V V V V V V V V V V V V V V V V V V
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	COACHELLA VALLEY P	UBLIC CEMETE	RY DISTRICT	
	Division, Board, Department, District, if applica	ble	Your Position	
			MAINTENANCE SE	RVICES MANAGER
	▶ If filing for multiple positions, list below or	on an attachment. (Do not us	e acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at lead	st one box)		
	State	,	Judge, Retired Judge, Pro Ter (Statewide Jurisdiction)	n Judge, or Court Commissioner
	Multi-County		County of RIVERSIC	E
	City of		Other SPECIAL DI	
3	Type of Statement (Check at least of	**************************************		
٥.	Annual: The period covered is January		Leaving Office: Date Left _	
	December 31, 2024.		Value and a second	e circle below.)
	The period covered is/_ December 31, 2024.	, through	The period covered is Jar leaving officeor-	nuary 1, 2024, through the date of
	Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office sought	, if different than Part 1:	
4.	Schedule Summary (required)	► Total number	of pages including this cover	page: 1
	Schedules attached			
	Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans, & Busi	ness Positions - schedule attached
	Schedule A-2 - Investments – schedu		Schedule D - Income - Gifts - sched	dule attached
	Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Trave	I Payments - schedule attached
	Or- None - No reportable interest	s on any schedule		
Э.	Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Doc			ZII GODE
	82925 AVENUE 52	COAC	HELLA CA	92236
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	UDOD ODO
	(760) 398-3221 I have used all reasonable diligence in prepari	ng this statement. I have revie	GUILLERMO.DELATORRE@C	
	herein and in any attached schedules is true			y knowledge the information contained
	I certify under penalty of perjury under the	laws of the State of Califor	nia that the foregoing is true and cor	rect.
	Date Signed //25/25	,	Signature	
	(month, day, year)			er statement with your filing official.)



A PUBLIC DOCUMENT

Date				Recei	ved
	Filing	Official	Use	Only	
	ANI 2		20	125	IJ

Please type or print in ink.

MAN	E OF FILER (LAST)	(FIRST)		(MIDDLE)		_
DE	ENGERING	MATTHEW		EIN		
1. (Office, Agency, or Court					_
	Agency Name (Do not use acronyms)					
	COACHELLA VALLEY PUE	BLIC CEMETE				
	Division, Board, Department, District, if applicable		Your Po			
			MA	NTENANCE TE	CHNICIAN	
	▶ If filing for multiple positions, list below or on ar	attachment. (Do not use	e acronyms)			
	Agency:		Positio	n:		
						_
2.	Jurisdiction of Office (Check at least on	e box)				
	State			, Retired Judge, Pro Tem Jud wide Jurisdiction)	lge, or Court Commissioner	
	Multi-County		Count	y of RIVERSIDE		
	City of		Other	SPECIAL DIST	RICT	
3.	Type of Statement (Check at least one b	ox)				-
	Annual: The period covered is January 1, 20		Leav	ing Office: Date Left	J	
	December 31, 2024.			(Check one circ	cle below.)	
	The period covered is/ December 31, 2024.	, through		he period covered is January eaving office.	1, 2024, through the date of	
	Assuming Office: Date assumed/_			he period covered is	, through	
	Candidate: Date of Election	and office sought	, if different than	n Part 1:		
4.	Schedule Summary (required)	► Total number	of pages in	cluding this cover pag	e: 1	5000000
	Schedules attached		, ,			
	Schedule A-1 - Investments - schedule at	ached	Schedule C	Income, Loans, & Business	Positions – schedule attached	
	Schedule A-2 - Investments – schedule att		Schedule D	Income – Gifts – schedule a	ittached	
	Schedule B - Real Property - schedule att	ached	Schedule E	· Income – Gifts – Travel Pay	ments - schedule attached	
-0	or- None - No reportable interests or	any schedule				
5.	Verification					******
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY		STATE	ZIP CODE	
	82925 AVENUE 52		HELLA	CA	92236	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			•
	(760) 398-3221		MATTHEW	.DENGERING@CVPCD.	.ORG	_
	I have used all reasonable diligence in preparing the herein and in any attached schedules is true and of				wledge the information contained	
	I certify under penalty of perjury under the law	s of the State of Californ	nia that the for	egoing is true and correct.		
	Date Signed 121 25 (month) day, year)	s	ignature	(File the briginally signed paper states	ment with your filing official.)	



A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

NAME OF FILER (LA	ST)	(FIRST)	(MIDDLE)	
GARCIA JIME	NEZ	OMAR		
1. Office, Age	ncy, or Court			
Agency Name	(Do not use acronyms)		:	
COACH	ELLA VALLEY PUB	LIC CEMETE	RY DISTRICT	
Division, Board	, Department, District, if applicable		Your Position	
			MAINTENANCE	TECHNICIAN
► If filing for n	nultiple positions, list below or on an	attachment. (Do not use	acronyms)	
Agency:			Position:	
2. Jurisdictio	n of Office (Check at least one	box)		
State		,	Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	n Judge, or Court Commissioner
Multi-Count	у		County of RIVERSID	E
			Other SPECIAL DI	
	atement (Check at least one bo			
			Leaving Officer Data Laft	
	The period covered is January 1, 202 December 31, 2024.	4, through	Leaving Office: Date Left (Check one	e circle below.)
	The period covered is/	through	☐ The period covered is Jan leaving office.	uary 1, 2024, through the date of
Assuming	Office: Date assumed/			
Candidate	: Date of Election	and office sought,	if different than Part 1:	
4. Schedule	Summary (required)	► Total number	of pages including this cover	page: 1
Schedules	attached		, ,	-
Schedu	ile A-1 - Investments – schedule atta	ched	Schedule C - Income, Loans, & Busin	ness Positions – schedule attached
	ile A-2 - Investments – schedule atta		Schedule D - Income - Gifts - sched	ule attached
Schedu	ile B - Real Property - schedule atta	ched	Schedule E - Income - Gifts - Travel	Payments - schedule attached
-or- ✓ Non	e - No reportable interests on	any schedule		
5. Verification	l			
MAILING ADDRES (Business or Agen	S STREET cy Address Recommended - Public Document)	CITY	STATE	ZIP CODE
82925 AVE		COACH	HELLA CA	92236
DAYTIME TELEPH	IONE NUMBER		EMAIL ADDRESS	
(760) 3	98-3221	*	OMAR.JIMENEZ-GARCIA@CVPC	D.ORG
	reasonable diligence in preparing this any attached schedules is true and c		ved this statement and to the best of my his is a public document.	knowledge the information contained
I certify unde	penalty of perjury under the laws	of the State of Californ	ia that the foregoing is true and cor	rect.
Data Cianad	1-30-75	c:	anoturo /	Comment
Date Signed	1-30 - 25 (month, day, year)		gnature (File the originally signed pape	statement with your filing official.)



A PUBLIC DOCUMENT



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 MAINTENANCE TECHNICIAN ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of RIVERSIDE Multi-County Other SPECIAL DISTRICT City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left _____/_ December 31, 2024. (Check one circle below.) ☐ The period covered is January 1, 2024, through the date of The period covered is ______, through leaving office. December 31, 2024. , through 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: 1 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) 398-3221 MANUEL.SANTANA@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**

Signature

(File the originally signed paper statement

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



			Mist A
Please type or print in ink.			BY: Allide
NAME OF FILER (LAST)	(FIRST)	(MIDDL	•
WILBERTS	JASON	DWA	AYNE
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
COACHELLA VALLE	Y PUBLIC CEMET	ERY DISTRICT	
Division, Board, Department, District, if a	upplicable	Your Position	
		MAINTENANCE	SDECIALIST
			. OF LOIALIOT
► If filing for multiple positions, list belo	w or on an attachment. (Do not	use acronyms)	
Agency:		Position:	
, igonoy.			
2. Jurisdiction of Office (Check a	at least one box)		
State	•	Judge Retired Judge Pro To	em Judge, or Court Commissioner
		(Statewide Jurisdiction)	s saaga, or sourt commissioner
Multi-County		County of RIVERSII	DE
		other SPECIAL D	
City of		- Other Of EODINE	NOTITION
3. Type of Statement (Check at le	east one box)		
Annual: The period covered is Jar	nuary 1, 2024, through	Leaving Office: Date Left	
December 31, 2024.	, .,,		ne circle below.)
-or- The period covered is	/, through	☐ The period covered is Ja	anuary 1, 2024, through the date of
December 31, 2024.	,	leaving office.	
Assuming Office: Date assumed		The state of the s	, through
_		the date of leaving office	9.
Candidate: Date of Election	and office souç	ht, if different than Part 1:	
I. Schedule Summary (require	d\		1
	u)	er of pages including this cove	r page:
Schedules attached			
Schedule A-1 - Investments - se	chedule attached	Schedule C - Income, Loans, & Bus	siness Positions - schedule attached
Schedule A-2 - Investments - se	chedule attached	Schedule D - Income - Gifts - sche	
Schedule B - Real Property – s	chedule attached	Schedule E - Income - Gifts - Trav	rel Payments – schedule attached
-or- 🗹 None - No reportable int	erests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pub 82925 AVENUE 52	Section 1999	CHELLA CA	92236
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	92230
(760) 398-3221		JASON.WILBERTS@CVPCD.	ORG
		viewed this statement and to the best of r	
			arrect
r certify under penalty of perjury under	of the laws of the state of Calif	ornia that the foregoing is true and co	ni cot.
Data Signed \ 2.1\ 2.2	<	Signature () 1.C	
Date Signed \\24\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ar)	Signature File the originally signed pa	per statement with your filing official.)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



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 FINANCE MANAGER / CLERK OF THE BOARD ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of RIVERSIDE Multi-County ■ Other SPECIAL DISTRICT City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left _____/_ Annual: The period covered is January 1, 2024, through December 31, 2024. (Check one circle below.) -or-☐ The period covered is January 1, 2024, through the date of The period covered is ______, through leaving office. December 31, 2024. 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: 2 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) 398-3221 SHERRY.WINDER@CVPCD.ORG I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **Date Signed** Signature (File the originally signed paper statement with your filing official.)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
SHERRY WINDER

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
SHERRY WINDER BOOKKEEPING INC.	
Name 79870 SWANSEA AVENUE, INDIO, CA 92203	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 BOOKKEEping	GENERAL DESCRIPTION OF THIS BUSINESS
Sunaping	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$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
YOUR BUSINESS POSITION PRESIDENT	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
None or Names listed below	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	▶ 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	INVESTMENT REAL PROPERTY
	IN ESTIMENT
Name of Rusiness Entity if Investment or	Name of Rusiness Entity if Investment or
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 or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> 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// 24 / 24	\$10,001 - \$100,000// 24 // 24
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$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
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
	l I

Comments: _

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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

A PUBLIC DOCUMENT

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PΙε	ease type or print in ink.				Monder
NAI	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
R	ODRIGUEZ	ENDA		LISED	
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)		,		
	COACHELLA VALLE	Y PUBLIC CEM	ETERY DI	STRICT	
	Division, Board, Department, District, if	applicable	You	Position	
			A	DMINISTRATIVE	ASSISTANT
	► If filing for multiple positions, list belo	ow or on an attachment. (Do	not use acronyms)	,	
			· · ·		
	Agency:		Pos	ition:	
2.	Jurisdiction of Office (Check	at least one box)			
	State			dge, Retired Judge, Pro Tem Juatewide Jurisdiction)	dge, or Court Commissioner
	Multi-County		■ Co	unty of RIVERSIDE	
	City of			ner SPECIAL DIST	TRICT
_					
3.	Type of Statement (Check at le				
	Annual: The period covered is Ja December 31, 2024.	nuary 1, 2024, through	L	eaving Office: Date Left (Check one cir	
	The period covered is	, thr	rough -o	The period covered is January leaving office.	1, 2024, through the date of
	Assuming Office: Date assumed			The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office	sought, if different	han Part 1:	
4	Schedule Summary (require	d) > Total nu	mbor of pages	including this cover pag	.o. 1
-10	Schedules attached	u) Piotai nu	iliber of pages	mending this cover pag	je. <u>,</u>
		المصاحبة ماريات مطور	Schadula	C - Income, Loans, & Business	Positions - schedule attached
	Schedule A-1 - Investments – s Schedule A-2 - Investments – s			D - Income - Gifts - schedule	
	Schedule B - Real Property – s			E - Income - Gifts - Travel Pay	
-(or- 🗹 None - No reportable int	terests on any schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu		CITY	STATE	ZIP CODE
	82925 AVENUE 52		OACHELLA	CA	92236
	DAYTIME TELEPHONE NUMBER		EMAIL ADDR		
	(760) 398-3221		ENDA.R	ODRIGUEZ@CVPCD.ORG	3
	I have used all reasonable diligence in pherein and in any attached schedules is				owledge the information contained
	I certify under penalty of perjury und	er the laws of the State of	California that the	foregoing is true and correct.	
				REDI	
	Date Signed \.\(\(\frac{15 \cdot 2025}{\text{(month, day, ye}}\)	ar)	Signature	(File the originally signed paper state	ement with your filing official.)

CALIFORNIA FORM

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Filing Official Use Only

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 CRM PROJECT MANAGER ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of RIVERSIDE Multi-County Other SPECIAL DISTRICT City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left _____/_ December 31, 2024. (Check one circle below.) -or-☐ The period covered is January 1, 2024, through the date of The period covered is ______, through leaving office. December 31, 2024. -or-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: 1 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 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 Signature (File the originally signed paper statement with your filing official.)

Contract Support



A PUBLIC DOCUMENT

Dat	e Initial	Fil	ing Receiv	ed
	APR	0	1 -2025	IJ
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Please type or print in ink.		Al Orhder
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Campos	Carlos	L
1. Office, Agency, or Court		
Agency Name (Do not use acronyms,		
Coachella Valley Public Cem	netery District	
Division, Board, Department, District, i	applicable	Your Position
		General Counsel
► If filing for multiple positions, list be	low or on an attachment. (Do no	
Agency:		Position:
2. Jurisdiction of Office (Check	at least one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		▼ Other Riverside County
3. Type of Statement (Check at	least one box)	
Annual: The period covered is J December 31, 2024.	anuary 1, 2024, through	Leaving Office: Date Left/ (Check one circle below.)
The period covered is _ December 31, 2024 .	, throug	The period covered is January 1, 2024, through the date of leaving office.
Assuming Office: Date assume	d	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sou	ught, if different than Part 1:
4. Schedule Summary (requir	ed) ► Total numi	ber of pages including this cover page: 3
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 in	nterests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - F	CITY	STATE ZIP CODE
74-760 Highway 111, Ste 10		ian Wells CA 92210
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(760) 568-2611		carlos.campos@bbklaw.com
I have used all reasonable diligence in herein and in any attached schedules		eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
I certify under penalty of perjury un	der the laws of the State of Cal	ifornia that the foregoing is true and correct:
Date Signed 3	31/25	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

IF APPLICABLE, LIST DATE:		NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
FAIR MARKET VALUE		Best Best & Krieger LLP	
FAIR MARKET VALUE		GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$2,000 - \$10,000		Law Firm	
\$100,001 - \$1,000,000 Over		FAIR MARKET VALUE	FAIR MARKET VALUE
NATURE OF INVESTMENT		\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
Slock		\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Slock		NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership O income Received of \$0 - \$499 IF APPLICABLE, LIST DATE:		Stock Other	☐ Stock ☐ Other
Dispose Dis			
ACQUIRED			O Income Received of \$500 or More (Report on Schedule C)
ACQUIRED			15 ADD VALUE A 107 DATE
NAME OF BUSINESS ENTITY		IF APPLICABLE, LIST DATE:	
NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS	_	710401120	
FAIR MARKET VALUE		NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
FAIR MARKET VALUE			CENEDAL DESCRIPTION OF THIS PHEINESS
\$2,000 - \$10,000		GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$2,000 - \$10,000			
\$100,001 - \$1,000,000		FAIR MARKET VALUE	FAIR MARKET VALUE
NATURE OF INVESTMENT Stock Other Chescribe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: / 24		\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
Stock		\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Partnership Olincome Received of \$0 - \$499 Olincome Received of \$5. \$499 Olincome Received of \$5. \$499 Olincome Received of \$5.00 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:		NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Income Received of \$0 - \$499 Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) Partnership Income Received of \$500 or More (Report on Schedule C) If APPLICABLE, LIST DATE:		Stock Other	Stock Other (Describe)
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:		, , ,	
			O Income Received of \$500 or More (Report on Schedule C)
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 □ \$10,001 - \$100,000 □ \$10,001 - \$1,000,000 □ \$10,001 - \$100,000 □ \$100,001 - \$1,000,000 □ \$10,001 - \$100,000 □ \$100,001 - \$1,000,000 □ \$10,001 - \$100,000 □ \$100,001 - \$1,000,000 □ \$10,001 - \$100,000 □ \$100,001 - \$1,000,000 □ \$10,001 - \$100,000 □ \$100,001 - \$1,000,000 □ \$10,001 - \$100,000 □ \$100,001 - \$1,000,000 □ \$100,001 - \$1,000,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,000 □ \$100,001 - \$100,0		IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS			
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000		ACQUIRED DISPOSED	ACQUIRED DISPOSED
FAIR MARKET VALUE \$2,000 - \$10,000	>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
FAIR MARKET VALUE \$2,000 - \$10,000			
		GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$100,001 - \$1,000,000 Over \$1,000,000 S100,000 Over \$1,000,000 S100,001 - \$1,000,000 Over			
NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J			
Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: 1			
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) Partnership O Income Received of \$500 or More (Report on Schedule C) Partnership O Income Received of \$500 or More (Report on Schedule C) If APPLICABLE, LIST DATE: If APPLICABLE, LIST DATE: J 24 J 24 ACQUIRED DISPOSED DISPOSED DISPOSED DISPOSED			Stock Other
O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:		(Describe)	(Describe)
			O Income Received of \$500 or More (Report on Schedule C)
		IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED ACQUIRED DISPOSED			, , 24
Comments			I
Comments:	C	omments:	

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	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
➤ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
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)
(Describe) ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	
 You are not required to report loans from a commercial a retail installment or credit card transaction, made in the 	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)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
-	
Comments:	