

# Trustees

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

Date Initial Filing Received  
*Filing Official Use Only*  
**RECEIVED**  
FEB 14 2025  
BY: *awinder*

Please type or print in ink.

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

**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, 2024, through  
December 31, 2024.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2024.

The period covered is January 1, 2024, 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: \_\_\_\_\_

**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 \_\_\_\_\_  
(month, day, year)

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
**ERNESTO ROSALES**

**▶ 1. BUSINESS ENTITY OR TRUST**

**ER FUNERAL PRE PLANNING SVC, INC.**  
 Name  
**84460 GOYA DR., COACHELLA, CA 92236**  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
**INSURANCE SERVICES**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000                             /        / 24                             /        / 24  
 \$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  
**GREAT WESTERN INS. CO**  
**DIOCESE OF SAN BERNARDINO**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or  
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
 City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000                             /        / 24                             /        / 24  
 \$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  
 \$2,000 - \$10,000                             /        / 24                             /        / 24  
 \$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

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 \$2,000 - \$10,000  
 \$10,001 - \$100,000                             /        / 24                             /        / 24  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ 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  
**FEB 14 2025**  
BY: *Judy Wosler*

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
- 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, 2024, through December 31, 2024.
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle below.)
- The period covered is January 1, 2024, through the date of leaving office.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 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 ) 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 2/14/25  
(month, day, year)

Signature *Judy Wosler*  
(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 14 2025  
BY: *[Signature]*

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
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of RIVERSIDE
- Other SPECIAL DISTRICT

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- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
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- 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 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 ) 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 02/14/2025  
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS  
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Filing Official Use Only  
FEB 14 2025

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

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
- 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-
- The period covered is \_\_\_\_\_, through December 31, 2024.
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- Leaving Office:** Date Left \_\_\_\_\_ (Check one circle below.)
- The period covered is January 1, 2024, 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: 2

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- Schedule A-1 - Investments – schedule attached
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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 ) 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 2/4/2025  
(month, day, year)

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

# SCHEDULE A-2

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

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
**BRUCE UNDERWOOD**

**▶ 1. BUSINESS ENTITY OR TRUST**

**HEALTHY FUTURES**

Name

**75-895 ALTA MIRA**

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:

- |   |              |              |
|---|--------------|--------------|
| <input type="checkbox"/> \$0 - \$1,999                      | ____/____/24 | ____/____/24 |
| <input type="checkbox"/> \$2,000 - \$10,000                 | ACQUIRED     | DISPOSED     |
| <input type="checkbox"/> \$10,001 - \$100,000               |              |              |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 |              |              |
| <input type="checkbox"/> Over \$1,000,000                   |              |              |

NATURE OF INVESTMENT

C CORPORATION

- 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)**

- |   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$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:

- |  |              |              |
|--|--------------|--------------|
| <input type="checkbox"/> \$2,000 - \$10,000      | ____/____/24 | ____/____/24 |
| <input type="checkbox"/> \$10,001 - \$100,000    | ACQUIRED     | DISPOSED     |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |              |              |
| <input type="checkbox"/> 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:

- |  |              |              |
|--|--------------|--------------|
| <input type="checkbox"/> \$0 - \$1,999           | ____/____/24 | ____/____/24 |
| <input type="checkbox"/> \$2,000 - \$10,000      | ACQUIRED     | DISPOSED     |
| <input type="checkbox"/> \$10,001 - \$100,000    |              |              |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |              |              |
| <input type="checkbox"/> 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)**

- |   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000 |   |

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- None    or     Names listed below

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- INVESTMENT     REAL PROPERTY

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Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- |  |              |              |
|--|--------------|--------------|
| <input type="checkbox"/> \$2,000 - \$10,000      | ____/____/24 | ____/____/24 |
| <input type="checkbox"/> \$10,001 - \$100,000    | ACQUIRED     | DISPOSED     |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |              |              |
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NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

- Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS  
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Date Initial Filing Received  
Filing Official Use Only  
**FEB 14 2025**  
BY: *[Signature]*

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 TRUSTEE**

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

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- or-
- The period covered is \_\_\_\_\_, through December 31, 2024.
- Assuming Office:** Date assumed \_\_\_\_\_
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**4. Schedule Summary (required)**

► Total number of pages including this cover page: 1

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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 ) 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 2-14-25  
(month, day, year)

Signature *[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  
Filing Official Use Only  
**JAN 15 2025**  
BY: *Storides*

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

Your Position

**GENERAL MANAGER**

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
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MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
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 1-15-2025  
*(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 23 2025

Please type or print in ink.

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

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

Your Position

CEMETERY SERVICES 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, 2024, through December 31, 2024.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2024.

The period covered is January 1, 2024, 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
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 01/21/2025  
(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  
FEB 01 2025  
BY: AD Under

Please type or print in ink.

NAME 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 Services Specialist

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State  Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of Riverside  
 City of \_\_\_\_\_  Other Special District

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

**Annual:** The period covered is January 1, 2024, through December 31, 2024.  
-or- The period covered is \_\_\_\_\_, through December 31, 2024.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one circle below.)  
 The period covered is January 1, 2024, 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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
<u>82925 AVENUE 52</u>	<u>COACHELLA</u>	<u>CA</u>	<u>92236</u>	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
<u>( 760 ) 398-3221</u>	<u>ADRIANNA.MIMS@CVPCD.ORG</u>			

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 3/31/2025  
(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 23 2025  
 [Signature]

Please type or print in ink.

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

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable Your Position  
 CEMETERY SERVICES SPECIALIST

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- 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, 2024, through December 31, 2024.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2024.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle below.)
- The period covered is January 1, 2024, 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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
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 1/17/2025  
 (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  
RECEIVED  
JAN 28 2025  
BY: *AWH*

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

Division, Board, Department, District, if applicable

Your Position

MAINTENANCE SERVICES 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, 2024, through  
December 31, 2024.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2024.

The period covered is January 1, 2024, 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

EMAIL ADDRESS

( 760 ) 398-3221

GUILLERMO.DELATORRE@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 1/21/25  
(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 23 2025  
BY: *D. Winder*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
DENGERING MATTHEW EIN

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
**COACHELLA VALLEY PUBLIC CEMETERY DISTRICT**  
Division, Board, Department, District, if applicable Your Position  
**MAINTENANCE TECHNICIAN**

► 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, 2024, through December 31, 2024.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2024.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle below.)  
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-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 MATTHEW.DENGERING@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 1/21/25  
(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 30 2025**  
BY: *Alwinder*

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**  
Division, Board, Department, District, if applicable Your Position  
**MAINTENANCE TECHNICIAN**

► 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, 2024, through December 31, 2024.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2024.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one circle below.)
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- 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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
82925 AVENUE 52		COACHELLA	CA	92236
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 760 ) 398-3221	OMAR.JIMENEZ-GARCIA@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 1-30-25  
*(month, day, year)*

Signature *Omarr Garcia*  
*(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 30 2025  
BY: [Signature]

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

MAINTENANCE TECHNICIAN

► 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, 2024, through December 31, 2024.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2024.

The period covered is January 1, 2024, 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

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 1-24-2025  
(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 30 2025  
BY: [Signature]

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

Your Position

MAINTENANCE SPECIALIST

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State
- 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, 2024, through December 31, 2024.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2024.
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- 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 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@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 1/24/2025  
(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 15 2025  
 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 MANAGER / CLERK OF THE BOARD

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
 (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of RIVERSIDE

City of \_\_\_\_\_

Other SPECIAL DISTRICT

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

**Annual:** The period covered is January 1, 2024, through  
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**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 (Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
 December 31, 2024.

The period covered is January 1, 2024, through the date of  
 leaving office.

-or-

**Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
 the date of leaving office.

**Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 2

**Schedules attached**

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

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

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

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

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

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

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

**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
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 01/15/2025  
 (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)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>SHERRY WINDER</b>
--

**▶ 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:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		<u>  </u> / <u>  </u> / <u>24</u>	<u>  </u> / <u>  </u> / <u>24</u>
<input checked="" type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> 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:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		<u>  </u> / <u>  </u> / <u>24</u>	<u>  </u> / <u>  </u> / <u>24</u>
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> 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)**

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)

None    or     Names listed below

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE** (Attach a separate sheet if necessary.)

None    or     Names listed below

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		<u>  </u> / <u>  </u> / <u>24</u>	<u>  </u> / <u>  </u> / <u>24</u>
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> 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:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		<u>  </u> / <u>  </u> / <u>24</u>	<u>  </u> / <u>  </u> / <u>24</u>
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> 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 15 2025

*R. Winder*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
RODRIGUEZ ENDA LISED

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

COACHELLA VALLEY PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

Your Position

ADMINISTRATIVE ASSISTANT

► 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, 2024, through December 31, 2024.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2024.

The period covered is January 1, 2024, 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: \_\_\_\_\_

**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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
82925 AVENUE 52	COACHELLA	CA	92236	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 760 ) 398-3221	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 1.15.2025  
(month, day, year)

Signature *[Handwritten 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 22 2025  
BY: *Alvin*

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, 2024, through December 31, 2024.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2024.

The period covered is January 1, 2024, through the date of leaving office.

-or-

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

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
<i>(Business or Agency Address Recommended - Public Document)</i>				
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 1/21/25  
(month, day, year)

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

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# Contract Support

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STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Date Initial Filing Received  
Filing Official-Use Only  
APR 01 2025  
D. Winder

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, 2024, through December 31, 2024.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2024.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one circle below.)
- The period covered is January 1, 2024, 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: 3

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 3/31/25  
(month, day, year)

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



**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Carlos Campos

▶ NAME OF BUSINESS ENTITY  
Best Best & Krieger LLP

GENERAL DESCRIPTION OF THIS BUSINESS  
Law Firm

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
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:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

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	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Best Best &amp; Krieger LLP</u></p> <p>ADDRESS (Business Address Acceptable) <u>74-760 Highway 111, Suite 100, Indian Wells, CA 92210</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Law Firm</u></p> <p>YOUR BUSINESS POSITION <u>Partner (Equity)</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000              <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <span style="font-size: small;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000              <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <span style="font-size: small;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE                      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None    _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <span style="font-size: small; margin-left: 150px;">Street address</span></p> <p style="text-align: right; margin-left: 150px;">_____ City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>
---	--

Comments: \_\_\_\_\_