CALIFORNIA FORM 70 PAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filling Received

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ease type or print in ink. ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Beaudet	Cindi		Lynn	
Office, Agency, or Court				
Agency Name (Do not use acronyms)	District			
Temecula Public Cemeter			Your Position	
Division, Board, Department, District, if applicable			A PANAL HAS DOWN	
			General Manager	
► If filing for multiple positions, list bel	ow or on an attachment.	(Do not use acron	yms)	
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	2		County of Riverside	
City of		· [Other	
City of				
December 31, 2024. Assuming Office: Date assume Candidate: Date of Election Candidate: Date of Election Schedule Summary (required Schedules attached) Schedule A-1 - Investments - Schedule A-2 - Investments - Schedule B - Real Property -	and cored) Total - schedule attached - schedule attached - schedule attached	office sought, if diffice all number of p	☐ The period covered is Jar leaving office. -or- ☐ The period covered is the date of leaving office. erent than Part 1: ages including this cover	page: 1 iness Positions – schedule attached dule attached
-or- None - No reportable	interests on any sche	aule		
5. Verification MAILING ADDRESS STREET		CITY	STATE	ZIP CODE
(Business or Agency Address Recommended -	Public Document)	Tomonulo	Ca	92592
41911 C St, DAYTIME TELEPHONE NUMBER		Temecula	IL ADDRESS	
			di@temeculacemetery.org	
I have used all reasonable diligence	in preparing this statement	I have reviewed	this statement and to the best of r	ny knowledge the information contain
herein and in any attached schedule I certify under penalty of perjury to Date Signed 01-16-2025	is is true and complete. I	acknowledge this	nat the foregoing is true and co	errect.
Date Signed (month, de	av vear)		(File the originally signed pa	per statement with your filing official.)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Date Initial Filing Received Filina Official Use Onl

Please type or print in ink.

NAME OF FILER (LAST) (MIDDLE) 1016 1. Office, Agency, or Court Agency Name (Do not use acronyms) CEMETERY DISTRICT - TRUSTES Division, Board, Department, District, if applicable ▶ 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 EMECULA Other 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 The period covered is January 1, 2024, through the date of through December 31, 2024. leaving office. -01-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:_ 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 CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) DAVISFAMILYINSURANCEO GMA 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

signed paper statement with your filing official.)

CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Date Initial Filing Received

le of FILER (LAST) (FIRST)	(MIDDLE)	
DUGAN MICHAE		
Office, Agency, or Court		
Agency Name (Do not use acronyms) TEMECULA FUB.	LIC CEMETERY DISTRICT	
Division, Board, Department, District, if applicable	Your Position	
DISTRICT	Your Position BOARD MEMBER	
▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)	
A Company of the Comp	Position:	
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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	
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Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	
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or- None - No reportable interests on any schedule	YO/YE wheely had a complete the	
. Verification	The Control of the Co	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE	
HIGH C STREET TEM	ECULA CA 12592	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	
(951) 699 1360	temeer apublic constelly district.	
I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge to	tins is a public document.	
I certify under penalty of perjury under the laws of the State of Californ	hia that the foregoing is true and correct.	
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Kelleher PATRICIA	Ann
Office, Agency, or Court	
Agency Name (Do not use acronyring)	
Temecula tublic C	a te
Division, Board, Department, District, if applicable	Your Position
▶ If filing for multiple positions, list below or on an attachment. (Do not us	e acronyms)
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Agency:	Position:
Jurisdiction of Office (Check at least one box)	
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City of	Other
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Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
or-X None - No reportable interests on any schedule	
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MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	ecula CA 92592
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS 0
(951)541-1342	patrox omsu.com
I have used all reasonable diligence in preparing this statement. I have revenered and in any attached schedules is true and complete. I acknowledge	viewed this statement and to the best of my knowledge the information contains this is a public document.
I certify under penalty of perjury under the laws of the State of Calife	
t certify under penalty or perjury under the laws of the diate of dame	
Date Signed 3 17 2025	Signature Tatives Kelleler
Date Signed (morth, day, year)	(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

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	Cenetery District
Temecula & U D L 1 C Division, Board, Department, District, if applicable	Your Position
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Secretary of Management Comments and Comment	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investments - 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
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r- None - No reportable interests on any schedule	And the Control of th
	ecula Ca. 92592
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	exercity and an exercise and the exercise of the second of
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
1951 699-1630	
I have used all reasonable diligence in preparing this statement. I have rev herein and in any attached schedules is true and complete. I acknowledg	viewed this statement and to the best of my knowledge the information contains the this is a public document.
I certify under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and correct.
7-19-25	
Date Signed	Signature (File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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

Date Initial Filing Received
Filing Official Use Only

me of filer (LAST) (FIRST)	(MIDDLE)
Santos Cherry	Franco
Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Tenecula Public Cenetery Dis Division, Board, Department, District, if applicable	Strict administrative assistant
▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
Agency:	Position:
Jurisdiction of Office (Check at least one box)	
State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	Xcounty of Piverside
City of	Other
Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left//(Check one circle.)
The period covered is/, through December 31, 2023.	 The period covered is January 1, 2023, through the date of leaving office. -or-
Assuming Office: Date assumed/	☐ The period covered is/, through the date of leaving office.
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Schedule Summary (required) ► Total number Schedules attached	of pages including this cover page:[
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached
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or- X None - No reportable interests on any schedule	
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MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
41911 C Street Temeco	
1981) 699-1630	CSantos @ temecula cemetery. a wed this statement and to the best of my knowledge the information contain
I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge	wed this statement and to the sect of the members are members
I certify under penalty of perjury under the laws of the State of Californ	
1 10 211	ignature Cherry ASanto
(month, day, year)	(file the originally signed paper statement with your filing official.)

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ease type or print in ink. (MIDDLE) NAME OF FILER (LAST) Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: Agency: 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left ___ Annual: The period covered is January 1, 2024, through (Check one circle below.) December 31, 2024. 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. and office sought, if different than Part 1: Candidate: Date of Election Total number of pages including this cover page: 4. Schedule Summary (required) 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- No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER 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