

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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base type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Beaudet Cindi Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Temecula 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

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

☐ Multi-County

☐ County of Riverside

☐ City of

☐ Other

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 / /

☐ 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.

☐ 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
(Business or Agency Address Recommended - Public Document)

41911 C St,

CITY

Temecula

STATE

Ca

ZIP CODE

92592

DAYTIME TELEPHONE NUMBER

(951) 541-8736

EMAIL ADDRESS

cindi@temeculacemetery.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 01-16-2025

(month, day, year)

Signature

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

**STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
DAVIS CRAIG DEE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

TEMECULA PUBLIC CEMETERY DISTRICT - TRUSTEE
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

- ☐ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of RIVERSIDE
☒ City of TEMECULA ☐ Other _____

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 ____/____/____
☐ **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.
☐ **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)

41911 C STREET TEMECULA CA 92592

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(951) 499-1630 DAVISFAMILYINSURANCE@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 2/27/25
(month, day, year)

Signature Craig Dee
(File the original signed paper statement with your filing official.)

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NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

DUGAN

MICHAEL

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

TEMECULA PUBLIC CEMETERY DISTRICT

Division, Board, Department, District, if applicable

Your Position

DISTRICT

BOARD MEMBER

► 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 _____

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 _____

☐ **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.

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 7

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**

NONE

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

41911 C STREET

TEMECULA

CA

92592

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(951) 699 1360

temecula public cemetery district.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

01/13/2025
(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) Kelleher (FIRST) PATRICIA (MIDDLE) ANN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Temecula Public C

Division, Board, Department, District, if applicable

Your Position

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

Agency: _____ Position: _____

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

☐ State

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

☐ Multi-County _____

☒ County of Riverside

☐ City of _____

☐ Other _____

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.

☐ **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.

☐ **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: 8

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)

41911 C STREET

Temecula

CA

92592

DAYTIME TELEPHONE NUMBER

(951) 541-1342

EMAIL ADDRESS

patricia9@msn.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

2/17/2025
(month, day, year)

Signature

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

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NAME OF FILER (LAST) Qua/m (FIRST) Dele (MIDDLE) F

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Temecula Public Cemetery District

Division, Board, Department, District, if applicable

Your Position

Board member

► 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 River Side

☐ City of Temecula

☐ Other _____

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.

☐ **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.

☐ **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 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

CST

Temecula

Ca.

92592

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(951) 699-1630

EMAIL ADDRESS

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

2-19-25

(month, day, year)

Signature

[Signature]

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Santos Cherry Franco

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Temecula Public Cemetery District Administrative Assistant
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

- ☐ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of Riverside
☐ City of _____ ☐ Other _____

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

- ☒ **Annual:** The period covered is January 1, 2023, through December 31, 2023.
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☐ **Leaving Office:** Date Left _____ (Check one circle.)
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► 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)
41911 C Street Temecula CA 92592
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) 699-1630 CSantos@temeculacemetery.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 1-19-24
(month, day, year)

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vanderhaak Rosalyn "Rosie" T

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Temecula Public Cemetery District Board Member
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

- ☐ State ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of Riverside
☐ City of _____ ☐ Other _____

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

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► 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)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 01/16/2025
(month, day, year)

Signature Rosalyn "Rosie" T. Vanderhaak
(File the originally signed paper statement with your filing official.)