

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

Date Initial Filing Received  
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Please 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)**

- |   |  |
|---|--|
| <input type="checkbox"/> State              | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____   |
| <input type="checkbox"/> City of _____      | <input checked="" type="checkbox"/> Other _____  |

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

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2023, through December 31, 2023. | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one circle.)            |
| -or-<br>The period covered is ____/____/____, through December 31, 2023.   | <input type="checkbox"/> The period covered is January 1, 2023, through the date of leaving office.        |
| <input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____   | -or-<br><input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> <b>Candidate:</b> 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**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                          |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached        |

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

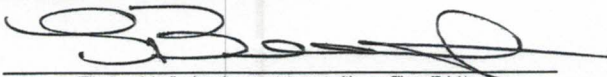
**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
41911 C Street	Temecula	Ca	92592	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 951 ) 541-8736	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 02-16-2024  
*(month, day, year)*

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