CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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NAME OF FILER		(LAST)	(FIRST)				
		DUGAN	MICH	AEL		W	
1.	Office, A	gency, or Court					
	Agency Name (Do not use acronyms)						
TEMECULA PUBLIC CEMETERY D						115TK	2107
	Division, Bo	pard, Department, District, if app	olicable	Yo	ur Position		,
					TR	USTEE	
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
	Agency:			D	ocition:		
	Agency:			F	OSIUOII.		
2. Jurisdiction of Office (Check at least one box)							
	State				ludge, Retired Ju	udge, Pro Tem Jud	ge, or Court Commissioner
					Statewide Jurisd		CITIT
	Multi-Co	ounty			County of	(IVERS	NUL
	City of		2		Other		
3.	Type of	Statement (Check at leas	t one box)				
		I: The period covered is Janua			Leaving Office:	Date Left	<u> </u>
	-01	December 31, 2023.				(Check one	
	-0.	The period covered is December 31, 2023.	_/, thro		The period of of leaving of or-		1, 2023, through the date
	Assum	ing Office: Date assumed				covered is/_ eaving office.	, through
	Candidate: Date of Election and office sought, if different than Part 1:						
4. Schedule Summary (required) ► Total number of pages including this cover page:							e: 1
	Schedules attached						
	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached						Positions – schedule attached
Schedule A-1 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule D - Income – Gifts – schedule attached							
	Sch	edule B - Real Property - sch	edule attached	Schedul	e E - Income -	Gifts – Travel Payr	ments - schedule attached
	1						
-or- No reportable interests on any schedule							
5.	Verificati						
	(Business or A	RESS STREET gency Address Recommended - Public				STATE	ZIP CODE
	41	911 CSTX	EET TO	EMECL	LA	CA	92592
	DAYTIME TEL	699-163		EMAIL ADD	RESS		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the						wledge 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.							
		1			M		10
	Date Signe	(month, day, year)	24	Signature	(File the prin	hard paper statem	nent with your file official)
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