

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
LIMA MICHELE L

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

Agency Name (Do not use acronyms)  
**TULARE PUBLIC CEMETERY DISTRICT**

Division, Board, Department, District, if applicable Your Position  
**BOARD OF TRUSTEE TREASURER**

► 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 \_\_\_\_\_

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.)

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

**Assuming Office:** Date assumed \_\_\_\_\_  The period covered is 01 / 23 / 2025, 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 CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 E. KERN AVE. TULARE CA 93274

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 559 ) 686-5544 ML.BOARD@TULARECEMETERY.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 01/27/2025  
(month, day, year)

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