

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Ple	ease type or print in ink.				BY:
NA	AME OF FILER (LAST)	(FIRST)		(MIDDLE)	
В	BRISTOW	JOSEPH		G	
1.	Office, Agency, or Court				
	Agency Name (Do not use acronym	s)			
	WINTERS CEMETERY DISTRICT, Division, Board, Department, District,		Yo	ur Position	
	DOADD OF TRUCTER			LIAID	
	BOARD OF TRUSTEES ► If filing for multiple positions, list to	elow or on an attachment (D		HAIR	
	in ming for manapic positions, not a	olow of oil all accommons. (De	o not doo doronym	•/	
	Agency:		P	osition:	
2.	Jurisdiction of Office (Chec	k at least one box)			
	State			udge, Retired Judge, Pro Tem Jud Statewide Jurisdiction)	lge, or Court Commissioner
	Multi-County YOLO AND SC	LANO		ounty of	_
	City of			at.	
3,	Type of Statement (Check a	least one box)			
	Annual: The period covered is December 31, 2021.	•		Leaving Office: Date Left(Check one	
	The period covered is December 31, 2021 .	, th	iiougii	The period covered is January leaving office.	1, 2021, through the date of
	Assuming Office: Date assume	nd/	[☐ The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election	and office	sought, if different	than Part 1:	
1	. Schedule Summary (must complete) ► Total number of pages including this cover page:				
Τ,	Schedules attached	oomplete) Protar nu	miber of page:	mendaniy una cover pay	
	Schedule A-1 - Investments -	schedule attached	_	C - Income, Loans, & Business I	
	Schedule A-2 - Investments -	schedule attached		D - Income - Gifts - schedule at	
	Schedule B - Real Property -	schedule attached	Schedule	E - Income - Gifts - Travel Payr	ments – schedule attached
-C	-or- None - No reportable interests on any schedule				
5.	Verification	-			
	MAILING ADDRESS STREET (Business or Agency Address Recommended -		CITY	STATE	ZIP CODE
	P.O. BOX 402 DAYTIME TELEPHONE NUMBER	V	VINTERS EMAIL ADDR	CA	95694-0402
	(530) 795-2475				
	have used all reasonable diligence in	preparing this statement. I have		5@sbcglobal.net tement and to the best of my know	vledge the information contained
	herein and in any attached schedules			-	_
	I certify under penalty of perjury ur	der the laws of the State of	California that the	foregoing is true and correct.	\sim
	Date Signed 03-07	? <u>- 20'22</u> /ear)	Signature _	(Lille the priginally signed paper statem	ent with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.				<0		
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	BY:		
BOZARTH	TIMOTHY		С			
1. Office, Agency, or Court			-			
Agency Name (Do not use acronyms)						
WINTERS CEMETERY DISTR	RICT					
Division, Board, Department, District, if a		Your Posit	on			
BOARD OF TRUSTEES		VICE-C	מואום			
BOARD OF TRUSTEES ▶ If filing for multiple positions, list belo	w or on an attachment (Do		/ IAIIX			
If filling for multiple positions, list belo	w or on an attachment. (Do	not doo doronymoj				
Agency:		Position: _				
2. Jurisdiction of Office (Check a	at least one box)					
State	·	☐ Judge, R	etired Judge. Pro Tem Jud	lge, or Court Commissioner		
Ciate			e Jurisdiction)	3-7		
Multi-County YOLO AND SOLA	ANO	County o	f			
City of						
3. Type of Statement (Check at le	ast one box)					
Annual: The period covered is Jan December 31, 2021.	uary 1, 2021, through	Leaving	Office: Date Left(Check one			
-or- The period covered is December 31, 2021 .			period covered is January ng office.	1, 2021 , through the date of		
		-or-		, through		
Assuming Office: Date assumed			late of leaving office.	, triough		
Candidate: Date of Election	and office s	sought, if different than Pa	art 1:			
4. Schedule Summary (must co	mplete) ► Total nur	mber of pages inclu	ding this cover page	e:		
Schedules attached						
Schedule A-1 - Investments - so	hedule attached	Schedule C - Inc	come, Loans, & Business I	Positions – schedule attached		
Schedule A-2 - Investments - so	hedule attached	Schedule D - Inc	come - Gifts - schedule a	ttached		
Schedule B - Real Property - sc	hedule attached	Schedule E - Inc	come – Gifts – Travel Payı	ments – schedule attached		
-or- None - No reportable inte	erests on any schedule					
5. Verification						
MAILING ADDRESS STREET	Cl	TY	STATE	ZIP CODE		
(Business or Agency Address Recommended - Publ			0.4	05004.0400		
P.O. BOX 402 DAYTIME TELEPHONE NUMBER	W	/INTERS EMAIL ADDRESS	CA	95694-0402		
(530) 795-2475			calobal net			
I have used all reasonable diligence in pro-	Wcd415@sbcglobal.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 therein and in any attached schedules is true and complete. I acknowledge this is a public document.					
•	•	-				
I certify under penalty of perjury unde	r the laws of the State of C	amorma mat the forego	ing is true and correct.	, /		
Data Signad Magazi B	2000	Cianatura	Knother P. B	erutb		
Date Signed //ARCH 8 (month, day, year	2022	Signature	File the originally signed paper statem	ent with your filing official.)		

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



PI	lease type or print in ink.						50	
NA	AME OF FILER (LAST)	(FIRST)			(MIDDLE)	ď	BY:	
J	IUSTUS	LARRY			W			
1.	Office, Agency, or Court							
	Agency Name (Do not use acronyms)							
	WINTERS CEMETERY DISTRICT							
	Division, Board, Department, District, if applicable			Your Positi	on			
	BOARD OF TRUSTEES			TRUST	ΈE			
	▶ If filing for multiple positions, list below or on a	n attachment. (L	Do not use					
	Agency:			Position: _			·	
2	Jurisdiction of Office (Check at least o	ne box)						
	State	io boxy		□ Judge R	etired Judge, Pro Tem	Judge of	r Court Commissione	r
	State				e Jurisdiction)	ouugo, o.		•
	Multi-County YOLO AND SOLANO			County of	·			
	City of							
3.	Type of Statement (Check at least one I	ox)						
	Annual: The period covered is January 1, 2 December 31, 2021.	021, through		Leaving	Office: Date Left (Check o	ne circle.		
	-or- The period covered is/ December 31, 2021 .	_/, t	through		period covered is Janu ng office.	ary 1, 20	21, through the date	of
	Assuming Office: Date assumed/		-	☐ The	period covered is late of leaving office.		/, throug	gh
	Candidate: Date of Election	and offic	e sought. if	different than Pa	art 1:			
4.	Schedule Summary (must complete	e) ► Total n	number o	f pages inclu	ding this cover p	age:		
	Schedules attached							
	Schedule A-1 - Investments - schedule at	tached			come, Loans, & Busine			ied
	Schedule A-2 - Investments - schedule at	tached			come - Gifts - schedul			
	Schedule B - Real Property - schedule at	tached		Schedule E - Inc	come – Gifts – Travel F	'ayments	- schedule attached	
(or- None - No reportable interests of	n any schedule	е					
5.	Verification		OTT (OTATE		710 0005	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE		ZIP CODE	
	P.O. BOX 402		WINTER		CA		95694-0402	
	DAYTIME TELEPHONE NUMBER			MAIL ADDRESS				
	(530) 795-2475 I have used all reasonable diligence in preparing the	ic etatomont. I he		Wcd415@sb		nowledge	the information cont	ained
	herein and in any attached schedules is true and	complete. I ackn	owledge thi	is is a public doc	ument.		e the mormation conta	allieu
	I certify under penalty of perjury under the law	s of the State of	f California	that the forego	ing is true and corre	it.	A	
	Date Signed 3-8-203	12	Sigi	nature	File the originally stipned paper s	tatement/with	your filing official.)	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



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NA	ME OF FILER (LAST)	(FIRST)			(MIDDLE)	BY:
K	ILKENNY	DENNIS			L	
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	WINTERS CEMETERY DISTRICT					
	Division, Board, Department, District, if applicable		Yo	ur Position		
	BOARD OF TRUSTEES		т	RUSTEE		
	► If filing for multiple positions, list below or on an	attachment. (Do not				
	, , ,	,				
	Agency:		Po	osition:		
2	Jurisdiction of Office (Check at least one	hov			_:=::	
۷.	_	: DOX)				
	State			udge, Retired Judge, Statewide Jurisdiction)		ge, or Court Commissioner
	Multi-County YOLO AND SOLANO			ounty of		
	City of					
			-			
3.	Type of Statement (Check at least one bo	x)				
	Annual: The period covered is January 1, 202 December 31, 2021.	:1, through		Leaving Office: Date	e Left/. (Check one c	
	-or- The period covered is/	/, through	. [•	ed is January	1, 2021 , through the date of
	December 31, 2021 .		-0	leaving office.		
	Assuming Office: Date assumed/		[The period covere the date of leaving		, through
	Candidate: Date of Election	and office soug	ht, if different	than Part 1:		
A	Schodule Summany (must complete)			4. !-		
4,	Schedule Summary (must complete)	➤ Iotal numbe	er of pages	s including this	cover page	
	Schedules attached					
	Schedule A-1 - Investments – schedule atta	ched	=			Positions – schedule attached
	Schedule A-2 - Investments - schedule atta	ched	_	D - Income - Gifts		
	Schedule B - Real Property – schedule atta	ched	Schedule	E - Income - Gitts -	- Travel Paym	nents – schedule attached
	Mana No or tolle interests on					
	or- None - No reportable interests on	any schedule				
5.	Verification					710 0005
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		S	TATE	ZIP CODE
	P.O. BOX 402	WINT	ΓERS		A	95694-0402
	DAYTIME TELEPHONE NUMBER		EMAIL ADDR	RESS		
	(530) 795-2475			<u>5@sbcglobal.ne</u>		
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co				st of my know	ledge the information contained
	I certify under penalty of perjury under the laws	of the State of Califo	rnia that the	foregoing is true	nd correct.	
	3/1/12				111	,
	Date Signed (month, day, year)		Signature _	(File the originally signally	gned paper stateme	ent with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

MAR 0 9 2022

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N/	AME OF FILER (LAST)	(FIRST)			(MIDDLE)	191:.4	**************
Ŀ	HAGUE	VIONA			N _		
1.	. Office, Agency, or Court						
	Agency Name (Do not use acronyms)						
	WINTERS CEMETERY DISTI	RICT					
	Division, Board, Department, District, if	applicable		Your P	osition		
	BOARD OF TRUSTEES			TRU	STEE		
	▶ If filing for multiple positions, list belo	w or on an attachment. (Do not u	ise acronyms)			
	Agency:			Positio	ın'		
	Agency.			rosido	711.		
2.	. Jurisdiction of Office (Check a	it least one box)					
	State				e, Retired Judge, Pro Tem J wide Jurisdiction)	udge, or Court	Commissioner
	Multi-County YOLO AND SOL	ANO		Count	y of		
	City of			Other			
2	. Type of Statement (Check at le	and and have					
J.	Annual: The period covered is Jar	•		Loav	ring Office: Date Left	1 1	
	December 31, 2021 .	uary 1, 2021, unough		Leav	(Check on		
	-or- The period covered is December 31, 2021 .		through		he period covered is Janua eaving office.	ry 1, 2021 , thro	ough the date of
	Assuming Office: Date assumed		-	□ T	he period covered is ne date of leaving office.		, through
	Candidate: Date of Election	and offic	e sough	t, if different thar	Part 1:		
4	Cahadula Cumman, /must a						
+.	. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached						
	Scriedules attached		-	¬			
	Schedule A-1 - Investments – so		Ĺ		Income, Loans, & Busines. Income – Gifts – schedule		chedule attached
	Schedule A-2 - Investments – so Schedule B - Real Property – so			=	Income – Gifts – Scriedule Income – Gifts – Travel Pa		dule attached
	Schedule B • Real Property – Sc	nedule attached				,,	
-(or- 🔳 None - No reportable inte	erests on any schedule	е				
5.	Verification						
	MAILING ADDRESS STREET	in Degument	CITY		STATE	ZIP CO	DE
	(Business or Agency Address Recommended - Public P.O. BOX 402	c Documenty	WINT	FRS	CA	956	94-0402
	DAYTIME TELEPHONE NUMBER		VVIIAI	EMAIL ADDRESS	<u> </u>		54 6462
	(530) 795-2475				sbcglobal.net		
	I have used all reasonable diligence in pro- herein and in any attached schedules is					owledge the inf	ormation contained
	I certify under penalty of perjury unde	r the laws of the State of	f Califor	nia that the fore	egoing is true and correct		
	Date Signed March 8 2 (month, day, year,	022	S	Signature	The the originally signed paper state	Alagui ement with your filing	official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Pl	ease type or print in ink.			40
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	BY:
C	CARBAHAL	SHEILA	L	The state of the s
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	WINTERS CEMETERY DISTRICT			
	Division, Board, Department, District, if applicable		Your Position	
	ADMINISTRATION		DISTRICT MANAGER	
	▶ If filing for multiple positions, list below or on ar	attachment. (Do not	use acronyms)	
			Desitions	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least on	e box)		
	State	,	Judge, Retired Judge, Pro Tem	Judge, or Court Commissioner
			(Statewide Jurisdiction)	
	Multi-County YOLO AND SOLANO		County of	
	City of			
_				
5.	Type of Statement (Check at least one be		The sales of the Late	1 1
	Annual: The period covered is January 1, 20 December 31, 2021.	21, through	Leaving Office: Date Left (Check or	
	-or- The period covered is/	/ throug	The period covered is Janua	ary 1, 2021, through the date of
	December 31, 2021 .	, 411009	leaving office.	
	Assuming Office: Date assumed/_		The period covered is the date of leaving office.	
	Candidate: Date of Election	and office sou	ht, if different than Part 1:	
4				
4.	Schedule Summary (must complete	I ► Iotal numb	er of pages including this cover page	age: <u>3</u>
	Schedules attached			
	Schedule A-1 - Investments – schedule att		Schedule C - Income, Loans, & Busines Schedule D - Income - Gifts - schedule	
	Schedule A-2 - Investments – schedule att		Schedule E - Income - Gifts - Travel P	
	Schedule B - Real Property – schedule atta	acnea	Golleddic E - Moomo Onto Maron	dymonio concede allached
-6	or- None - No reportable interests on	any schedule		
	Verification	any concesses		
٠.	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document)		TEDO 64	05604.0402
	P.O. BOX 402 DAYTIME TELEPHONE NUMBER	WIN	TERS CA EMAIL ADDRESS	95694-0402
	(530) 795-2475		Wcd415@sbcglobal.net	
	I have used all reasonable diligence in preparing thi herein and in any attached schedules is true and c	s statement. I have re omplete. I acknowled	viewed this statement and to the best of my k	nowledge the information contained
	I certify under penalty of perjury under the laws	of the State of Calif	ornia that the foregoing is true and correc	et.
	Date Signed March 4 202	2_	Signature (File the originally signed paper st.	atement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

CARBAHAL, SHEILA

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1000 RAILROAD AVENUE	315 PEACH PLACE
CITY	CITY
WINTERS	WINTERS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None CAITLYN RODRIGUEZ
* You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business.	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable
\$10,001 - \$100,000 OVER \$100,000	\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

CARBAHAL, SHEILA

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
207 LENIS AVENUE	
CITY	CITY
WINTERS	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold U Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 1 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
None	None
* * * * * * * * * * * * * * * * * * * *	Llanding institution made in the lander's regular course of
You are not required to report loans from a commercial	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of busin	ness must be disclosed as follows:
	NAME OF LENDER*
NAME OF LENDER*	NAME OF LENDER
	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	DUDINESS ACTIVITY IF ANY OF LEMPER
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
	Guarantor, if applicable
Guarantor, if applicable	Countainor, it applicable
	<u> </u>