

A PUBLIC DOCUMENT



Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **BRISTOW JOSEPH** G 1. Office, Agency, or Court Agency Name (Do not use acronyms) WINTERS CEMETERY DISTRICT Division, Board, Department, District, if applicable Your Position **BOARD CHAIRPERSON** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County YOLO AND SOLANO County of City of Other 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/__ Annual: The period covered is January 1, 2023, through December 31, 2023. (Check one circle.) The period covered is January 1, 2023, through the date The period covered is ______, through of leaving office. December 31, 2023. The period covered is ______, through Assuming Office: Date assumed _____/____ 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: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) P.O. BOX 402 **WINTERS** CA 95694 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (530) 795-2475 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. 01-30-2024 Date Signed **Signature**

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



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NAM	AE OF FILER (LAST)	(FIRST)	(MIDDLE)	B1:	
В	OZARTH	TIMOTHY	C.		
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyn	ns)		· · · · · · · · · · · · · · · · · · ·	
	WINTERS CEMETERY DIS	STRICT			
	Division, Board, Department, District	, if applicable	Your Position		
	BOARD		VICE-CHAIR		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
	Agency:		Position:		
	Jurisdiction of Office (Che	ck at least one box)			
	State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner	
	Multi-County YOLO AND S	OLANO	County of		
	City of		Other		
3.	Type of Statement (Check	at least one box)			
	Annual: The period covered is December 31, 2023.	January 1, 2023, through	Leaving Office: Date Left(Check of	/ one circle.)	
	The period covered is December 31, 2023.	/, through	The period covered is Jan of leaving office.-or-	uary 1, 2023, through the date	
	Assuming Office: Date assum	ned/	The period covered is the date of leaving office.	, through	
	Candidate: Date of Election _	and office sought	, if different than Part 1:		
4.	Schedule Summary (requ	ired) ► Total number	of pages including this cover p	page:	
	Schedules attached				
	Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Busine	ess Positions - schedule attached	
	Schedule A-2 - Investments	- schedule attached	Schedule D - Income - Gifts - schedu	ile attached	
	Schedule B - Real Property	- schedule attached	Schedule E - Income - Gifts - Travel	Payments - schedule attached	
-0	or- 🔳 None - No reportable	interests on any schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)	STATE	ZIP CODE	
	P.O. BOX 402	WINT	ERS CA	95694	
	DAYTIME TELEPHONE NUMBER	2	EMAIL ADDRESS	-	
	(530) 795-2475 I have used all reasonable diligence	in preparing this statement. I have revie	ewed this statement and to the hest of my	knowledge the information contained	
	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 Califor	nia that the foregoing is true and corre	ect.	
	Date Signed 29 (month, de	2024 y, year)	ignature (File the originally signed paper	statement with your filing official.)	



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	DI:
JUSTUS	LARRY	W.	
1. Office, Agency, or Cou	urt		
Agency Name (Do not use ac	cronyms)		
WINTERS CEMETERY	Y DISTRICT		
Division, Board, Department, D	istrict, if applicable	Your Position	
BOARD		TRUSTEE	
▶ If filing for multiple positions	s, list below or on an attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office	(Check at least one box)		
State	(-1.03.1 11.03.0 10.0 10.0)	Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County YOLO AN	ID SOLANO	County of	
		Other	
3. Type of Statement (CI			
	ered is January 1, 2023, through	Leaving Office: Date Left(Check one	
-or- The period cove December 31, 2	ered is/, through .023.	The period covered is Januaryof leaving office.	y 1, 2023, through the date
Assuming Office: Date	assumed/	The period covered is the date of leaving office.	, through
Candidate: Date of Elect	tion and office sought	, if different than Part 1:	
4. Schedule Summary (i	required) ► Total number	of pages including this cover pag	ie:
Schedules attached		, ,	
Cabadula A 1 Invest	ments – schedule attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
	ments – schedule attached	Schedule D - Income - Gifts - schedule	
	pperty – schedule attached	Schedule E - Income – Gifts – Travel Pay	ments - schedule attached
	,		
-or- 🔳 None - No report	table interests on any schedule		
5. Verification			
MAILING ADDRESS S' (Business or Agency Address Recomm.	TREET CITY	STATE	ZIP CODE
P.O. BOX 402	winti	ERS CA	95694
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 795-2475			
	gence in preparing this statement. I have revie hedules is true and complete. I acknowledge		wledge the information contained
I certify under penalty of per	rjury under the laws of the State of Califor	nia that the foregoing is true and correct.	10
Date Signed 1 3	nonth, day, year	Signature (File the originally signed paper state	ment with your filling official.)



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Please type or print in ink. (FIRST) (MIDDLE) NAME OF FILER (LAST) **KILKENNY DENNIS** 1. Office, Agency, or Court Agency Name (Do not use acronyms) WINTERS CEMETERY DISTRICT Division, Board, Department, District, if applicable Your Position **BOARD TRUSTEE** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) men ber Agency: City of Wroters Position: Natural Resource Commission 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County YOLO AND SOLANO County of City of WINTER 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left _____/_ (Check one circle.) December 31, 2023. ☐ The period covered is January 1, 2023, through the date The period covered is ____/____, through of leaving office. December 31, 2023. _/____, through Assuming Office: Date assumed _____/___ The period covered is ___ 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: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) CA 95694 P.O. BOX 402 WINTERS DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (530) 795-2475 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 2/14/24 ((month, day, year) Signature (File the originally signed paper statement with your filing official.)



A PUBLIC DOCUMENT



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	BY:
HAGUE	VIONA			
1. Office, Agency, or Court				
Agency Name (Do not use acror	nyms)			
WINTERS CEMETERY I	DISTRICT			
Division, Board, Department, Dist	rict, if applicable	Your Posit	ion	
BOARD		TRUS1	TEE	
▶ If filing for multiple positions, li	ist below or on an attachment. (Do	not use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (d	heck at least one box)			
State			Retired Judge, Pro Tem Ju le Jurisdiction)	dge, or Court Commissioner
Multi-County YOLO AND	SOLANO	County of	of	
City of				
3. Type of Statement (Chec	k at least one box)			
December 31, 202	d is January 1, 2023, through 3.	Leaving	g Office: Date Left (Check one	
-or- The period covered December 31, 202	d is/, thr 3.	ougii	period covered is Januar eaving office.	y 1, 2023, through the date
Assuming Office: Date ass	sumed/		period covered isdate of leaving office.	/, through
Candidate: Date of Election	and office	sought, if different than P	Part 1:	
4. Schedule Summary (red	quired) ► Total nu	mber of pages incl	uding this cover page	ge:
Schedules attached				-
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached				Positions - schedule attached
				attached
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached				
	ole interests on any schedule			
5. Verification		NAME OF THE PARTY		710 0005
MAILING ADDRESS STRE (Business or Agency Address Recommend		HTY	STATE	ZIP CODE
P.O. BOX 402	V	VINTERS	CA	95694
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 795-2475				
•	ce in preparing this statement. I hav dules is true and complete. I acknow		-	owledge the information contained
I certify under penalty of perjui	ry under the laws of the State of (California that the foreg	oing is true and correct	
Date Signed Felt	4,2024	Signature 7/	ing on a	1/20118
Date Signed	7, 20 27	Signature	(Cilo the existingly signed none) state	omen with your films official



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BY:
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circle.)
, 1, 2023, through the date
, through
3
e: <u>3</u>
Positions – schedule attached
attached
ments – schedule attached
ZIP CODE
95694
wledge the information contain
y ,_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION Name Sheila Carbakal

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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000			
NATURE OF INTEREST	NATURE OF INTEREST			
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement			
Leasehold	Leasehold Other			
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499			
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000				
■ \$10,001 - \$100,000	\$10,001 - \$100,000 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.	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 AND CAMERON RODRIGUEZ			
None * You are not required to report loans from a commerce	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and			
* You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business.	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*			
* You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business.	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:			
* You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of but NAME OF LENDER*	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*			
* You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)			
* You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	CAITLYN AND CAMERON RODRIGUEZ cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER			
* You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	CAITLYN AND CAMERON RODRIGUEZ cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
* You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone	CAITLYN AND CAMERON RODRIGUEZ cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None			
* You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	CAITLYN AND CAMERON RODRIGUEZ cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD			
* You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	CAITLYN AND CAMERON RODRIGUEZ cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000			

SCHEDULE B

FAIR POLITICAL PRACTICES COMMISSION Interests in Real Property
(Including Rental Income) Name

CALIFORNIA FORM 700

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: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$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 BRANDI CARRION & KEITH BURNS	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.
	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)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	