

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
RECEIVED
FEB 1 - 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BY: SC
BRISTOW **JOSEPH** **G**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

WINTERS CEMETERY DISTRICT

Division, Board, Department, District, if applicable

BOARD

Your Position

CHAIRPERSON

► 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
- Multi-County **YOLO AND SOLANO**
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2023, through December 31, 2023.
- or-
- The period covered is ____/____/____, through December 31, 2023.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

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)

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.

Date Signed 01-30-2024
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
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Date Initial Filing Received
RECEIVED
FEB 14 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BY:
BOZARTH **TIMOTHY** **C.** **SC**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
WINTERS CEMETERY DISTRICT

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: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County **YOLO AND SOLANO**
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

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- The period covered is _____, through December 31, 2023.
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- or-
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► Total number of pages including this cover page: _____

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- Schedule A-1 - Investments** – schedule attached
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- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

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 (Business or Agency Address Recommended - Public Document)
P.O. BOX 402 **WINTERS** **CA** **95694**

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(530) 795-2475

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed Jan. 29, 2024
 (month, day, year)

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

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Date Initial Filing Received
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FEB 14 2024
BY: *SC*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
JUSTUS LARRY W.

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)

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 **YOLO AND SOLANO** County of _____
- City of _____ Other _____

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

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(Check one circle.)
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- Candidate:** Date of Election ____/____/_____ and office sought, if different than Part 1: _____

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Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
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-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(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.

Date Signed **1-30-2024**
(month, day, year)

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE) BY:.....
KILKENNY DENNIS SC

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
WINTERS CEMETERY DISTRICT
Division, Board, Department, District, if applicable BOARD Your Position TRUSTEE
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) member
Agency: City of Winters Position: Natural Resource Commission

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County YOLO AND SOLANO County of _____
 City of WINTER Other _____

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

Annual: The period covered is January 1, 2023, through December 31, 2023. Leaving Office: Date Left ____/____/_____
-or- The period covered is ____/____/_____, through (Check one circle.)
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- Schedule A-1 - Investments – schedule attached
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- 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)
P.O. BOX 402 WINTERS CA 95694
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 795-2475

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

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RECEIVED
FEB 14 2024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) BY: SC
HAGUE **VIONA**

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)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County **YOLO AND SOLANO**
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

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- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
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- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

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(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.

Date Signed Feb. 14, 2024
(month, day, year)

Signature Viona M. Hague
(File the originally signed paper statement with your filing official.)

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Filing Official Use Only
JAN 29 2024

Please type or print in ink.

BY: *SC*

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CARBAHAL SHEILA L

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 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 **YOLO AND SOLANO** County of _____
 City of _____ Other _____

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

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-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – 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)
P.O. BOX 402 WINTERS CA 95694
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 795-2475 Sheila@winterscemetery.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 1/26/2024
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
207 LENIS AVENUE

CITY
WINTERS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/23 ACQUIRED _____/_____/23 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None

BRANDI CARRION & KEITH BURNS

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____

CITY _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/23 ACQUIRED _____/_____/23 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$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.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: _____