

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

Date Initial Filing Received
Filing Official Use Only



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

BOARD OF TRUSTEES

Your Position

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)

- Annual:** The period covered is January 1, 2020, through December 31, 2020.
- or-
- The period covered is _____, through December 31, 2020.
- 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, 2020, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► 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)
415 CEMETERY DRIVE WINTERS CA 95694

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 795-2475 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 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 01-14-2021
(month, day, year)

Signature *Joseph G. Bristow*
(File the originally signed paper statement with your filing official.)

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1/15/21

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

BOARD OF TRUSTEES

Your Position

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
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-or- None - No reportable interests on any schedule

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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 15 JAN 2021
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
KILKENNY DENNIS L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
WINTERS CEMETERY DISTRICT

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

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Agency: _____ Position: _____

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

- State
- Multi-County YOLO AND SOLANO
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Date Signed 1/18/21
(month, day, year)

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
BOZARTH TIMOTHY C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
WINTERS CEMETERY DISTRICT

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

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Agency: _____ Position: _____

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
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- City of _____ Other _____

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Date Signed 01/15/2021
(month, day, year)

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

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2/4/21 RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HAGUE VIONA N

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

WINTERS CEMETERY DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

Your Position

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 _____
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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 Feb. 4, 2021 Signature Viona Hague
(month, day, year) (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)
CARBAHAL SHEILA L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

WINTERS CEMETERY DISTRICT

Division, Board, Department, District, if applicable

ADMINISTRATION

Your Position

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
- Multi-County **YOLO AND SOLANO**
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
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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 1/11/2021
(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
CARBAHAL, SHEILA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1000 RAILROAD AVENUE

CITY
WINTERS

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED / /20 DISPOSED / /20

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
315 PEACH STREET

CITY
WINTERS

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED / /20 DISPOSED / /20

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
CAITLYN RODRIGUEZ

* 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 _____% None TERM (Months/Years) _____

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 _____% None TERM (Months/Years) _____

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

Comments: _____

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Original Filing Received
Date of Filing: FEB 1 - 2021
BY: SAC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Velasquez Mark

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Winters Cemetery District
Division, Board, Department, District, if applicable Your Position
General Counsel

► 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 Yolo County

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

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5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
500 Capitol Mall, Suite 1700 Sacramento CA 95814

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 325-4000 mark.velasquez@bbklaw.com

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 1/25/2021 Signature Mark Velasquez
(month, day, year) (File the originally signed paper statement with your filing official.)

