

A PUBLIC DOCUMENT

Date Initial Filing Received
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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 application	able	Your Po	sition	
BOARD OF TRUSTEES		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 lease	st one box)			
State			Retired Judge, Pro Tem .ide Jurisdiction)	Judge, or Court Commissioner
Multi-County YOLO AND SOLANC		County	of	
City of		Other		
3. Type of Statement (Check at least o	ne box)			
Annual: The period covered is January		Leavi	ng Office: Date Left	
December 31, 2020 .			(Check or	ne circle.)
The period covered is/_ December 31, 2020.	, through	lea	e period covered is Janua ving office.	ary 1, 2020, through the date of
Assuming Office: Date assumed	1 1	-or- □ Th	e period covered is	_/, through
Assuming Office. Date assumed			date of leaving office.	, ,
Candidate: Date of Election	and office soug	ht, if different than	Part 1:	
4. Schedule Summary (must comp	ete) ► Total numb	er of pages inc	luding this cover pa	nge:
Schedules attached				
Schedule A-1 - Investments – schedul	e attached	Schedule C -	Income, Loans, & Busines	s 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			ayments - schedule attached	
-or- X None - No reportable interests	s on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doct	city iment)		STATE	ZIP CODE
415 CEMETERY DRIVE	WIN'	TERS	CA	95694
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 795-2475 I have used all reasonable diligence in preparir	a this statement. I have re-		ocglobal.net	anuladae the information contained
herein and in any attached schedules is true a				lowledge the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed 01-14-20 (month, day, year)	21	Signature	al 6.	Brown
(month, day, year)			(File the originally signed paper sta	tement with your filing official.)



A PUBLIC DOCUMENT



Please type or print in ink. (FIRST) (MIDDLE) NAME OF FILER (LAST) **LARRY** W **JUSTUS** 1. Office, Agency, or Court Agency Name (Do not use acronyms) WINTERS CEMETERY DISTRICT Your Position Division, Board, Department, District, if applicable **BOARD OF TRUSTEES** TRUSTEE ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through Leaving Office: Date Left ____/___ (Check one circle.) December 31, 2020. -or-The period covered is January 1, 2020, through the date of The period covered is ______, through leaving office. December 31, 2020. ☐ 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 (must complete) ► 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 ZIP CODE STATE CITY MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 95694 **WINTERS** CA 415 CEMETERY DRIVE EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (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

Signaturé

FPPC Form 700 - Cover Page (2020/2021) advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov

inally signed paper statement with your filing official.)



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Date Initial Filing Received Filing Official Use Only



Please type or print in ink.			1/18/21
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
KILKENNY	DENNIS	L	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
WINTERS CEMETERY DIST	RICT		
Division, Board, Department, District, if	applicable	Your Position	
BOARD OF TRUSTEES		TRUSTEE	
► If filing for multiple positions, list bel	ow or on an attachment. (Do not ι	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
State	·	Judge, Retired Judge, Pro Tem Juget (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-County YOLO AND SOL	.ANO	County of	
City of		Other	
3. Type of Statement (Check at I	east one box)		
Annual: The period covered is Ja December 31, 2020.	-	Leaving Office: Date Left(Check one	
-or- The period covered is December 31, 2020 .	, through	The period covered is Januar leaving office.	ry 1, 2020, through the date of
Assuming Office: Date assumed			, through
Candidate: Date of Election	and office sough	nt, if different than Part 1:	
4. Schedule Summary (must c	omplete) > Total numbe	r of pages including this cover pa	ge:
Schedules attached	omprete, protarriambe	, or pages morating and term page	
Schedule A-1 - Investments - s	chedule attached	Schedule C - Income, Loans, & Business	s Positions - schedule attached
Schedule A-2 - Investments - s		Schedule D - Income - Gifts - schedule	attached
Schedule B - Real Property – s		Schedule E - Income - Gifts - Travel Pa	yments - schedule attached
-or- None - No reportable int	erests on any schedule		
5. Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu		SIAIL	ZII OOBE
415 CEMETERY DRIVE	WINT		95694
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 795-2475		wcd415@sbcglobal.net	
I have used all reasonable diligence in particular herein and in any attached schedules is	reparing this statement. I have revi true and complete. I acknowledge	ewed this statement and to the best of my known is a public document.	owledge the information contained
I certify under penalty of perjury und	er the laws of the State of Califo	rnia that the foregoing is true and correct.	
	121	simulation of the	
Date Signed // 8/	ar)	Signature (File the originally signed paper state	ement with your filing official.)



A PUBLIC DOCUMENT



Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) (FIRST) **BOZARTH TIMOTHY** C 1. Office, Agency, or Court Agency Name (Do not use acronyms) WINTERS CEMETERY DISTRICT Your Position Division, Board, Department, District, if applicable **BOARD OF TRUSTEES TRUSTEE** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through Leaving Office: Date Left ____/__ (Check one circle.) December 31, 2020. -or-The period covered is January 1, 2020, through the date of The period covered is ______, through leaving office. December 31, 2020. -or-☐ The period covered is ___ Assuming Office: Date assumed ____/___/___ the date of leaving office. Candidate: Date of Election ___ and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ► 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 CITY ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 95694 415 CEMETERY DRIVE WINTERS CA EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (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. Signature

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



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 Your Position **BOARD OF TRUSTEES** TRUSTEE ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2020, through Leaving Office: Date Left ____/__ December 31, 2020. (Check one circle.) ☐ The period covered is January 1, 2020, through the date of The period covered is _____/____, through leaving office. December 31, 2020. 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 (must complete) ► 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 STREET STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 415 CEMETERY DRIVE 95694 **WINTERS** CA 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 Feb. 42021 Signature

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



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only



Please type or print in ink.			1/11/24
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
CARBAHAL	SHEILA	L	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) WINTERS CEMETERY DISTR	ICT		
Division, Board, Department, District, if ap	plicable	Your Position	
ADMINISTRATION		DISTRICT MANAGER	
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-County YOLO AND SOLA	NO	County of	
City of		Other	
3. Type of Statement (Check at lea	st one box)		
Annual: The period covered is Janu December 31, 2020.	ary 1, 2020, through	Leaving Office: Date Left(Check one	
The period covered is December 31, 2020 .	_/, through	The period covered is Januar leaving office.	ry 1, 2020, through the date of
Assuming Office: Date assumed _			/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must co	mplete) ► Total number	of pages including this cover page	ge: 2
Schedules attached			
Schedule A-1 - Investments - sch	edule attached	Schedule C - Income, Loans, & Business	
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached			
Schedule B - Real Property – sch	edule attached	Schedule E - Income - Gifts - Travel Pa	yments – schedule attached
-or- None - No reportable inter	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY	STATE	ZIP CODE
415 CEMETERY DRIVE	WINTE	ERS CA	95694
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 795-2475		wcd415@sbcglobal.net	
I have used all reasonable diligence in pre- herein and in any attached schedules is tr		wed this statement and to the best of my kno this is a public document.	owledge the information contained
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and correct.	
Date Signed ////2021	Si	ignature (File the originally signed paper state	arbahal ement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION CARBAHAL, SHEILA

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1000 RAILROAD AVENUE CITY WINTERS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 315 PEACH STREET CITY WINTERS
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
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST ✓ Ownership/Deed of Trust ☐ Easement
Leasehold Yrs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$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. None	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
	l 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	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
omments:	

CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERESTS COVER DAGE

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		F ECONOM OVER PAG BLIC DOCU	E	Dall no Filing Received the Second
Please type or print in ink.	(FIDOT)		(MIDDLE)	5/1 3/1
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	3334
Velasquez	Mark			200
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Winters Cemetery District		Vous Dooi	tion	
Division, Board, Department, District, if a	pplicable	Your Posi	lion	
			al Counsel	
▶ If filing for multiple positions, list belo	w or on an attachment. (Do not us	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check a	t least one box)			
State			Retired Judge, Pro Tem of the second	Judge, or Court Commissioner
Multi-County		County of	of	
City of		X Other	Yolo County	
Annual: The period covered is Jan December 31, 2020. -or- The period covered is December 31, 2020. Assuming Office: Date assumed Candidate: Date of Election		○ The leav-or-○ The the	ving office. period covered is date of leaving office.	ne circle.) ary 1, 2020, through the date of
4. Schedule Summary (must consciously schedules attached Schedule A-1 - Investments - so Schedule A-2 - Investments - so Schedule B - Real Property - so	hedule attached hedule attached hedule attached	Schedule C - Ir	ncome – Gifts – schedul	ss Positions – schedule attached
-or- None - No reportable integrated5. Verification	eresis on any schedule			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub.	ic Document)		STATE	ZIP CODE
500 Capitol Mall, Suite 1700	Sacra		CA	95814
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	107@bbblow com	
(916) 325-4000 I have used all reasonable diligence in prherein and in any attached schedules is	eparing this statement. I have revie	wed this statemen	uez@bbklaw.com t and to the best of my k	nowledge the information contained
nerein and in any attached schedules is I certify under penalty of perjury under				et.
Date Signed / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>al</u> s	ignature	nl Welasy (File the originally signed paper st	atement with your filing official.)

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Mark Velasquez

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Best Best & Krieger LLP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
500 Capitol Mall, Suite 1700, Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Of Counsel	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)
	Commission or Rental Income, list each source of \$10,000 or more
Commission or Rental Income, list each source of \$10,000 or more	Commission of Commissions, and the commission of
(Describe)	(Describe)
Other	Other(Describe)
(Describe)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	Guaranior
OVER \$100,000	Other
_	(Describe)
Comments:	