CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

REGEIVED

JAN 26 2023

Please type or print in ink.				SONOMA COUNTY ADMINISTRATOR	
AME OF FILER (LAST)	(FIRST)		(MIDDLE)	. IDIIIII OIL	
Newman	Scott	Winthrop			
. Office, Agency, or Court					
Agency Name (Do not use acrony					
Northern Sonoma County	Fire Protection District		ar and a second		
Division, Board, Department, District, if applicable		Your Position			
Special District		Board Member			
▶ If filing for multiple positions, lis	st below or on an attachment. (Do not	use acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (C	heck at least one box)				
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner			
		(Statewide Jurisdiction)			
Multi-County		County of Sonoma			
City of		Other Portions of Sonoma County			
3. Type of Statement (Chec	k at least one box)	The second secon			
Annual: The period covered is January 1, 2022, through		Leaving Office:	Leaving Office: Date Left		
December 31, 2022			(Check one o		
The period covered December 31, 202:	leaving office				
Assuming Office: Date assumed the date of leaving office.				, through	
Candidate: Date of Election	n and office so	ught, if different than Part 1:			
4. Schedule Summary (re-	quired) ► Total num	ber of pages including	this cover pag	e:	
Schedules attached					
Schedule A-1 - Investme	onts - schedule attached	Schedule C - Income, L	Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investme		Schedule D - Income -			
Schedule B - Real Prope		Schedule E - Income -	Gifts - Travel Pay	ments - schedule attached	
Schedule B - Noth 1 10pt	ny concean annual				
-or- None - No reporta	ble interests on any schedule				
5. Verification					
MAILING ADDRESS STR	EET CIT	Υ	STATE	ZIP CODE	
(Business or Agency Address Recommer		eyserville	CA	95441	
20975 Geyserville Aven	ue Ge	EMAIL ADDRESS	-	0. 5 0.500.0000	
(707-) 4332121		scott@newmanra	nch.com		
I have used all reasonable dilige	ence in preparing this statement. I have edules is true and complete. I acknow	reviewed this statement and to	the best of my know	owledge the information contain	
	ury under the laws of the State of C				
			mil		
Date Signed 1.22.2023	nth, day, year)	Signature (File the	originally signed paper stat	ement with your filing official.)	