CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) MARTINEZ, TED
(First) (MIDDLE)

1. Office, Agency, or Court
Agency Name
RIO HONDO CCD
Sup't/PRESIDENT

Division, Board, Department, District, if applicable
Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _________________________________
Position: _______________________________

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ County of LOS ANGELES
☐ Multi-County _______________________________
☐ City of _______________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Other _________________________________

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2012, through
December 31, 2012.
☐ Leaving Office: Date Left ________________
☐ The period covered is __________/________/
☐ The period covered is __________/________/
☐ Assuming Office: Date assumed __________/________/
☐ Leaving office: Date of leaving office.
☐ and office sought, if different than Part 1:

4. Schedule Summary
Check applicable schedules or “None.”
☐ 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

► Total number of pages including this cover page: ______

5. Verification
Mailing Address
3600 WORKMAN MILL RD WHITTIER CA 90601
(Business or Agency Address Recommended - Public Document)

Daytime Telephone Number
(562) 665-2053

E-mail Address (Optional)

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 1/1/13 ____________________________

Signature ________________________________

(Pre the originally signed statement with your filing official.)
STATED OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

DREYFUSS

TERESA

1. Office, Agency, or Court

Agency Name

RIO HONDO COMMUNITY COLLEGE

Division, Board, Department, District, if applicable

DISTRICT

Your Position

Interim Superintendent/President V.P. Finance & Business

If filing for multiple positions, list below or on an attachment.

San Gabriel Valley JPA

Agency: So. CA. COMMUNITY COLLEGE DIST. JPA

Board Member

Position: Board Member

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

State

Multi-County

City of

Chair of

County of

Other

Los Angeles

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


Leaving Office: Date Left

(Check one)

The period covered is January 1, 2012, through the date of leaving office.

Date assumed

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office

Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

3600 Workman Mill Road

Whittier, CA 90601

STREET

(Street or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

(562) 463-7099

E-MAIL ADDRESS (OPTIONAL)
tdreyfuss@riohondo.edu

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

02/13

Signature

(To be originally signed statement with your legal official)

FPPC Form 700 (2012/2013)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE D
### Income – Gifts

| NAME OF SOURCE (Not an Acronym) | San Diego State University, Confucius Institute |
| ADDRESS (Business Address Acceptable) | 5500 Campanile Dr., San Diego, CA 92182 |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | Business Trip to Guangzhou, China |

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/16/12</td>
<td>$1,200.</td>
<td>Trip to China thru 11/24/12</td>
</tr>
</tbody>
</table>

| NAME OF SOURCE (Not an Acronym) |
| ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE |

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| BUSINESS ACTIVITY, IF ANY, OF SOURCE |

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</tbody>
</table>

Comments:
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
Acosta-Salazar

NAME
Angela

1. Office, Agency, or Court
Agency Name:
Rio Hondo College District, Trustee

Division, Board, Department, District, if applicable

Your Position

If filing for multiple positions, list below or on an attachment.

Agency: ________________________________ Position: ________________________________

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

☐ State
☐ Multi-County
☐ City of ________________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of Los Angeles
☐ Other ________________________________

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

☐ or:
☐ The period covered is ___________/__________ through
☐ December 31, 2012.

☐ Assuming Office: Date assumed ___________/__________

☐ Leaving Office: Date Left ___________/__________ (Check one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is ___________/__________ through
☐ the date of leaving office.

☐ Candidate: Election year ____________ and office sought, if different than Part 1:

4. Schedule Summary

☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached

☒ Total number of pages including this cover page:

☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income – Gifts – schedule attached
☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

5. Verification

3600 Workman Mill Rd, Whittier, CA 90601

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
(562) 692-0931

E-MAIL ADDRESS (OPTIONAL)

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  March 13, 2013

Signature Angela Acosta-Salazar

(Fill the originally signed statement with your filing official)
SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- You must mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym)
Community College League
ADDRESS (Business Address Acceptable)
2017 Q Street
SACRAMENTO, CA 95811

Nonprofit Association & Comm College
CITY AND STATE
DISTRICT
DATE(S): 01/01/2012 - 12/31/12
AMT: $1,621.82

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Reimbursement of expenses and meals for service on statewide association board

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
☐ 501 (c)(3)
DATE(S): __________________ AMT: __________________
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
☐ 501 (c)(3)
DATE(S): __________________ AMT: __________________
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

SHAPIRO

MADELINE

RUTH

1. Office, Agency, or Court
Agency Name

PRESIDENT

GOVERNING BOARD OF TRUSTEES

RIO HONDO COMMUNITY COLLEGE DISTRICT

Division, Board Department, District, if applicable

Position

If filing for multiple positions, list below or on an attachment

Agency: ____________________________

Position: ____________________________

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

☐ State

☐ County of LOS ANGELES

☐ Multi-County

☐ Other

☐ City of ________________

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


☐ Leaving Office: Date Left

☐ Assumed Office: Date assumed

☐ Candidate: Election year ______ and office sought, if different than Part 1:

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is _______ through the date of leaving office

☐ Other

4. Schedule Summary

☐ 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

☐ Total number of pages including this cover page: 2

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

9816 MARYKNOLL AVE. WHITTIER CA 90605

STREET

CITY

STATE

ZIP CODE

(626) 907-6468

E-MAIL ADDRESS (OPTIONAL)
madrshop@aol.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 3/11/13

(Month, Day, Year)

Signature

Madeline Shapiro

(Put the originally signed statement with your filing folder)
## SCHEDULE A-1
### Investments

**Stocks, Bonds, and Other Interests**

*(Ownership Interest is Less Than 10%)*

Do not attach brokerage or financial statements.

<table>
<thead>
<tr>
<th>Name of Business Entity</th>
<th>General Description of Business Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE WALT DISNEY COMPANY</td>
<td>ENTERTAINMENT</td>
</tr>
</tbody>
</table>

#### FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [X] $100,001 - $1,000,000
- [ ] Over $1,000,000

#### NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other (Describe)
- [ ] Partnership
  - [ ] Income Received of $0 - $499
  - [ ] Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE: LIST DATE:**
- [ ] ACQUIRED
- [ ] DISPOSED

---

<table>
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<td>[ ] GENERAL DESCRIPTION OF BUSINESS ACTIVITY</td>
</tr>
</tbody>
</table>

#### FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

#### NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other (Describe)
- [ ] Partnership
  - [ ] Income Received of $0 - $499
  - [ ] Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE: LIST DATE:**
- [ ] ACQUIRED
- [ ] DISPOSED

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<td>[ ] GENERAL DESCRIPTION OF BUSINESS ACTIVITY</td>
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</tbody>
</table>

#### FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

#### NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other (Describe)
- [ ] Partnership
  - [ ] Income Received of $0 - $499
  - [ ] Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE: LIST DATE:**
- [ ] ACQUIRED
- [ ] DISPOSED

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<td>[ ] GENERAL DESCRIPTION OF BUSINESS ACTIVITY</td>
</tr>
</tbody>
</table>

#### FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

#### NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other (Describe)
- [ ] Partnership
  - [ ] Income Received of $0 - $499
  - [ ] Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE: LIST DATE:**
- [ ] ACQUIRED
- [ ] DISPOSED

---

**Comments:**
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER

LAST) (FIRST) (MIDDLE)

GARCIA NORMA E.

1. Office, Agency, or Court

Agency Name

Rio Hondo Community College District

Board Trustee

Division, Board, Department, District, if applicable

Governor Board of Trustees

If filing for multiple positions, list below or on an attachment.

Agency: ____________________________ Position: ____________________________

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

☐ State

☐ Multi-County

☐ City of ____________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of ____________________________

☐ Other Rio Hondo Community College District

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


☐ Leaving Office: Date Left __________

☐ The period covered is __________ through December 31, 2012.

☐ The period covered is __________ through the date of leaving office.

☐ Assuming Office: Date assumed __________

☐ Candidate: Election year __________ and office sought, if different than Part 1:

☐ None

4. Schedule Summary

☐ Schedule A - 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

☐ None - No reportable interests on any schedule

Total number of pages including this cover page: 1

5. Verification

MAILING ADDRESS

(Business or Agency Address Recommended - Public Document)

STREET

CITY STATE ZIP CODE

9114 Richwood Avenue, El Monte, CA 91732

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

(626) 233-2416
garciane@yahoo.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: April 18, 2017

Signature: ____________________________

(File the originally signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER
LAST NAME: Santana
FIRST NAME: Vicky

1. Office, Agency, or Court
Agency Name: Rio Hondo College District
Division, Board, Department, District, if applicable: Board of Trustees
Your Position: Vice President

2. Jurisdiction of Office (Check at least one box)
- State
- Multi-County
- City of

3. Type of Statement (Check at least one box)
- Leaving Office: Date Left / / (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is / / , through the date of leaving office.

4. Schedule Summary
Check applicable schedules or "None."
- 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

Total number of pages including this cover page: 2

5. Verification
Mailing Address: 3600 Wawona Mill Road, Whittier, CA 90601
Daytime Telephone Number: (323) 692-0921
Email Address (Optional):

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: 3/1/13
Signature: [Signature]

File the original signed statement with your filing official.

FPPC Form 700 (2012/2013)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helplline: 866/275-3772 www.fppc.ca.gov
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY
Los Angeles

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

IF APPLICABLE, LIST DATE:
☐ 1/12 09 01/12

ACQUIRED
DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ Yes, 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

Mario and Andrea Santana

* You are not required to report loans from commercial lending institutions 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

Comments:
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MENDEZ GARY G.

1. Office, Agency, or Court
Agency Name
Rio Hondo Community College District
Board Trustee
Division, Board, Department, District, if applicable
Your Position
Governing Board of Trustees
► If filing for multiple positions, list below or on an attachment.
Agency: ___________________________ Position: ___________________________

2. Jurisdiction of Office (Check at least one box)
[ ] State ___________________________
[ ] Judge or Court Commissioner (Statewide Jurisdiction) ___________________________
[ ] Multi-County ___________________________
[ ] County of ___________________________
[ ] City of ___________________________
[ ] Other Rio Hondo Community College District ___________________________

3. Type of Statement (Check at least one box)
   The period covered is __________ through __________, December 31, 2012.
[ ] Assuming Office: Date assumed __________
[ ] Candidate: Election year __________, and office sought, if different than Part 1:
[ ] Leaving Office: Date Left __________ (Check one)
   [ ] The period covered is January 1, 2012, through the date of leaving office.
   [ ] The period covered is __________ through the date of leaving office.

4. Schedule Summary
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   [ ] Schedule D - Income - Gifts - schedule attached
   [ ] Schedule E - Income - Gifts - Travel Payments - schedule attached
   [ ] None - No reportable interests on any schedule

5. Verification
Mailing Address
11513 Alcald Avenue
Whittier, CA 90605
City
State
ZIP Code
Business or Agency Address Recommended - Public Document
Daytime Telephone Number
(562) 569-2136
E-Mail Address (Optional)
garymenedez@aol.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 __________
(month, day, year)
Signature ___________________________
**SCHEDULE D**
Income - Gifts

**NAME OF SOURCE (Not an Acronym)**
San Diego State University, Confucius Institute

**ADDRESS (Business Address Acceptable)**
5500 Campalile Dr., San Diego, CA 92812

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**
to Guangzhou, China

<table>
<thead>
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<th>DATE (mm/dd/yy)</th>
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<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
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<td>11/16/12</td>
<td>$1,200</td>
<td>Trip to China</td>
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<tr>
<td>thru 11/24/12</td>
<td></td>
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**NAME OF SOURCE (Not an Acronym)**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

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**ADDRESS (Business Address Acceptable)**

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