

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Received

NA	SE OF FILER (LAST)	(FIRST)	(MIDDLE)
_	MARTINEZ, TR	7 <i>E</i> D	
1.	Office, Agency, or Court		whether the the transfer and the same to t
	Agency Name RIO HONDO CCD	Supt/PRESIDENI	T
	Division, Board, Department, District, if applicable	Supt/PRESIDENU 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	☐ Judge or Court Commissioner	(Statewide Jurisdiction)
	Multi-County	_ County of LOS AN	19 FLES
	City of	Other	
	Type of Statement (Check at least one box)		
J.	Annual: The period covered is January 1, 2012, through December 31, 2012.	Leaving Office: Date Left (Check one)	aurenia de la companya del companya de la companya del companya de la companya de
	The period covered is/, throug December 31, 2012.	, ,	uary 1, 2012, through the date of
	Assuming Office: Date assumed//	 The period covered is the date of leaving office. 	
	Candidate: Election year and office sough	nt, if different than Part 1:	
4.	Schedule Summary		
	Check applicable schedules or "None." ► To	otal number of pages including th	is cover page:
	Schedule A-1 - Investments - schedule attached		siness Positions - schedule attached
	Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached	Schedule D - Income - Gifts - sch	
	-or-	Schedule E - Income - Gifts - Trai	/ei Payments - schedule attached
		interests on any schedule	
5.	Verification 3600 WORKMAN MILL RO	WHITTER CA	98601
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE	ZIP CODE
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)	
	(562) 665-PO53		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	I have used all reasonable diligence in preparing this statement. I have a herein and in any attached schedules is true and complete. I acknowle		knowledge the information contained
	I certify under penalty of perjury under the laws of the State of Cal	lifornia that the foregoing is true and corr	rect.
	Date Signed 4/1/13	Signature MM	ting h
	(month, day year)	(File the originally signed st	atemorify of your thing official.)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

NAME OF FILER (LAST) DREYFUSS	(FIRST) TERESA	(MIDDLE)
1. Office, Agency, or Court		
Agency Name		
RIO HONDO COMMUNITY COLLEGE		•
Division, Board, Department, District, if applicable	Your Position Interim Supe	rintendent/President
DISTRICT	V.P. Finance	& Business
 If filing for multiple positions, list below or on an attachment. San Gabriel Valley JPA 	Board Member	,
Agency: So. CA. COMMUNITY COLLEGE DIST. JE	PA Position: Board Member	
2. Jurisdiction of Office (Check at least one box)		
X State	Judge or Court Commissioner (Sta	atemide (unicidiation)
Multi-County		•
City of	Other	
3. Type of Statement (Check at least one box)		
X Annual: The period covered is January 1, 2012, through December 31, 2012.	Leaving Office: Date Left (Check one)	J
The period covered is/, through December 31, 2012.	The period covered is January leaving office.	, 1, 2012, through the date of
Assuming Office: Date assumed/	The period covered is the date of leaving office.	, through
Candidate: Election year and office sough	nt, if different than Part 1:	
4. Schedule Summary	1	
Check applicable schedules or "None." ► To	otal number of pages including this o	cover page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Busine	es Positions echadula attachod
Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedul	
☐ Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel F	
-01-		• •
	nterests on any schedule	
5. Verification		
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE	ZIP CODE
3600 Workman Mill Road Whitti		90601
(562) 463–7099	E-MAIL ADDRESS (OPTIONAL)	***************************************
I have used all reasonable diligence in preparing this statement. I have rherein and in any attached schedules is true and complete. I acknowle	tdreyfuss@riohondo.edu eviewed this statement and to the best of my kno	wledge the information contained
I certify under penalty of perjury under the laws of the State of Cal		
Date Signed 02/2/13	Signature	A.
(month, day, year)	(File-the originally signed stateme	nt with your filing official.)

SCHEDULE D Income - Gifts



		San Diego State s Institite	► NAME OF SOURCE	E (Not an Acronym)	
ADDRESS (Busines	ss Address Acceptab	de)	ADDRESS (Busines	s Address Acceptai	ble)
5500 Campa	nile Dr S	San Diego, CA 92182			
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	JRCE Business Trip	BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE ;
to Guangzh					
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 , 16,12 thru	<u>\$1,200.</u>	Trip to China		\$	
11 / 24/12	\$			\$	
	\$			\$	
NAME OF SOURCE	E (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym))
ADDRESS (Busines	ss Address Acceptab	ole)	ADDRESS (Busines	ss Address Accepta	bie)
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	PRCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOI	URCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	enterior de la companya de la compa
	\$			\$	
NAME OF SOURC	E (Not an Acronym)		NAME OF SOURCE	E (Not an Acronym,)
ADDRESS (Busines	ss Address Acceptat	ble)	ADDRESS (Busines	ss Address Accepta	ble)
BUSINESS ACTIVI	TY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
				*	-
	\$			\$	Shalada a la
	\$			\$	·
Comments:					



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

RECEIVED Date Received Official Use Only MAR 1 4 2013

FINANCE & BUSINESS

NAME	OF FILER (LAST)	mon	
	Acosta-Salazar	(FIRST) Angela	(MIDDLE)
1. 0	ffice, Agency, or Court	J	
	gency Name Hondo Colled	e District,	Trustee
_	If filing for multiple positions, list below or on an attachment.	Toda i sorion	
P	\gency:	Position:	
2	Jurisdiction of Office (Check at least one box)		
Ε		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
Е	Multi-County	County of LOS An	geles
.[.	City of	Other	<u>J</u>
	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/, through December 31, 2012.	 The period covered is Janual leaving office. 	ary 1, 2012, through the date of
	Assuming Office: Date assumed	The period covered is the date of leaving office.	, through
	Candidate: Election year and office sought, if	different than Part 1:	717-21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
4. \$	Schedule Summary		i i
C	Check applicable schedules or "None." ► Total	number of pages including this	s cover page:
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Busi	iness Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - sched	
L.		Schedule E - Income - Gifts - Trave	el Payments - schedule attached
	-or- None - No reportable intere	sts on any schedule	
N	Perification 3600 WOYKINGM AlLING ADDRESS STREET STREET STREET CITY CIT	ill Rd., Whittier	CA 90601
<u> </u>	DAYTIME TELEPHONE NUMBER 562 692-693	E-MAIL ADDRESS (OPTIONAL)	
Ī h	have used all reasonable diligence in preparing this statement. I have reviewerein and in any attached schedules is true and complete. I acknowledge	wed this statement and to the best of my this is a public document.	knowledge the information contained
	certify under penalty of perjury under the laws of the State of Californ		ct.
D	tate Signed March 13, 2613	ignature <u>Angela Qu</u> JFile the originally signed stat	costa Salazak

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

- · 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.

COMMUNITY COLLEGE LEAGUE	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
SACYMENTO, CA 95811	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S).01.01.20.12.31.12 AMT: \$ DISM	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift I Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Ocused the success of the CONNES and models	Other - Provide Description
Reimbursement of expenses and meals for service on statemide Association local	`
torservice on statewide association and	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	

RECEIVED

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received MAR 11-11-12013

COVER PAGE

FINANCE & BUSINESS

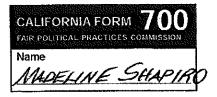
Please type or print in ink.			
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	SHAPIRO	MADELINE	RUTH
1. Office, Agency, or Court		PRESIDENT	T BOARD OF TRUST
Agency Name	0	GOVERNING	BOARD OF TRUST
	MMUNITY COLI	EGE DISTRICT S	
Division, Board Department, District	if applicable	Your Position	
▶ If filing for multiple positions, list			***************************************
Agency:		Position:	
ngervy.		r 00300315	
2. Jurisdiction of Office (Che	ck at least one box)		
State		☐ Judge or Court Commissio	ner (Statewide Jurisdiction)
Multi-County		M Country of LOS	ANGELES
City of		•	
City of			
3. Type of Statement (Check a	at least one box)		
Annual: The period covered is December 31, 2012.	January 1, 2012, through	Leaving Office: Date Le (Check one)	ft
The period covered is December 31, 2012.	, ther	ough O The period covered is leaving office.	January 1, 2012, through the date of
Assuming Office: Date assum	ned	 The period covered is the date of leaving off 	, through
Candidate: Election year	and office so	ught, if different than Part 1:	
4. Schedule Summary			0
Check applicable schedules or "I	lone."	Total number of pages including	this cover page: 🔑 💮
Schedule A-1 - Investments -	schedule attached	Schedule C - Income Loans I	& Business Positions schedule attached
Schedule A-2 - Investments -		Schedule D • Income - Gifts -	
Schedule B - Real Property -			Travel Payments - schedule attached
• •	-01-		•
	None - No reportab	le interests on any schedule	
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended		ETY STATE	E ZIP CODE
9911. MARYUN	INII AVE	WHITTIER C	4 90605
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)	
(562) 907-646	8	madrshapa	aol. com
I have used all reasonable diligence herein and in any attached schedul		ve reviewed this statement and to the best of wledge this is a public document.	of my knowledge the information containe
I certify under penalty of perjuyy	under the laws of the State of	California that the foregoing is true and	correct.
2/11/1	?	molili	a Shina
Date Signed (month, o	ev voari	Signature Continuelly signature	aned statement with your filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



	A NIME OF THE BUCKET CATITY
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
THE WALT DISNEY COMPANY GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
ENTERTAINMENT	
FAIR MARKET VALUE	FAIR MARKET VALUE
★ \$2,000 - \$10,000	S2 000 - \$10,000 S10,001 - \$100,000
\$100 001 - \$1 000 000 Dver \$1 000 000	\$100.001 - \$1.000.000 Dver \$1.000.000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Uestribe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE LIST DATE:	IF APPLICABLE LIST DATE:
/ / 12 / / 12	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2.000 · \$10,000 \$10.001 · \$100.000	\$2 000 - \$10 000 \$10 001 - \$100 000
\$100 001 - \$1 000 000 Over \$1 000 000	S100,001 - \$1 000.000 Over \$1 000.000
	MATURE OF INDICATION
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership O income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$498 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE LIST DATE:	IF APPLICABLE. LIST DATE:
/ / 12 / 12	1 12 12
ACQUIRED DISPOSED	ACQUIRED DISPOSED
➤ NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
S2.000 - \$10.000 S10.001 - \$100.000	\$2.000 - \$10.000 \$10.001 - \$100.000
\$100 001 - \$1.000 000 Over \$1 000.000	\$100 001 - \$1 000 000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE LIST DATE:	IF APPLICABLE: LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GARCIA	NORMA	Ε.
1. Office, Agency, or Court		
Agency Name		A CONTRACTOR OF THE CONTRACTOR
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)		A STATE OF THE STA
State	☐ Judge or Court Commissione	: · · · · · · · · · · · · · · · · · · ·
Multi-County City of		ommunity College Distric
City of	A Ould	
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 (Check one)	<u> </u>
The period covered is, throuse December 31, 2012.	ugh OThe period covered is Jeaving office.	anuary 1, 2012, through the date of
Assuming Office: Date assumed	O The period covered is the date of leaving office	e. through
Candidate: Election year and office sour	ght, if different than Part 1:	
4. Schedule Summary		1
Check applicable schedules or "None."	Total number of pages including	this cover page:
☐ Schedule A-1 - Investments — schedule attached ☐ Schedule A-2 - Investments — schedule attached ☐ Schedule B - Real Property — schedule attached	Schedule D - Income - Gifts - s	Business Positions - schedule attached chedule attached ravel Payments - schedule attached
-or-		
X None - No reportable	e interests on any schedule	
5. Verification		
MALING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	TTY STATE	ZIP CODE
1114 Kickwood Hvenve, E	E-Mail ADDRESS (OPTIONAL)	91732
(626) 233-2416	garciane@yahoo.com	
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow	re reviewed this statement and to the best of wledge this is a public document,	my knowledge the information contained
I certify under penalty of perjury under the laws of the State of C	California that the foregoing is true and o	correct.
Date Signed Cycle (month, day, year)	Signature / Lin A	ed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME (OF FILER	(LAST)	(FIRST)	(MIDDLE)
,_ ,		Santana	Vicky	hungrai
1. 0	ffice, Agency, or Co			
Āģ	gency Name Rio Hondo	College District	-	-
Di	vision, Board, Department, I Board of	District, if applicable Trustees	Your Position	e President
, >	If filing for multiple position	s, list below or on an attachment.		
A	gency:		Position:	
2. J	urisdiction of Office	(Check at least one box)		
] State			Commissioner (Statewide Jurisdiction)
	Multi-County		County of	
	City of		Other	
3. T	ype of Statement (c	heck at least one box)		
Þ	December 31, 2	ered is January 1, 2012, through 2012.	Leaving Office (Check one)	: Date Left
	The period cov December 31, 2	ered is/, through 2012.	igh O The period leaving office	covered is January 1, 2012, through the date of ce.
. \square	Assuming Office: Date	assumed	 The period the date of 	covered is/, through leaving office.
. [Candidate: Election year	r and office soug	ht, if different than Part 1:	
	ichedule Summary heck applicable schedules	or "None."	Total number of pages i	including this cover page:
	Schedule A-1 - Investme Schedule A-2 - Investme Schedule B - Real Propo	ents - schedule attached	Schedule D - Incom	e, Loans, & Business Positions - schedule attached e - Gifts - schedule attached e - Gifts - Travel Payments - schedule attached
÷		None - No reportable	interests on any schedule	
5. Ve	erification			
(E	Business or Agency Address Recom 3600 しいいなん AYTIME TELEPHONE NUMBER	a	Whi Hei E-MAIL ADDRESS (OPTIONA	STATE ZIP CODE OPT 90601
11	have used all reasonable dil	gence in preparing this statement. I have chedules is true and complete. I acknowle		o the best of my knowledge the information contained t.
L	certify under penalty of pe	erjury under the laws of the State of C	alifornia that the foregoing is	true and correct.
Da	ate Signed3	13	Signature // ic	ty Sutan
	_	month, day, year)		he originally signed statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

700	
CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
FAIR POLITICAL PRACTICES COMMISSION	H
Name	ļ

SSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
030 10828 Orange Dr	
3	СПУ
whi Her	
AIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
7 ca non can non	\$2,000 - \$10,000
1 \$10.001 - \$100.000	\$10,001 - \$100,000 PICPOSED
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
ATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Yrs, remaining Other	Leasehold Other
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
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 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater nterest, list the name of each tenant that is a single source of	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.
ncome of \$10,000 or more.	None
Mario and Andrea Sentans	L None
main and that ca Januar	
Various not wisked to constit loans from commercia	al lending institutions made in the lender's regular course o
You are not required to report loans from commercia	ic without regard to your official status. Fersonal loans and
Various not wisked to constit loans from commercia	al lending institutions made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from commercial business on terms available to members of the publicans received not in a lender's regular course of bu	ic without regard to your official status. In elso la loans and
You are not required to report loans from commercia	isiness must be disclosed as follows:
You are not required to report loans from commercia business on terms available to members of the publ loans received not in a lender's regular course of bu	isiness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from commercial business on terms available to members of the publicans received not in a lender's regular course of bu	isiness must be disclosed as follows:
You are not required to report loans from commercia business on terms available to members of the publ loans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable)	NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from commercia business on terms available to members of the publ loans received not in a lender's regular course of bu	isiness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from commercia business on terms available to members of the publ loans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable)	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from commercia business on terms available to members of the publ loans received not in a lender's regular course of business of Lender's regular course of business (Business Address Acceptable)	NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from commercia business on terms available to members of the publ loans received not in a lender's regular course of business of Lender's (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from commercia business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	INTEREST RATE Tersonal loans and status. Fersonal loans and status.
You are not required to report loans from commercia business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE None
You are not required to report loans from commercial business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whome HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE INTEREST RATE Wightest Balance During Reporting Period \$500 - \$1,000 \$1,001 - \$10,000
You are not required to report loans from commercia business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE HIGHEST BALANCE DURING REPORTING PERIOD \$10,001 - \$100,000 S10,000 OVER \$100,000
You are not required to report loans from commercial business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whome HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE INTEREST RATE HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME OF FILER MENDEZ	(LAST)		(FIRST)		(MIDDLE)
1. Office, Agency	or Court	·	GARY		G.
Agency Name	, or oddit				
	3	•	.	4 1144	
	Community College Distripartment District, if applicable	lct	Your Position	ard Trustee	
	Board of Trustees		(Our FOSIDO)		
➤ If filling for multip	le positions, list below or on an attachmer	nt.			:
			Position:		· · · · · · · · · · · · · · · · · · ·
	f Office (Check at least one box)	-, ·		elve til elle village	
☐ State			☐ Judge or Court	Commissioner (State	wide Jurisdiction)
MultiCounty					- ·
			County of	77	222 0.113 201
City of			A OtherR10	HOUGO COMMU	nity Collège Dist
3. Type of Stater	ment (Check at least one box)		-	.:	
	eriod covered is January 1, 2012, through other 31, 2012.		Leaving Office (Check one)	e: Date Left/_	
	eriod covered is/	, through	O The period leaving office		, 2012, through the date of
•	ce: Date assumed	HAND THE PROPERTY OF THE PROPE	the date of	leaving office.	through
☐ Candidate: Ele	ection year and o	ffice sought, if d	ifferent than Part 1:		
4. Schedule Sun	······································				
Check applicable s	schedules or "None."	➤ Total	number of pages i	including this co	ver page:2
Schedule A-1 -	Investments - schedule attached	F	Schedule C - Incom	ne. Loans. & Business	Positions - schedule attached
Schedule A-2 -	Investments - schedule attached			e – Gifts – schedule	•
Schedule B - F	Real Property - schedule attached	Ē		•	yments - schedule attached
	None - No n	-0I- enortable interes	ts on any schedule		
5. Verification		5,000,000	o or any seriodic		
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE
	ress Recommended - Public Document)				
11513 Alcla		Whitti	er, E-MAIL ADDRESS (OPTIONA	CA	90605
(562) 569-			garymendez@a	•	
I have used all reason herein and in any a	onable diligence in preparing this statemer ttached schedules is true and complete.	nt. I have review I acknowledge t	red this statement and to	o the best of my know	rledge the information contained
	alty of perjury under the laws of the Si				
Date Signed	1011	Sie	nature /		
5 ,	(month, day, year)	5,		the originally signed statement	with your filing official)

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym) San Diego State	► NAME OF SOURCE (Not an Acronym)
University, Confucius Institute	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
5500 Campalile Dr., San Diego, CA 92812	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
to Guangzhou, China	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 / 16 / 12 (1,200 Trip to China	
thru	
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ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
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BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
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DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
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Comments:	