STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
DREYFUSS	TERESA	(11122
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
RIO HONDO COMMUNITY COLLEGE		
Division, Board, Department, District, if applicable	Your Position	/
DISTRICT	SUPERINTEND	ENT/PRESIDENT
▶ If filing for multiple positions, list below or on an attachmen West San Gabriel Valley JPA Agency: So. CA Community College Dis	Board	d Member (WSGV JPA) d Member (SCCCD JPA)
2. Jurisdiction of Office (Check at least one box)		·
X State	☐ Judge or Court Co	mmissioner (Statewide Jurisdiction)
Multi-County		
☐ City of		
0. To 15 Of family	,	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2013, through December 31, 2013.	Leaving Office: (Check one)	Oate Left
The period covered is/	, through OThe period cov. leaving office.	vered is January 1, 2013, through the date of
Assuming Office: Date assumed	O The period countries of least	vered is/, through ving office.
Candidate: Election year and of	fice sought, if different than Part 1:	
4. Schedule Summary		
Check applicable schedules or "None."	► Total number of pages inc	luding this cover page: 2
Schedule A-1 - Investments — schedule attached	Schedule C - Income I	.oans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached		Giffs - schedule attached
Schedule B - Real Property - schedule attached		Gifts - Travel Payments - schedule attached
_	-or-	
None - No re	portable interests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
3600 Workman Mill Road	Whittier	CA 90601-
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)	
(562) 463-7099	tdreyfuss@ric	hondo.edu
I have used all reasonable diligence in preparing this statemer herein and in any attached schedules is true and complete.	it. I have reviewed this statement and to the acknowledge this is a public document.	e best of my knowledge the information contained
I certify under penalty of perjury under the laws of the St	ate of California that the foregoing is tr	ue and correct,
Date Signed 2/8/(4 (month, day, year)	Signature // /File the	strings by cland delegated with the T
, , , , , , , , , , , , , , , , , , , ,	(r ne the t	niginally signed statement with your tiling official.)

SCHEDULE D Income - Gifts



ai i i c

TERESA DREYFUSS

NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
McCallum Group, Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1415 L Street, Suite 720	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814	
DATE (min/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 20 / 13 \$50.00 (2) wine bottles	
	\$
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
DDDDDD D	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
\$	\$
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$\$\$\$\$
	s
Comments:	



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Acosta-Salazar	Angela	
1. Office, Agency, or Court		
Agency Name	-	
Rio Hondo College Distr	ict, Trustee	
Division, Board, Department, District, if applicable	Your Position	
► If filing for multiple positions, list below or on an attach	ment	
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	ZZ County of Los Angele	3
City of		
hours of the state		
3. Type of Statement (Check at least one box)	<u> </u>	
Annual: The period covered is January 1, 2012, three December 31, 2012.	ough Leaving Office: Date Left (Check one)	12 /05 /13
The period covered is/	through The period covered is January through leaving office.	uary 1, 2012, through the date of
Assuming Office: Date assumed/	The period covered is 06 the date of leaving office.	/ 1 /2013 through
Candidate: Election year a	nd office sought, if different than Part 1:	
4. Schedule Summary		3
Check applicable schedules or "None."	► Total number of pages including the	is cover page:
Schedule A-1 - Investments — schedule attached Schedule A-2 - Investments — schedule attached		siness Positions – schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Trau	
☐ None -	-or- No reportable interests on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY STATE	, ZIP CODE
(Business or Agency Address Recommended - Public Document) 3600 Workman Mill R	toad, Whittier, CA 90601	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)	
(562) 692-0921		
I have used all reasonable diligence in preparing this star herein and in any attached schedules is true and compl	tement. I have reviewed this statement and to the best of meter. I acknowledge this is a public document.	y knowledge the information contained
I certify under penalty of perjury under the laws of t	he State of California that the foregoing is true and cor	rect.
Date Signed 1/5/2014	Signature Maela ac	ota Salazar
(month, day, year)	(File the originally signed s	datsment with your filing official.

SCHEDULE D Income - Gifts

CALIFO	DRNIA F	ORM		00
FAIR POLI	TICAL PRA	CTICES	COMMIS	SION
Name				

NAME OF SOURCE (Not an Acronym) Office of Assembly Member	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) An Caldum	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
3, ,13 , 50 Duner	5
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
·	
	\$
► NAME OF SOURCE (Not an Acronym)	➤ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	
\$	\$

comments: The Dirmer was an Invite to the whittier Chamber Silver Shield award banquet. I am unaware of ticket cost but I am report food.

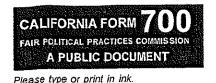
FPPC Form 700 (2013/2014) Sch. D

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

	ase type or print in in	κ.		3	
NAN	AE OF FILER	Larcia)	4	Porma	Ede il (MIDDLE)
1.	Office, Agency, o	or Court	,		
	Agency Name (Do no	Hondo Calle	ge	Your Position	
			rual		
	► If filing for multiple Agency:	positions, list below or on an attachment Hugelew Ca		#1	only Airector
2.	Jurisdiction of	Office (Check at least one box)			
	State			☐ Judge or Court Cor	nmissioner (Statevilde Jurisdiction)
	Multi-County			County of	ex Angelia
	City of			Other	
3.	Type of Stateme	ent (Check at least one box)			
	Decemb	iod covered is January 1, 2013, througher 31, 2013.	h	Leaving Office: [(Check one)	Date Left/
		iod covered is/ per 31, 2013.	, through	 The period coverage of leaving office. 	vered is January 1, 2013, through the date of
	Assuming Office	: Date assumed/		 The period covered the date of learning 	vered is/, through aving office.
	Candidate: Elec	tion year and o	office sought,	if different than Part 1:	
4.	Schedule Sumr	•	► Tot	al number of pages inc	cluding this cover page:/
	Schedule A-1 - /	nvestments - schedule attached		Schedule C - Income, i	Loans, & Business Positions - schedule attached
		nvestments - schedule attached			- Gifts - schedule attached
	Schedule B - Re	al Property – schedule attached		Schedule E - Income -	- Gifts - Travel Payments - schedule attached
		None - No	-or- reportable inte	erests on any schedule	
5.	Verification				
	MAILING ADDRESS (Business or Agency Addre	STREET SS Recommended Public Documents KICKALIBOC A	VENJE	FI Mad	STATE ZIP CODE E CA 91132
	DAYTIME TELEPHONE NI			E-MAIL ADDRESS (OPTIONAL)	ce @ pakeo.com
	I have used all reason herein and in any att	nable diligence in preparing this stateme ached schedules is true and complete.	ent. I have re I acknowled	viewed this statement and to the talk the statement and statement an	he best of my knowledge the information contained
	l certify under pena	lty of perjury under the laws of the	State of Calif	omia that the foregoing is t	rue and correct.
	Date Signed	(month, day, year)		Signature	originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME C	of filer	(LAST)		(FIRST)		(MIDDLE)
		PACHECO		MARY	ANN	
1. Of	fice, Agency, or Co	ırt				
Ag	ency Name (Do not use ac	ronyms)				
RI	O HONDO COI	MMUNITY COLLE	GE DI	STRICT		
	vision, Board, Department, D			Your Position		•
K	BOARD OF TR	USTEES		MEMB	ER	
•	If filing for multiple positions	s, list below or on an attachment.	(Do not use ac	ronyms)		
Ag	rency:			Position:		
2. Jı	urisdiction of Office	(Check at least one box)				
X	State				rt Commissioner (Stat	
	Multi-County			County of L	OS ANGE	LES
Г	City of			Other		
3. Ty	ype of Statement (c)	neck at least one box)				
X	December 31, 2	red is January 1, 2013, through 013.		Leaving Offi (Check one)	ce: Date Left	<i></i>
	•or• The period cove December 31, 2	ered is 12 11 13 013.	_, through	The periodle leaving of		1, 2013, through the date of
×	Assuming Office: Date	assumed <u>/2 , // , /3</u>			od covered is	, through
	Candidate: Election year	and office	ce sought, if diff	erent than Part 1: _		10-00-07-07-07-07-07-07-07-07-07-07-07-07
4. S	chedule Summary					1
Cl	neck applicable schedules	or "None."	➤ Total n	umber of pages	including this c	over page:/
	Schedule A-1 - Investme	nts - schedule attached		Schedule C - Inco	me, Loans, & Busines	ss Positions - schedule attached
	Schedule A-2 - Investme				me – Gifts – schedule	
L	Schedule B - Real Prope	erfy - schedule attached		Schedule E - Inco	me – Gifts – Travel F	Payments - schedule attached
		None - No rep	o r- ortable interests	on any schedule		
5. Ve	erification					
M/	AILING ADDRESS S Susiness or Agency Address Recomi	TREET	CITY		STATE	ZIP CODE
		AN MILL ROAD	WHIT	TIER	CA	90601
D	AYTIME TELEPHONE NUMBER		E	MAIL ADDRESS (OPTIO	NAL)	**************************************
	562) 556-1				14-14-1-1	
l i	have used all reasonable dili erein and in any attached so	gence in preparing this statement. chedules is true and complete. I	have reviewe acknowledge thi	d this statement and s is a public docum	ent.	owieage the information contained
1	certify under penalty of pe	erjury under the laws of the Sta	te of Californía	that the foregoing	is true and correct.	•
	ate Signed 3/12	114	Sia	nature May	i Ann Pe	icheco
U	ate signed	month, day, year)	Oigi	() -	ile the originally signed statem	ent with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in link.	AND C
IAME OF FILER (LAST)	(FIRST) (MIDDLE)
Santana, Vicky	
I. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Rio Hondo Community College District	Boardmember
Division, Board, Department, District, if applicable	Your Position
► 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)	
Stale	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
	Die Hande Community College District
City of	W Outer
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2013, through	Leaving Office: Date Left
December 31, 2013.	(Check one)
The period covered is/ the December 31, 2013.	rough O The period covered is January 1, 2013, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/ through the date of leaving office.
Candidate: Election year and office s	ought, if different than Part 1:
4. Schedule Summary	B
Check applicable schedules or "None."	Total number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business 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
-or-	
✓ None - No reporta	ble interests on any schedule
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
3600 Workman Mill Rd, Whittier, CA 90601	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(562) 908-3415	vicky.santana1@gmail.com
I have used all reasonable diligence in preparing this statement. It herein and in any attached schedules is true and complete. I acknowledge the statement of	have reviewed this statement and to the best of my knowledge the information contained nowledge this is a public document.
I certify under penalty of perjury under the laws of the State of	of California that the foregoing is true and correct.
Date Signed 3 13 14	Signature
(month, day, year)	(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAM	E OF FILER	(LAST)	(FIRST)	(MIDDLE)
		SHAPIRO	MADELINE	RUTH
1. (Office, Agency, or C		VICE PRESIDA	ENT
	Agency Name (Do not use		_GOVERNING B	OARD OF TRUST
	RIO HONDO	OCOMMUNITY COWN	EGE DISTRICT 5	
	Division, Board, Departmen	t, District, if applicable	Your Position	
	► If filing for multiple posit	ions, list below or on an attachment. (Do no	nt use acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Offi	Ce (Check at least one box)		
	☐ State		☐ Judge or Court Commissioner (S	
	Multi-County		County of LOS AN	GELES
	☐ City of		Other	
_	T of Ctotomont	(0) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3.		(Check at least one box) covered is January 1, 2013, through	Leaving Office: Date Left	
	December 3	1, 2013.	(Check one)	
	-or- The period of December 3	covered is, throu i1, 2013.	gh	ary 1, 2013, through the date of
	Assuming Office: D	ate assumed/	 The period covered is the date of leaving office. 	, through
	Candidate: Election	year and office soug	ht, if different than Part 1:	
4.	Schedule Summar	у		7
	Check applicable schedu	ules or "None."	Total number of pages including thi	s cover page:
	Schedule A-1 - Inves	stments - schedule attached	Schedule C - Income, Loans, & Bus	
		stments - schedule attached	Schedule D - Income - Gifts - sche	
	Schedule B - Real F	Property - schedule attached	Schedule E - Income - Gifts - Trav	el rayments – scheddle attached
		-or- None - No reportable	interests on any schedule	
5.	. Verification			
	MAILING ADDRESS (Business or Agency Address R.	STREET Cl ecommended - Public Document)	TTY STATE	ZIP CODE
		KNOLL AVE. V	VHITTIER CA	90605
	0562) 907 -	6468	imadrshap@aol-	com
	herein and in any attache	ed schedules is true and complete. I acknow		
	I certify under penalty	of perjury under the laws of the State of	California that the foregoing is true and cor	rect.
	Date Signed 3	5/14 (month, day, year)	Signature Madeline (File the originally signed s	Shapers

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

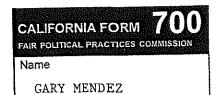
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
MADELINE SHAPI	90

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
THE WALT DISNEY COMPANY	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
ENTERTAINMENT	
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(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 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 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:
<u>/ / 13 </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$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 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 13 , , 13	/ / 13 / / 13
ACQUIRED DISPOSED	ACQUIRED DISPOSED
VOGORIED DIGEOGED	11
Comments:	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME OF FILER MENDEZ	(LAST)		(FIRST) ARY	(MIDDLE) G.
1. Office, Agency, or Court				
Agency Name (Do not use acron			**************************************	
RIO HONDO COMMUNITY	•	ICT		
Division, Board, Department, Distr	ict, if applicable	1	Your Position	
			GOVERNING BOARD	
➤ If filing for multiple positions, lis	st below or on an attachme	nt. (Do not use acrony	ms)	
Agency:		·	Position:	1
2. Jurisdiction of Office (C	heck at least one box)			
State			Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County			County of	
City of			•	MUNITY COLLEGE DISTRICT
3. Type of Statement (Check	k at least one box)			
Annual: The period covered December 31, 2013	is January 1, 2013, throug	h [Leaving Office: Date Left _ (Check one)	
-or- The period covered December 31, 2013	is	, through	 The period covered is Jai leaving office. 	nuary 1, 2013, through the date of
Assuming Office: Date assi	umed/	·····	The period covered is the date of leaving office.	, through
Candidate: Election year	and	office sought, if differen	t than Part 1:	, , , , , , , , , , , , , , , , , , ,
4. Schedule Summary				
Check applicable schedules or	"None."	➤ Total numl	er of pages including th	nis cover page:2
Schedule A-1 - Investments	- schedule attached	□ Sch	nedule C - Income Loans & R	usiness Positions – schedule attached
Schedule A-2 - Investments			nedule D - Income - Gifts - sci	
Schedule B - Real Property	- schedule attached	—		avel Payments - schedule attached
		-01-		•
	☐ None - No	reportable interests on	any schedule	
5. Verification				
MAILING ADDRESS STRE (Business or Agency Address Recommend		CITY	STATE	ZIP CODE
3600 Workman Mill	•	Whittier	CA	90601
DAYTIME TELEPHONE NUMBER		1	ADDRESS (OPTIONAL)	
(562) 569-2136	The state of the s		ymendez@aol.com	
I have used all reasonable diligen- herein and in any attached sched	ce in preparing this stateme ules is true and complete.	ent. I have reviewed thin I acknowledge this is	s statement and to the best of n a public document.	ny knowledge the information contained
I certify under penalty of perjur	y under the laws of the	State of California that	the foregoing is true and co	rrect.
Date Signed 3-31-14		Signatur		un
(month	, day, year)		(File the originally signed	statement with your filing official.)

SCHEDULE D Income - Gifts



NAME OF SOURCE			► NAME OF SOURCE (Not an Acronym)	
Hanban-Off	ice of Chi	nese Language Counci		
ADDRESS (Business Address Acceptable) 8674 Granville St/Vancouver/BC/V6P5A			ADDRESS (Business Address Acceptable)	
			BUSINESS ACTIVITY, IF ANY, OF SOURCE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Chinese Bridge for American School Delega			1)	
			DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
<u>11,06,13</u>	\$ 900.00	Airline tickets to China		
11,06,13	\$ 700.00	Trip to Tianjin	\$	
	. \$	& Shaolin Temple Meal & lodging	\$	
NAME OF SOUR	CE (Not an Acronyl	n)	► NAME OF SOURCE (Not an Acronym)	
			A Marie A contable	
ADDRESS (Busine	ess Address Accep	table)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
	. \$		_ \$	
	_ \$		_	
	\$		_	
► NAME OF SOUR	RCE (Not an Acron	ym)	► NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/y)	/) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
	\$			
	\$			
	\$			
<u> </u>				
Comments:				
-				