STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
DREYFUSS

LAST
TERESA

FIRST

MIDDLE

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
RIO HONDO COMMUNITY COLLEGE
Division, Board, Department, District, if applicable
DISTRICT
Your Position
SUPERINTENDENT/PRESIDENT

Board Member (WSGV JPA)
Board Member (SCCCCD JPA)

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
West San Gabriel Valley JPA
Agency: So. CA Community College Dist JPA

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2013, through December 31, 2013.
☐ Leaving Office: Date Left / / (Check one)
☐ The period covered is January 1, 2013, through the date of leaving office.
☐ 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:

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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
3600 Workman Mill Road
Whittier CA 90601-

STREET
E-MAIL ADDRESS (OPTIONAL)
tdreyfuss@richondo.edu

CITY
STATE
ZIP CODE

(562) 463-7099
DAYTIME TELEPHONE NUMBER

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
2/17/14 (month, day, year)

Signature

(Attach the original signed statement with your filing affidavit.)
### SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCallum Group, Inc.</td>
<td>1415 L Street, Suite 720</td>
<td>Sacramento, CA 95814</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/13</td>
<td>$50.00</td>
<td>(2) wine bottles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
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<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Comments:

---

FPPC Form 700 (2013/2014) Sch. D
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
LAST
Acosta-Salazar

FIRST
Angela

MIDDLE

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 ____________________________

☐ County of Los Angeles

☐ Other ____________________________

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


- or - The period covered is ________/_______/2012 through December 31, 2012.

☐ Leaving Office: Date Left 12/05/13

(Check one)

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

☐ The period covered is 06/1/2013, through the date of leaving office.

☐ Assuming Office: Date assumed ________/_______/2013

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

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A1 - Investments - schedule attached

☐ Schedule A2 - 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

- or -

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
3600 Workman Mill Road, Whittier, CA 90601

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER ( 562 ) 692-0921

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 1/5/2014

(month, day, year)

Signature______________________________

(Attach the originally signed statement with your filing officials)
<table>
<thead>
<tr>
<th>Date (mm/dd/yy)</th>
<th>Value</th>
<th>Description of Gift(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/13</td>
<td>$50</td>
<td>Dinner</td>
</tr>
</tbody>
</table>

Comments: The dinner was an invite to the Whittier Chamber Silver Shield award banquet. I am unaware of ticket cost but I am report food.
# Statement of Economic Interests

## Cover Page

**Name of Filer**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia</td>
<td>Norma</td>
<td>Edith</td>
</tr>
</tbody>
</table>

### 1. Office, Agency, or Court

**Agency Name** (Do not use acronyms)

Rip Tondo College

**Division, Board, Department, District, if applicable**

Board of Trustees

**Your Position**

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

**Agency**

Los Angeles County

**Position**

Deputy Director

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

- [ ] State
- [ ] Multi-County
- [ ] City of
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of
- [ ] Other

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

- [ ] Or:

The period covered is ___________ / ___________ through December 31, 2013.

- [ ] Assuming Office: Date assumed ___________ / ___________

- [ ] 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
- [ ] 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**

4111 Richwood Avenue, El Monte, CA 91732

**Daytime Telephone Number**

626-253-2414

**Email Address (Optional)**

garcone@ymail.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**

3/12/17

**Signature**

[Signature]

(Please sign the original statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

PACHECO

MARY

ANN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

RIO HONDO COMMUNITY COLLEGE DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

Your Position

MEMBER

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)

☒ 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)

☒ Annual: The period covered is January 1, 2013, through December 31, 2013.

☐ Leaving Office: Date Left / / 

☐ The period covered is , through December 31, 2013.

☐ Assuming Office: Date assumed / / 

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

☐ Candidate: Election year 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

☐ “None” - No reportable interests on any schedule

Total number of pages including this cover page: 1

5. Verification

MAILING ADDRESS

3600 WORKMAN MILL ROAD

WHITTIER

CA

90601

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

(562) 556-1639

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: 3/12/14

Signature: Mary Ann Pacheco

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

COVER PAGE

NAME OF FILER

(SUBJECT)

(SUBJECT)

(SUBJECT)

Santana, Vicky

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Rin 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)

☐ State

☐ Multi-County

☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other

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

☐ Annual: The period covered is January 1, 2013, through December 31, 2013.

☐ Leaving Office: Date Left __/__/______

☐ The period covered is __/__/______ through December 31, 2013.

☐ 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: __________

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: 

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

(Include or Agency Address Recommended - Public Document)

3600 Workman Mill Rd, Whittier, CA 90601

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

(562) 908-3415

E-MAIL ADDRESS (OPTIONAL)

vicky.santana1@gmail.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 3/13/19

Signature

(Proc. day year)
NAME OF FILER: SHAPIRO MADELINE RUTH

1. Office, Agency, or Court
Agency Name (Do not use acronyms): Rio Hondo Community College District 5
Division, Board, Department, District, if applicable: Governing Board of Trustees
Your Position: Vice President

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

3. Type of Statement (Check at least one box)
- Annual: The period covered is January 1, 2013, through December 31, 2013.
- Leasing Office: Date Left / / (Check one)
  - The period covered is January 1, 2013, through the date of leaving office.
  - 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:

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
- None - No reportable interests on any schedule

Total number of pages including this cover page: 2

5. Verification
MAILING ADDRESS: 7816 Maryknoll Ave.
STREET: Whittier
CITY: CA
STATE: Zip Code: 90605

E-MAIL ADDRESS (OPTIONAL): madrshop@aol.com
DAY/TIME TELEPHONE NUMBER: (562) 907-0468

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: 3/5/14
(month, day, year)
Signature: Madeline Shapiro

(File the originally signed statement with your filing.)
**SCHEDULE A-1**  
**Investments**  
**Stocks, Bonds, and Other Interests**  
*(Ownership Interest is Less Than 10%)*  
*Do not attach brokerage or financial statements.*

**Name**  
*MADAMELE SHAPIRO*

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THE WALT DISNEY COMPANY</strong></td>
<td><strong>ENTERTAINMENT</strong></td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**  
- [x] $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:**  
- [ ] / / 13  
- [ ] / / 13  
- [ ] ACQUIRED  
- [ ] DISPOSED

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
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</thead>
</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)

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- [ ] DISPOSED

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**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:**  
- [ ] / / 13  
- [ ] / / 13  
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- [ ] DISPOSED

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**FAIR MARKET VALUE**  
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- [ ] $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:**  
- [ ] / / 13  
- [ ] / / 13  
- [ ] ACQUIRED  
- [ ] DISPOSED

**Comments:**
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

**NAME OF FILER**

MENDEZ

GARY

M.

1. **Office, Agency, or Court**

Agency Name (Do not use acronyms)

RIKO HONDO COMMUNITY COLLEGE DISTRICT

Division, Board, Department, District, if applicable

GOVERNING BOARD

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)**

☐ State

☐ Multi-County ________________________________

☐ Other RIKO HONDO COMMUNITY COLLEGE DISTRICT

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of ________________________________

☐ City of ________________________________

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

☐ Annual: The period covered is January 1, 2013, through December 31, 2013.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2013, through the date of leaving office.

☐ 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: ____________

4. **Schedule Summary**

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 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

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(562) 569-2136

EMAIL ADDRESS (OPTIONAL)
garymendez@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 3-31-14

Signature ______________________________

(Write the originally signed statement with your filing official)
**SCHEDULE D**  
Income – Gifts

**NAME OF SOURCE (Not an Acronym)**  
Hanban–Office of Chinese Language Council

**ADDRESS (Business Address Acceptable)**  
8674 Granville St/Vancouver/BC/V6P5A

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Chinese Bridge for American School Delegation

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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</thead>
<tbody>
<tr>
<td>11/06/13</td>
<td>$900.00</td>
<td>Airline tickets to China</td>
</tr>
<tr>
<td>11/06/13</td>
<td>$700.00</td>
<td>Trip to Tianjin &amp; Shaolin Temple Meal &amp; lodging</td>
</tr>
</tbody>
</table>

**NAME OF SOURCE (Not an Acronym)**

**ADDRESS (Business Address Acceptable)**

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

**DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|

**NAME OF SOURCE (Not an Acronym)**

**ADDRESS (Business Address Acceptable)**

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

**DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|

**NAME OF SOURCE (Not an Acronym)**

**ADDRESS (Business Address Acceptable)**

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

**DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|

Comments: ____________________________