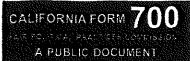
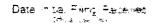
Date Initial Filing Received Official Use Only

NAME OF FILER (LAST) DREYFUSS	(FRST) TERESA		(MIDDLE)
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) RIO HONDO COMMUNITY COLLEG	GE .		
Division, Board, Department, District, if applica	bie	Your Position	
DISTRICT	S	UPERINTENDENT/PRESID	ENT
▶ If filing for multiple positions, list below or of West San Gabriel Valley Agency: So. CA Community Co	JPA	Board Member	(WSGV JPA) (SCCCD JPA)
2. Jurisdiction of Office (Check at lease	st one box)		
		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	·
City of		Other	
3. Type of Statement (Check at least of	ne box)		
Annual: The period covered is January December 31, 2015.	1, 2015, through	Leaving Office: Date Left (Check one)	
The period covered is/_ December 31, 2015.	, through	 The period covered is Janua leaving office. 	ry 1, 2015, through the date of
Assuming Office: Date assumed	J	O The period covered is the date of leaving office.	
Candidate: Election year	and office sought, if differ	rent than Part 1:	
4. Schedule Summary (must comp Schedules affached	iele) > Total number of	pages including this cover pa	ge:
Schedule A-1 - Investments - Schedule A-2 - Investments - Schedule		hedule C = Income, Loans, & Bysines hedule D = İncome = Gifts = schedule	
Schedule B - Real Property - schedu		hedule E - Income - Gifts - Travel P	
-Or- ■ None - No reportable interests of			
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY	STATE	ZIP CODE
3600 Workman Mill Road	Whittier	CA	90601
DAYTIME TELEPHONE NUMBER	E-M	AIL ADDRESS	
	(562) 463-7099 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.			t. ,
Date Signed	Signa	\ 10 -	<u></u>
(mones, day, year)		(File blue originally signed states	ment wun your tiling official.)





NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SHAPIRU) MADELINE	RUTH
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)	C CL	LERK, GOVERNING
RIO HONDOLOM	MUNITY WOLLEGE B	OARD OF TRUSTEES
Division, Board, Department, District, if	applicable Your Po	sition
DISTRICT 5		
▶ If filling for multiple positions, list be	low or on an attachment. (Do not use acronyms)	
Agency:	Position Position	n:
2. Jurisdiction of Office (Check	at least one box)	
State		or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	County	yor LOS ANGELES
City of	·	
<u> </u>		
3. Type of Statement (Check at	•	
Annual: The period covered is Ja December 31, 2015.		ing Office: Date Left/ck one)
The period covered is December 31, 2015.	,,,	he period covered is January 1, 2015, through the date of aving office.
Assuming Office: Date assumed		he period covered is/, through se date of leaving office.
Candidate: Election year	and office sought, if different than P	art 1:
4. Schedule Summary (must	complete) > Total number of pages in	cluding this cover page.
Schedules attached		
☑ Schedule A-1 - Investments -	Schools on all action The School of	Income, Loans, & Business Positions - Schedule attached
Schedule A-2 - Investments -		· Income - Giffs - schedule attached
Schedule B - Real Property -	schedule attached Schedule E -	Income - Gilts - Travel Payments - schedule attached
OI		
☐ None - No reportable inter	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - F	Public Document)	STATE ZIP CODE
9816 MARYKN	OLL AVE. WHITTIE	
DAYTIME TELEPHONE NUMBER (562) 907 - 64	68 E-MAIL ADDRESS Madt	shapaal com
		ent and to the best of my knowledge the information contained
I certify under penalty of perjury ur	nder the laws of the State of California that the for	regoing is true and correct.
Data Strained 3/3/16	9	Madeline Shapito
Date Signed (month, day,	year) Signature /	(Fite the originally signed statement with your fiting official)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

CALIFORNIA FORM / U	
Name	
MADELINE S	HAPIKU

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
THE WALT DISNEY COMPAN GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL BEGORN HONOR THIS BOOMED
ENTERTAINMENT	FAIR MARKET VALUE
FAIR MARKET VALUE	
∑,\$2,000 - \$10,000	\$2,000 - \$10,000
S100,001 - \$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 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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ACCORED 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 \$10,001 - \$100,000
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:
, , 15 , , 15 _.	1 1 15 1 15
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 \$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	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)
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ACQUIRED DISPOSED	ACQUIRED DISPOSED
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Comments:	

Date Initial Filing Received
Official Use Only

NAME OF FILER (LAST)	Norma	Edi (MIDDLE)
1. Office, Agency, or Court		
Agency Name /Do not use acronymsk /	tor Colleg True Lee Your Posi	
► If filing for multiple positions, list below or on a Agency:	n attachment. (Do po) use acronyms)	Deputy Director
2. Jurisdiction of Office (Check at least of		
State Multi-County		or Court Commissioner (Statewise Jurisdiction)
City of		01
3. Type of Statement (Check at least one b	ox)	
Annual: The period covered is January 1, 20 December 31, 2015.	•	g Office: Date Left/
The period covered is/		period covered is January 1, 2015, through the date of ving office.
Assuming Office: Date assumed	O The	period covered is/, through date of leaving office.
Candidate: Election year	and office sought, if different than Par	t 1:
4: Schedige Summay (Bust complete Schediges attached)	7 > lotal number of pages inc	from d'Aris coverage 1
☐ Schedule A2 - divesments - schedule a Ⅲ Schedule D - Real Property : Schedule a	tiedred Schedule 0 - 4	doune, boats a business Existions # statistics happed doune = Giffs = Schedule Oldsberg noone = Giffs = Travel Parments - soledise autoried
- 01. I Mone - No reportable interests on a	ny schédule	
5. Verification		
MAILING ADDRESS (Business or Agency Address Fechminendia - Public Document DAYTIME TELEPHONE NUMBER	AVENUE ELA	onle CA 91782
have used all reasonable diligence in preparing the	his statement. I have reviewed this statemen	CLA 12 (a) LIMO CIM that and to the best of my knowledge the information contained
herein and in any attached schedules is true and I certify under penalty of gérjury under the law		
Date Signed 3/9/14	vs of the State of California that the foreg	going is true and correct.
(glorith, day, year)	Signature	(The the originally signed statement with your filing official.)

Date Initial Filing Received Official Use Only

NAME OF FILE	•	(F	FIRST)			(MIDDLE)
	PACHECO		MARY			ANN
1. Office,	Agency, or Cou	ırt				
Agency N	Name (Do not use ac	ronyms)				
RIO	HONDO	COMMUNIT	y co	LLEGE	DISTRI	CT
_	Board, Department, D	istrict, if applicable				
BOI	4RD OF	TRUSTEES		PRE	on SIDENT	
► If filing	g for multiple positions	, list below or on an attachmen	t. (Do not use	e acronyms)		
Agency:				_ Position:	·	
2. Jurisd	liction of Office	(Check at least one box)				
State		•		□ ludge or	Court Commissioner (Sta	stavrida kuriodiction)
					LOS ANGO	
	UI			U Other		
3. Type o	of Statement (Ch	eck at least one box)				
, .	December 31, 20	red is January 1, 2015, through 015.		Leaving (Check of	Office: Date Left	J
•	The period cover December 31, 20	red is	, through		period covered is January ng office.	/ 1, 2015, through the date of
Assi	uming Office: Date a	assumed/			period covered is late of leaving office.	through
Can	didate: Election year	and off	fice sought, if	different than Part	1:	
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	chedde Actoriyesi	rens eserende allacieu 🔭		Sandia (57)	oneploaties, Bishesi	Positions — Schedule attached
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5. Verifica		AMUHENG DUKANYASHI HODI	G eneral series			
MAILING A		REET	000/			
(Business	or Agency Address Recomm	ended - Public Document)	CITY		STATE	ZIP CODE
	Workman Mill TELEPHONE NUMBER	Road	Whitti		CA	90601
) 556-1639			E-MAIL ADDRESS	o50@gmail.com	
		ence in preparing this statement	l have review			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information conherein 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.			cument.	owiende nie minimariou coursived		
	2/11/	V-		DX		.
Date Sig	•	/ Conth, day, year)	Si	gnature		acheeo
	ļ///	ann, aar, rear			File the originally signed stateme	ent wan your thing official.)

Confirmation Number: FD142012
Date Received
Official Use Only

3/10/2016 8:32:40 AM

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Plea	se type or print in ink.			
MAK	E OF FILER (LAST)	(FIRST)		(MIDDLE)
Sa	ntana V	icky/		
1. (Office, Agency, or Court			
	Agency Name Rio Hondo Community College			
į	Division, Board, Department, District, if applicable	You	r Position	
		Member of the	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 Cou	rt Commissioner (Statewid	e Jurisdiction)
	Multi-County			
	City of	Other Ager	ncy's Jurisdiction	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2015, through December 31, 2015.	Leaving Off (Check one)	ice: Date Left	
	The period covered is, through December 31, 2015.	The period leaving of the period leavin	od covered is January 1, 2 ffice.	2015, through the date of
	Assuming Office: Date assumed	O The period of leaving		, through the date
	Candidate: Election Year and office s	ought, if different than Part 1:	***************************************	
4.	Schedule Summary (must complete) → Total num	ber of pages including this	cover page:1	
	Schedules attached			
	Schedule A-1 - Investments - schedule attached	Schedule C - Incom	e, Loans, & Business Pos	itions - schedule attached
	Schedule A-2 - Investments - schedule attached		e - Gifts - schedule attac	
	Schedule B - Real Property - schedule attached	Schedule E - Incom	e – Gifts – Travel Paymer	nts schedule attached
-0	Lucius.			
	None - No reportable interests on any schedule			
5.	Verification		ATT TO	ZID CONC
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	3600 Workman Mill Road Wi	nittier	CA	90601
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
	() -	vicky.santana1@		dee the information contained
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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	j is true and correct.	
	Data Signard 3/10/2016	Cimadura	E-Filed By Vicky	Santana
	Date Signed (month, day, year)	Signature	ile the originally signed statement w	ith your filing official.)

Date Initial Filing Received Official Use Only

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1. Office, Agency, or Court	10004	1045V1-01
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Division, Board, Department, District, if applicable		Your Position Mes
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▶ If filing for multiple positions, list below or on a	an attachment. (Do not use ac	cronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least o	ne box)	
⊡ State		Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other
3. Type of Statement (Check at least one to	box)	
Annual: The period covered is January 1, 2 December 31, 2015.	015, through	Check one)
The period covered is/	, through	 The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed/_	Marian Inches	O The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if diffe	erent than Part 1:
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5. Verification		
MAILING ADDRESS STREET	cny	STATE ZIP CODE
Business or Agency Address Recommended - Public Documents 2600 WO VICTURE		Whiles of anoth
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS
()		garymonelles papela
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and		this statement and to the best of my knowledge the information contained is a public document.
I certify under penalty of perjury under the law	ws of the State of California	that the foregoing is true and correct.
2/1/1/n		1
Date Signed	Sign	ature
(month, day, year)		(File the originally signed statement with your filing official.)