STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

DREYFUSS TERESA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
RIO HONDO COMMUNITY COLLEGE

Division, Board, Department, District, if applicable

DISTRICT SUPERINTENDENT/PRESIDENT

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
West San Gabriel Valley JPA Board Member (WSGV JPA)
So CA Community College District JPA Position: Board Member (SCCCCD JPA)

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, 2016, through December 31, 2016.

☐ The period covered is / / , through December 31, 2016.

☐ Assuming Office: Date assumed / /  and office sought, if different than Part 1:

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

☐ The period covered is January 1, 2016, 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 (must complete)  Total number of pages including this cover page: 1

Schedules attached

☐ 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

-Or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
3600 Workman Mill Road
Whittier, CA 90601

STREET
(562) 463-7099
dreyfuss@richondo.edu

CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

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 1-23-17 Signature

(month, day, year)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

LAST) SHAPIRO MADELINE (FIRST) (MIDDLE) RUTH

1. Office, Agency, or Court

Agency Name (Do not use acronyms) RIO HONDO COMMUNITY COLLEGE

Vice President Governing Board of Trustees

Division, Board, Department, District, if applicable DISTRICT 5

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, 2016, through December 31, 2016.

☐ The period covered is ___________ through ___________.

☐ Assuming Office: Date assumed ___________.

☐ Leaving Office: Date Left ___________.

☐ The period covered is ___________ through ___________.

☐ The period covered is ___________ through ___________.

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

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 22

Schedules attached

☒ 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

☐ Or - ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

9816 MARYKNOLL AVE, WHITTIER CA 90605

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

(562) 907 - 6468

E-MAIL ADDRESS

madrishap@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 3/6/17 (month, day, year) Signature __________________________

(City or Agency Address Recommended - Public Document)

FFPC Form 700 (2016/2017)

FFPC Advice Email: advice@ffpc.ca.gov

FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
<table>
<thead>
<tr>
<th>Name of Business Entity</th>
<th>General Description of This Business</th>
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</thead>
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<tr>
<td>THE WALT DISNEY COMPANY</td>
<td>ENTERTAINMENT</td>
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</table>

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<tr>
<th>Fair Market Value</th>
<th>$10,001 - $100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of Investment</td>
<td>Partnership</td>
</tr>
<tr>
<td></td>
<td>Income Received of $0 - $499</td>
</tr>
<tr>
<td></td>
<td>Income Received of $500 or More (Report on Schedule C)</td>
</tr>
</tbody>
</table>

If applicable, list date: 1/16 1/16

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</table>

If applicable, list date: 1/16 1/16

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</tbody>
</table>

If applicable, list date: 1/16 1/16

Comments: 

FPPC Form 700 (2016/2017) Sch. A-1
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-5772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

Santana

Vicky

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Rio Hondo Community College District

Division, Board, Department, District, if applicable

Board

Your Position

Trustee

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 ________________________________

☐ County of _________________________________

☐ City of _________________________________

☐ Other _____________________________

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

☐ Annual: The period covered is January 1, 2016, through

December 31, 2016.

-OR-

The period covered is __________, 2016, through

December 31, 2016.

☐ Leaving Office: Date Left: __/__/____

(Check one)

☐ The period covered is January 1, 2016, through the date of

leaving office.

-OR-

☐ 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 (must complete)  ▶ Total number of pages including this cover page: 1

Schedules attached

☐ 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

-OR-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

3600 Workman Mill Rd,

Whittier, CA 90601

STREET

(562) 692-0921

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

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: 02/06/2017

Signature:

(Do not regularly signed statement with your filing official)

FPPC Form 700 (2016/2017)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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) (FIRST) (MIDDLE)
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 ____________________________
☐ Other ____________________________

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

☑ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left ______/_____/_____

☐ The period covered is ______/_____/_____, through December 31, 2016.

☐ 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 (must complete)

► Total number of pages including this cover page: ______

Schedules attached

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

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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
(Home or Agency Address Recommended - Public Document)

3600 WORKMAN MILL ROAD WHITTIER CA 90601

STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

1562-556-1639 mapacheco50@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 2/7/17 Signature

(month, day, year) (Please the originally signed statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

Garcia

(LAST)

Norma

(First)

E

(MIDDLE)

1. Office, Agency, or Court

Agency Name

Parks & Recreation

Division, Board, Department, District, if applicable

Chief Deputy Director, Parks & Recreation

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

Rio Hondo Community College

Agency: ____________________________

Position: Member of the Board of Trustees

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)

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☐ Assuming Office: Date assumed ____________

☐ Other ____________________________

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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

433 South Vermont Avenue

Los Angeles, CA 90020

STREET

(City or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(323) 881-4601

E-MAIL ADDRESS

negarcia@parks.lacounty.gov

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 3/21/2017

Signature

E-Filed By Norma Garcia

(Fire the originally signed statement with your filing official.)
CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Mendez  Gary

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Rio Hondo Community College

Division, Board, Department, District, if applicable

Area Y

Your Position

Governing Board 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 __________________________

☐ Other __________________________

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

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☐ None - No reportable interests on any schedule

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ________

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

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☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

☐ Or-☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

3600 W Whittier Blvd, Whittier CA 90601

STREET

(City or Agency Address Recommended - Public Document)

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

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 __________/________/________

Signature __________________________

(Fill the originally signed statement with your signature)

FPCC Form 700 (2016/2017)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov