### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

**COVER PAGE** Please type or print in ink.

NAME OF FILER (LAST)	(FRST)		(MiDDLE)
DREYFUSS	TERESA		
1. Office, Agency, or Court	-		
Agency Name (Do not use acronyms)			
RIO HONDO COMMUNITY (	COLLEGE	-	
Division, Board, Department, District, if a	applicable Your Pos	ition	
DISTRICT	SUPERIN	TENDENT/PRESID	ENT
► If filing for multiple positions, list belo	ow or on an attachment. (Do not use acronyms)	-	
West San Gabriel Vall	ley JPA		r (WSGV JPA)
	7 College District JPA Position:		r (SCCCD JPA)
	ce for Public Agencies)	Board Membe	r (UIPA)
2. Jurisdiction of Office (Check )	<u> </u>		
<b>₹</b> State		or Court Commissioner (St	•
Multi-County	County	of	
City of	Other _		
Tunn of Cintersont (a)			
3. Type of Statement (Check at le	•		
Annual: The period covered is Jar December 31, 2017.	nuary 1, 2017, through Leavin (Check	g Office: Date Left one)	
		e period covered is Janua ving office.	ry 1, 2017, through the date of
Assuming Office: Date assumed	O The		J, through
		date of leaving office.	
Candidate: Date of Election	and office sought, if different than	Part 1:	
4. Schedule Summary (must c	omplete) ► Total number of pages inc	Inding this course	1
Schedules attached	omplete) > lotal number of pages inc	iuaing uns cover pa	ge:
Schedule A-1 - Investments - s	chedule attached Schedule C -	income. Loans. & Busines	s Positions - schedule attached
Schedule A-2 - Investments - s		Income - Gifts - schedule	
Schedule B - Real Property - s	<del></del>		syments - schedule attached
-or-			
None - No reportable interes	sts on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul	CITY blic Document)	STATE	ZIP CODE
3600 Workman Mill Roa	•	CA	90601
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		7001
( 562 ) 908-3403		ss@riohondo.ed	
I have used all reasonable diligence in p herein and in any attached schedules is	reparing this statement. I have reviewed this stateme s true and complete. I acknowledge this is a public d	nt and to the best of my kill ocument.	nowledge the information contain
I certify under penalty of perjury und	er the laws of the State of California that the fore	going is true and correc	t. ,
1 00 10		1	$\Lambda$
Date Signed 1-22-18	Signature	JMM	
(month, day, ye	ar)	(File the originally signed states	ment with your filing official.)

Date Initial Filing Received
Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Ple	ase type or print in ink.					
NAM	IE OF FILER (LAST)	(FIRST)		(MIDDLE)		
Dr	reyfuss	Teresa				
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Alliance of Schools for Cooperative Insurance	e Programs				
	Division, Board, Department, District, if applicable		Your Position			
	Executive Committee		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)					
	<b>▼</b> State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)		
	Multi-County		County of			
			Other			
	City of		Odler			
3.	Type of Statement (Check at least one box)					
	Annual: The period covered is January 1, 2017, thro December 31, 2017.	ugh	Leaving Office: Date Left (Check one)			
	The period covered is/	, through	<ul> <li>The period covered is Janual leaving office.</li> </ul>	ary 1, 2017, through the date of		
	Assuming Office: Date assumed/	,	O The period covered is the date of leaving office.	_/, through		
	Candidate: Date of Election	and office sought, if	different than Part 1:			
4.	Schedule Summary (must complete)	Total number c	f pages including this cover p	age:1		
	Schedules attached					
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Busines	ss Positions - schedule attached		
	Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule	e attached		
	Schedule B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel F	Payments - schedule attached		
-(	or-					
	▼ None - No reportable interests on any schell	∍dule	W			
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE		
	16550 Bloomfield Avenue	Cerritos	CA	90703		
	DAYTIME TELEPHONE NUMBER	T F	-MAIL ADDRESS			
	( 562 ) 404-8029					
	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	a that the foregoing is true and correct	ct.		
			1. ~ 1	well -		
	Date Signed(month, day, year)	Sig	nature (File the originally signed state	ement with your filing official.)		

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

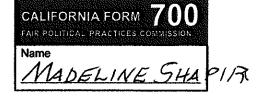
Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	_	(MIDDLE)
SHAPIRO	MADE	INE	RUTH
1. Office, Agency, or Court		4	
Agency Name (Do not use acronyms)	WALTY Cal.	PRE	SIDENT
Division, Board, Department, District, if applicable	ONTIT COLL	Your Position A E	SIDENT ERNING BOARD TRUSTEES
DISTRICT 5		UP	INUSTEES
▶ If filing for multiple positions, list below or on	an attachment. (Do not use acro	nyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	ne boxi		
☐ State		Judge or Court Commiss	ioner (Statewide Jurisdiction)
Multi-County		County of LOS	
City of		•	`
2 Type of Statement of			
<ol> <li>Type of Statement (Check at least one in Manual): The period covered is January 1, 2</li> </ol>			
December 31, 2017.	V17, through	Leaving Office: Date Lo (Check one)	eft
The period covered is/	_/, through	O The period covered is leaving office.	s January 1, 2017, through the date of
Assuming Office: Date assumed/_		**	s/, through
Candidate: Date of Election	and office sought, if diffe	rent than Part 1:	
4. Schedule Summary (must complete Schedules attached	e) ► Total number of pa	ages including this co	ver page:
Schedule A-1 - Investments - schedule a		edule C - Income, Loans, &	Business Positions - schedule attached
Schedule A-2 - Investments – schedule a	ttached Sche	edule D - Income - Gifts - s	chedule attached
Schedule B - Real Property - schedule a	itached Sche	dule E - Income - Gifts - Ti	ravel Payments - schedule attached
☐ <b>None</b> - No reportable interests on a	ny schedule		
5. Verification	and the second s	Andrew Park Control Con	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STAT	E ZIP CODE
9816 MARYKNOLL DAYTIME TELEPHONE NUMBER	AVE. WHIT	TIER CI	4 90605
(562) 693 - 2829		adrshapa	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	is statement. I have reviewed thi complete. I acknowledge this is	s statement and to the best of a public document.	of my knowledge the information contained
I certify under penalty of perjusy under the law			correct.
Date Signed 2/19/8	Signatu		ne Shapiro
y ynami, aaj, yearj		(File the originally sig	ned 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.



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
\$2,000 - \$10,000 X \$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 (Describe)	Stock Other (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
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 <b>\$10,001 - \$100,000</b>	\$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 (Describe)	Stock Other (Describe)
Partnership O 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)
#F APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
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(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Commenta	

# CALIFORNIA FORM 700 FAIX FORMER, FRACTORS GODDISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

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NAME OF FILER (LA	ST) (FIRST)			(NDOLE)
Santana	Vicky	i	:	functi
1. Office, Age	ncy, or Court			
Agency Name	(Do not use acronyms)	······································	]	
Rio Hondo	Community College District			
Division, Board,	Department, District, if applicable	Yo	ur Position	
District			j justee	
► If filing for m	ultiple positions, list below or on an attachment. (Di	o not use acronyms		
Agency:		Po	sition:	
2. Jurisdiction	n of Office (Check at least one box)			
State		for a	dan as Court Court is 1000	
			odge or Court Commissioner (Sta	dewide Jurisdiction)
			bunty of	
		<b>×</b> 0	ther Rio Hondo Communi	ty College District
3. Type of Sta	tement (Check at least one box)			
🗵 Annual: Ti	ne period covered is January 1, 2017, through ecember 31, 2017.		eaving Office: Date Left Check one)	J
Th	ne period covered is, the ecember 31, 2017.	rough (	The period covered is January leaving office.	1, 2017, through the date of
Assuming (	Office: Date assumed	3	The period covered is/. the date of leaving office.	, through
Candidate:	Date of Election and office	sought, if different	than Part 1:	
			'	
Schedules	ummary (must complete) > Total nu attached	imber of pages	including this cover pag	e:1
☐ Scheduid	e A-1 - Investments schedule attached	☐ Schedule	C - Income, Loans, & Business	Donitions calendals attacked
	e A-2 - Investments - schedule attached		D - Income - Gifts - schedule a	
Schedule	e B - Real Property - schedule attached		E - Income - Gifts - Travel Pay	
-or-			•	
None - №	lo reportable interests on any schedule		•	
5. Verification				
MAILING ADDRESS (Business or Agency	STREET ( Address Recommended - Public Document)	CITY	STATE	ZIP CODE
3600 Workm	nan Mill Rd.	Vhittier	CA	90601
DAYTIME TELEPHO		E-MAIL ADD		
	( 562 ) 692-0921 vicky.santana1@gmail.com			
more and in an	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.			Medge the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed 2/2	28/2018	Signature	1/th Cata	
	(month, day, year)	g	(File the originally signed statemen	t with your filing official.)



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	(MiDDLE)
PACHECO	MARYANA
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  Rio Hondo Community Co	ollege District
Division, Board, Department, District, if applicable  BOAND 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	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	·
City of	Other
3. Type of Statement (sure of the statement (	
3. Type of Statement (Check at least one box)  Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/
The period covered is/, through December 31, 2017.	ough O The period covered is January 1, 2017, through the date of leaving office.
Assuming Office: Date assumed	O The period covered is/, through the date of leaving office.
Candidate: Date of Election and office s	cought, if different than Part 1:
4. Schedule Summary (must complete) ► Total nui Schedules attached	mber of pages including this cover page:
☐ Schedule A-1 - Investments – schedule attached ☐ Schedule A-2 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule B - Real Property – 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 STREET CTI (Business or Agency Address Recommended - Public Document)  3 600 WORKMAN MILL ROAD  DAYTIME TELEPHONE NUMBER	WHITTIEN CA 90601  IE-MAIL ADDRESS
(±62) ±t6-1639	mapacheco 50 @ amail. 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	reviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of C	alifornia that the foregoing is true and correct.
Date Signed 1/30/18 (month, day, year)	Signature Thuy an Pacheco (File Interior ginely signed statement with your filing official.)
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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES CONVISSION
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Galcia	Norma	Edith
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) RIP Nondo Co.	umonity Coll	lege
Division, board, Department, District, if applicable	nd of True	Position
		¥
▶ If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)	
Agency:	Positi	on:
2. Jurisdiction of Office (Check at least	one box)	
☐ State	Judg	e or Court Commissioner (Statewide Jurisdiction)
Multi-County		my of Low Angelew
City of	Othe	r
3. Type of Statement (Check at least one	havi	
Annual: The period covered is January 1, 2 December 31, 2017.	2017, through	ving Office: Date Left/
The period covered is/ December 31, 2017.	_/, through O	The period covered is January 1, 2017, through the date of eaving office.
Assuming Office: Date assumed		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought, if different that	n Part 1:
4. Schedule Summary (must complet Schedules attached	e) ► Total number of pages in	ncluding this cover page:
Schedule A-1 - Investments - schedule a	attached Schedule C	- Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule a	-	Income - Gifts - schedule attached
Schedule B - Real Property – schedule a	ittached Schedule E	- Income - Gifts - Travel Payments - schedule attached
None - No reportable interests on a	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Becommended - Public Document	CITY	STATE ZIP CODE
4114 Richwood	Avenue El M	July CA 9/132
DAYTIME TELEPHONE NUMBER (626) 233 - 2414	E-MAIL ADDRES	
	his statement. I have reviewed this state	nent and to the best of my knowledge the information contained
nerein and in any attached schedules is true and	complete. I acknowledge this is a public	document.
I certify under penalty of perjury under the law	vs of the State of California that the for	regoing is true and correct.
Date Signed//04/18	Signature	Min ? Sh
(rhonth, day, year)		(File the originally signed statement with your filing official.)



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Official Use Only

A PUBLIC DOCUM

Please type or print in ink.

١.	F FILER (LAST) (FIRST)	)		(MIDDLE)
<u> Y</u>	Mendel (a	SVY		
1. Of	fice, Agency, or Court	7		
Ag	ency Name (Do not use agronyms)			
<u> </u>	210 Honds Commun. +	7 6011	951	
	ision, Board, Department, District, if applicable	Y	our Position	Bonval member
				30 ava mempe
•	If filing for multiple positions, list below or on an attachment. (D	Do not use acronyn	ns)	
Ag	ency:		Position:	
2. Ju	risdiction of Office (Check at least one box)			
	State	П	Judge or Court Commissioner (Stat	tourido Indicator
	Multi-County	_		·
	City of		County ofOther	
		LJ	Other	
3. Ty	pe of Statement (Check at least one box)			
Ą	Annual: The period covered is January 1, 2017, through December 31, 2017.		Leaving Office: Date Left(Check one)	<i></i>
	The period covered is/, the December 31, 2017.	•	The period covered is January leaving office.  or-	1, 2017, through the date of
	Assuming Office: Date assumed/		The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election and office	e sought, if differen	t than Part 1:	
	chedule Summary (must complete) ► Total n	number of page	es including this cover pag	e:
S	chedules attached			
	Schedule A-1 - Investments - schedule attached	Schedu	le C - Income, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - schedule attached		le D - Income - Gifts - schedule a	
-or-	Schedule B - Real Property – schedule attached	Schedu	le E - Income Gifts Travel Payl	ments - schedule attached
	None - No reportable interests on any schedule			
	rification		and the second s	
	LING ADDRESS STREET siness or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
يرد) سـ	3600 you Nowan mil Nel	white	iv ct	90695
DA	TIME TELEPHONE NUMBER  \$(2) \$69 - 7136	E-MAIL AD		
( _	70, 0, 0, 0	<u>  Ga</u>	my hender ea	ol. Com
her	ave used all reasonable diligence in preparing this statement. I have ein and in any attached schedules is true and complete. I ackno	ave reviewed this s owledge this is a p	tatement and to the best of my know ublic document.	wledge the information contained
	ertify under penalty of perjury under the laws of the State of	-		
_	9/1/2		1	
Da	te Signed / / / / / / / / / / / / / / / / / / /	Signature _	(File the originally signed statemen	of with your filing official.)