

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FiRST)			(MIDDLE)
DREYFUSS	TERES	A		
1. Office, Agency, or Court				
Agency Name (Do not use acror	nyms)			
RIO HONDO COMMUNITY	COLLEGE			
Division, Board, Department, Dist	ict, if applicable	Your Po	sition	
DISTRICT	SU	SUPERINTENDENT/PRESIDENT		
► If filing for multiple positions, li	st below or on an attachment. (Do	not use acronyms)		
Agency: LA COUNTY 4th OVERSIGHT BOA	DISTRICT CONSOLIDAT	ED Position	n: Board Member	
2. Jurisdiction of Office (heck at least one box)			
State		☐ Judge	or Court Commissioner (St	atewide Jurisdiction)
Multi-County		KX Count	y of Los Angeles	
3. Type of Statement (Chec	k at least one box)			
Annual: The period covered December 31, 201	8.		ing Office: Date Left(Check one	
The period covered December 31, 201	is 07, 0, 20(8, thro	ough O Ti	ne period covered is Januar aving office.	y 1, 2018, through the date of
X Assuming Office: Date ass	umed 07 , 01 , 2018		ne period covered ise date of leaving office.	through
Candidate: Date of Election	and office s	ought, if different than	Part 1:	
4. Schedule Summary (mu Schedules attached	ist complete) ► Total nui	mber of pages in	cluding this cover pa	ge:
ochequies attached				
Schedule A-1 - Investmer				Positions - schedule attached
			Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached	
Suledule b • Real Frope	ry - scrieotic attached	Schedule E -	income – Gitts – Travel Paj	/ments - schedule attached
-or- 🖾 None - No reportab	le interests on any schedule			
5. Verification	To six of out of the distribution			
MAILING ADDRESS STREE	ET CI	īΫ	STATE	ZIP CODE
(Business or Agency Address Recommend	ed - Public Document)			
3600 Workman Mill Ro	ad wni	ttier EMAIL ADDRESS	CA	90601
(562) 908-3403		i i	s@riohondo.edu	
I have used all reasonable diligend herein and in any attached sched	e in preparing this statement. I have ules is true and complete. I acknow	reviewed this stateme	ent and to the best of my kno	owledge the information contained
	y under the laws of the State of C			1
Date Signed	2 la	Signature	Jun	4
	day, year)		(File the originally signed paper state	ment with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST) PACHECO	(FIRST) MARY		(MIDDLE) ANN
1. Office, Agency, or Court			
Agency Name (Do not use acronym	78)		· · · · · · · · · · · · · · · · · · ·
RIO HONDO COM		TRICT	
Division, Board, Department, District	, if applicable Your Po		
BOARD OF TRUS	TEES CL	ERK	
► If filing for multiple positions, list	below or on an attachment. (Do not use acronyms)		
Agency:	Positio	n:	and the state of t
2. Jurisdiction of Office (Che	ock at least one box)		
State	Judge	or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County	Count	y of	
•			
	- Company		
3. Type of Statement (Check a			
Annual: The period covered is December 31, 2018.	January 1, 2018, through	ing Office: Date Left (Check one	
	through O T	he period covered is January eaving office.	1, 2018, through the date of
Assuming Office: Date assum	ned/ O T		, through
Candidate: Date of Election _	and office sought, if different that	Part 1:	
4. Schedule Summary (mus	t complete) ► Total number of pages in	cluding this cover pag	ye:
Schedules attached			
Schedule A-1 - Investments			Positions - schedule attached
 Schedule A-2 - Investments Schedule B - Real Property 	· · · · · · · · · · · · · · · · · · ·	 Income – Gifts – schedule a Income – Gifts – Travel Pay 	
Schedule B • Real Property	- Schedule attached Schedule E.	· ilicome – oliis – havei r ay	ments — schedule attached
-or- No reportable	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended	CITY	STATE	ZIP CODE
3600 Walk MAN	سسين سيسم و د د د د د د د د د د د د د د د د د د	e CA	90602
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS		
(562) 556-1639		checo 50 @ arr	
	in preparing this statement. I have reviewed this statement is true and complete. I acknowledge this is a public		owledge the information contained
I certify under penalty of perjury	under the laws of the State of California that the for	regoing is true and correct.	
Date Signed 2/27/20	19 Signature	ay ann Pa	checo
(month, d	ay, year)	(File the originally signed paper state	ement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

NAME OF FILER (LAST) 1. Office, Agency, or Court Agency Name (Do not use agronyms) Division, Board, Department, District, if applicable Hren Y ▶ 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 _____ County of ___ City of __ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left _____/___ December 31, 2017. (Check one) -or-O The period covered is January 1, 2017, through the date of leaving office. December 31, 2017. Assuming Office: Date assumed _____/__ O The period covered is ____ the date of leaving office. Candidate: Date of Election _ _____ 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 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 ✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE (Business or Agency Address Recommended - Public Document) 90695 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 (month, day, year) (File the originally signed statement 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)
Garcia	Norma	Edith
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) RIP HOLIDO COL	nmonity Colle	92
Division, Board, Department, District, if applicable		ee.
▶ If filing for multiple positions, list below or on a	an attachment. (Do not use acronyms)	
Agency:	Position	:
2. Jurisdiction of Office (Check at least o	ne box)	
State		or Court Commissioner (Statewide Jurisdiction)
Multi-County	D County	of Lox Augelex
City of	·	
3. Type of Statement (Check at least one I	box)	
Annual: The period covered is January 1, 2 December 31, 2017.	017, through Leavir	ng Office: Date Left/k one)
The period covered is/		e period covered is January 1, 2017, through the date of ving office.
Assuming Office: Date assumed		e period covered is, through a date of leaving office.
Candidate: Date of Election	and office sought, if different than	Part 1:
4. Schedule Summary (must complete Schedules attached	e) ► Total number of pages inc	luding this cover page:
Schedule A-1 - Investments – schedule a	ottophod 🗀 Cahadula C	Annual
Schedule A-2 - Investments - schedule a		Income, Loans, & Business Positions – schedule attached Income – Gifts – schedule attached
Schedule B - Real Property - schedule a		Income - Gifts - Travel Payments - schedule attached
-or-		•
None - No reportable interests on a	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen ### ### ############################	HVENUE KINC	STATE ZIP CODE
(626) 233-2414	E-MAIL ADDRESS 1 6 9 0	arcia @ rio hondo . edu
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	nis statement. I have reviewed this statement complete. I acknowledge this is a public d	nt and to the best of my knowledge the information contained ocument.
I certify under penalty of perjury under the law		
Date Signed / J/J/S	Signature	(File the principally signed statement with your filing official)

CALIFORNIA FORM 700 IATE POLITICAL PRACTICES FORM SSICK A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(NIDOLE)
Santana	Vicky		
1. Office, Agency, or Court			1995-1996-1996-1996-1996-1996-1996-1996-
Agency Name (Do not use acronyms)			
Rio Hondo Community College Dist	rict		
Division, Board, Department, District, if applicab		ir Position	
District	_	rustee	
▶ If filing for multiple positions, list below or or	n an attachment. (Do not use acronym	5)	
Agency:	P	sition:	
2. Jurisdiction of Office (Check at least	t one box)		
☐ State		ddge or Court Commissioner (Stat	ewide Jurisdiction)
Multi-County		County of	•
City of		ther Rio Hondo Communit	y College District
3. Type of Statement (Check at least on	e box)		
Annual: The period covered is January 1 December 31, 2017.	•	Leaving Office: Date Left (Check one)	J
The period covered is/	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The period covered is January leaving office.	1, 2017, through the date of
Assuming Office: Date assumed		The period covered is	, through
Candidate: Date of Election	and office sought, if differen	t than Part 1;	
4. Schedule Summary (must compl	ete) > Total number of page	s including this cover pag	re:1
Schedules attached	, , , , , , , , , , , , , , , , , , , ,		
Schedule A-1 - Investments - schedul	le attached Schedu	le C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedul	le attached Schedu	le D - Income - Gifts - schedule a	attached
Schedule B - Real Property - schedul	le attached Schedu	le E - Income – Gifts – Travel Pay	ments - schedule attached
-or-		*	
☑ None - No reportable interests or	any schedule	· •	
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docu 3600 Workman Mill Rd.	whittier	CA	90601
DAYTIME TELEPHONE NUMBER	E-MAIL AT		30001
(562) 692-0921		antana1@gmail.com	
I have used all reasonable diligence in preparir herein and in any attached schedules is true a	ng this statement. I have reviewed this s	statement and to the best of my kno	wledge the information contained
I certify under penalty of perjury under the			
Date Signed <u>2/28/2018</u>	Signature	Math Cata	
(month day speri		(File the principally signed stateme	ant with your flino official)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

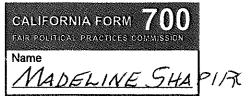
Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SHAPIRO	MADELINE	RUTH
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		PRESIDENT
RIO HONDO COMMU	WITY COLLEGE	GOVERNING BOARD
Division, Board, Department, District, if applicable	Your Position	GOVERNING BOARD OF TRUSTEES
DISTRICT 5		<u> </u>
▶ 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 Co	purt Commissioner (Statewide Jurisdiction)
Multi-County		LOS ANGELES
☐ City of		
3. Type of Statement (Check at least one bo		
Annual: The period covered is January 1, 201 December 31, 2017.	7, through Leaving 0 (Check one	ffice: Date Left/
The period covered is/	/, through O The per leaving	riod covered is January 1, 2017, through the date of office.
Assuming Office: Date assumed		riod covered is/, through e of leaving office.
Candidate: Date of Election	and office sought, if different than Part	1:
4. Schedule Summary (must complete)	► Total number of pages includi	ing this cover page: 2
Schedules attached	. •	
Schedule A-1 - Investments - schedule atta	sched Schedule C - Incom	ne, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule atta		ne - Gifts - schedule attached
Schedule B - Real Property - schedule atta	iched Schedule E - Incon	ne - Gifts - Travel Payments - schedule attached
-or-		
☐ None - No reportable interests on any	' schedule	
5. Verification		
MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
98/6 MARYKNOKK P	YE. WHITTLER	CA 90605
(562) 693 - 2829	E-MAIL ADDRESS Madrs	hapa ao l- com
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	statement. I have reviewed this statement and implete. I acknowledge this is a public docum	d to the best of my knowledge the information contained nent.
I certify under penalty of perjury under the laws	of the State of California that the foregoing	g is true and correct.
Date Signed 2/19/18	Signature M	adeline Shapiro
(honth, day, year)	r (F	File the originally signed 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
<i>P</i>	
ENTERTAINMENT	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000
S100,001 - \$1,000,000 Over \$1,000,000	[3100,001 - \$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	Partnership O Income Received of \$0 - \$499
O 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:
•	
	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NAME OF BOSINESS ENTITY	TANKE OF BOOMEOU ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	CAID MADI/CT VALUE
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 Dver \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	ALAMA AMBER AND IN A PROTEIT
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
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
O mone that is the property of	,
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 17 , , 17	, , 17 , , 17
ACQUIRED DISPOSED	ACQUIRED DISPOSED
▶ NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	NAME OF BOSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
	I L
\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	ANATURE OF BUJERTUIENT
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
O 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:
•	
	1
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	f I