



# Peralta Community College District

333 East Eighth Street • Oakland, CA 94606 • (510) 466-7202

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March 22, 2019

Clerk of the Board  
County of Alameda  
1221 Oak Street, Ste. 536  
Oakland, CA 94612

RE: Form 700

Dear Board Clerk:

Please find enclosed the 2018 – 2019 Form 700's submitted for filing by Peralta Community College District Board members, Administrators and Directors.

Sincerely,

A handwritten signature in blue ink, appearing to read "Brandi Howard", written over a faint circular stamp.

Brandi Howard  
PCCD, Contracts & Legal Affairs Coordinator

**Peralta Community College District  
Management Appointments As of February 4, 2019**

NAME	POSITION	LOCATION	RCDV
Cook, Lisa	Dean of Liberal Arts & Social Sciences	Berkeley City College	X
De Mucha Flores Martin	Associate Dean of Educational Success (Grant-funded)	Berkeley City College	X
Gamez, Francisco	Dean of Math, Science & Applied Technology	Berkeley City College	X
Godoy, Barbara	Dean of Enrollment Services	Berkeley City College	X
Hay, Kuniko	Vice President of Instruction	Berkeley City College	X
Johnson, Brenda	Dean of Disabled Programs & Services DSPS	Berkeley City College	X
Shears, Stacey	Vice President of Student Services	Berkeley City College	X
Slaughter, Shirley	Director of Business & Administrative Services	Berkeley City College	X
Tomaneng, Rowena	College President	Berkeley City College	X
Tomas, Alejandria	<b>Interim Director of Student Activities &amp; Campus Life</b>	Berkeley City College	X
Armstead, Paula	<b>Associate Dean of Educational Success (Grant-funded)</b>	College of Alameda	
Benvenuti, Marybeth	Director of Business & Administrative Services	College of Alameda	X
Bradshaw, Stefanie	Director of Workforce Systems	College of Alameda	
Bruce, William	Dean of Special Programs & Grants	College of Alameda	X
Butler, Aja	Director of Student Activities & Campus Life	College of Alameda	X
Celhay, Lilia	Dean of Liberal Arts & Social Sciences	College of Alameda	X
Jennings, Eva	Dean, CTE	College of Alameda	X
Karas, Timothy	College President	College of Alameda	X
Lee, Amy H.	Dean of Enrollment Services	College of Alameda	X
McClanahan, Ana	<b>Dean of Science, Technology, Engineering, Arts &amp; Mathematics (STEAM)</b>	College of Alameda	X
Miller, Don	Vice President of Instruction	College of Alameda	
Vasconcellos, Tina	Vice President of Student Services	College of Alameda	X
Ahmed, Adil	Budget Director	College of Alameda	X
Ali, Ahmed	<b>Interim Director of Fiscal Services</b>	District Office	X
Amboy, Marie	Director of Strong Workforce and CTE	District Office	X
Andrews, Ruby	<b>Interim Human Resources Director</b>	District Office	X
Brown, Siri	Vice Chancellor for Academic Affairs	District Office	X
Cifra, Jason	Vice Chancellor for Student Affairs	District Office	X
Del Toro, Rebecca	Payroll Manager	District Office	X
Gephart, Drew	International Services Manager	District Office	*
Hill, LaSonja	Manager of Special Projects, NAAEC	District Office	X
<b>Ikharo, Sadiq</b>	<b>Vice Chancellor for General Services</b>	District Office	X
Johnson, Romaneir	Vice Chancellor for Finance & Administration	District Office	X
Johnson, Shemila	<b>Interim Director for Northern Alameda Consortium for Adult Education</b>	District Office	X
Jones, Debra	Associate Vice Chancellor of Workforce & Economic Development	District Office	X

**Peralta Community College District  
Management Appointments As of February 4, 2019**

Laguerre, Jewel	Chancellor	District Office	XX
Lam, Minh	<b>Interim Vice Chancellor of Information Technology</b>	District Office	
Lee, Kyuyong	Director of Enterprise Services	District Office	
Mehouelley, Antoine	Director of Network Services	District Office	X
Millman, Sharon	Facilities Project Manager	District Office	
Moore, Spencer	<b>Interim Director of Public Information, Communications &amp; Media</b>	District Office	
Neal, Charles	Director of Energy and Environmental Sustainability	District Office	
Pelletier, Cody	Benefits Manager	District Office	
Roberts, Royl	Risk and Safety Programs Manager	District Office	
Roberts, Royl	<b>Interim Director of Employee Relations and Diversity Programs</b>	District Office	
Torres-Gil, Thomas	Director of International Services & Student Support	District Office	
Whittaker, Chanelle	<b>Interim Vice Chancellor of Human Resources &amp; Employee Relations</b>	District Office	X
Smith, Atheria E	Director of Facilities Planning and Development	District Office	
Albury, Gary	Director of Student Activities & Campus Life	Laney College	X
Besikof, Rudolph	Vice President of Instruction	Laney College	X
Bhatia, Rupinder	Director of College Information Technology	Laney College	X
Burmenko, Neil	Food Service Manager	Laney College	X
Chan, Chuen	Dean of Academic & Student Affairs, Liberal Arts	Laney College	X
Chang, Diane	Associate Dean of Educational Success (Grant-funded)	Laney College	X
Crabtree, Peter	Dean of Academic & Student Affairs - CTE	Laney College	X
Ferguson, Vicki	Vice President of Student Services	Laney College	X
Fields, Mark	Dean of Academic & Student Affairs (Humanities, Social Sciences & Applied Technology)	Laney College	X
Gilkerson, Tammeil	College President	Laney College	X
Lee, David	Director of AANAPISI Program	Laney College	X
Lewis, Mildred	Dean of Academic & Student Affairs - Community Leadership & Civic Engagement	Laney College	X
Marshall, Amy	Director of College Facilities and Operations	Laney College	X
Pinto, Derek	Vice President of Administrative Services	Laney College	X
Richardson, Denise	Dean of Academic & Student Affairs - Mathematics and Sciences	Laney College	X
Taylor, Shawn	Director of Gateway to College	Laney College	X
Wallace, Pamela	BEST Director	Laney College	X
<b>Burns, Marie-Elaine</b>	<b>President</b>	<b>Merritt College</b>	
Chavez, Lilia	Dean of Special Programs & Grants	Merritt College	X
Hernandez, Christine	Vice President of Student Services	Merritt College	
Holloway, Jason	Dean for Math, Science & Applied Technologies	Merritt College	
Hussain, Syed	Dean of Liberal Arts & Social Sciences	Merritt College	
Johnson, David	Vice President of Instruction	Merritt College	



**PCCD  
BOARD  
OF  
TRUSTEES**

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STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date of Filing Received  
Official Use Only

COVER PAGE

MAR 19 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

PERALTA COMMUNITY COLLEGE DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of ALAMEDA
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

333 E. 8TH STREET OAKLAND CA 94606

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 02/05/19

(month, day, year)

Signature \_\_\_\_\_

(File the originally signed paper statement with your filing official.)

COVER PAGE

MAR 19 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
BROWN MEREDITH ELAYNE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

PERALTA COMMUNITY COLLEGE DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES

Your Position

TRUSTEE

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- Multi-County \_\_\_\_\_  County of ALAMEDA
- City of \_\_\_\_\_  Other \_\_\_\_\_

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-or-  None - No reportable interests on any schedule

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MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

333 E. 8TH STREET

OAKLAND

CA

94606

DAYTIME TELEPHONE NUMBER

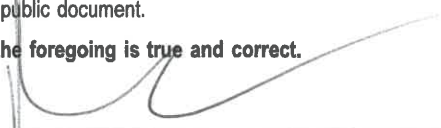
EMAIL ADDRESS

( 510 ) 466-7200

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 02/05/19  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
4335 Sequoyah Road

CITY  
Oakland

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/18 DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
\_\_\_\_\_

CITY  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/18 ACQUIRED \_\_\_\_\_/\_\_\_\_\_/18 DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining  \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499  \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%  None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_



COVER PAGE

MAR 19 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
HANDY LINDA L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

PERALTA COMMUNITY COLLEGE DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES, AREA 3

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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of ALAMEDA
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

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- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
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- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

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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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

333 E. 8TH STREET

OAKLAND

CA

94606

DAYTIME TELEPHONE NUMBER

( 510 ) 213-0315

EMAIL ADDRESS

LHANDY@PERALTA.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.

Date Signed 02/05/19  
(month, day, year)

Signature   
File the originally signed paper statement with your filing official.

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

Name  
LINDA HANDY

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>LINDA HANDY CONSULTING</u></p> <p>ADDRESS (Business Address Acceptable) <u>5353 FLEMING AVENUE</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>CONSULTANT SERVICES</u></p> <p>YOUR BUSINESS POSITION <u>RACIAL/DIALOGUE FACILITATOR</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME <u>Focal Points Designs</u></p> <p>ADDRESS (Business Address Acceptable) <u>5353 FLEMING AVE</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>JEWELRY DESIGN</u></p> <p>YOUR BUSINESS POSITION <u>DESIGNER</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input checked="" type="checkbox"/> Sale of <u>HANDMADE JEWELRY</u> (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)</p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address
HIGHEST BALANCE DURING REPORTING PERIOD		_____
<input type="checkbox"/> \$500 - \$1,000		City
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: \_\_\_\_\_

COVER PAGE

MAR 19 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
NAPOLI-ABELLA REISS CYNTHIA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
PERALTA COMMUNITY COLLEGE DISTRICT  
Division, Board, Department, District, if applicable  
BOARD OF TRUSTEES, AREA 5  
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  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of ALAMEDA  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2018.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Date of Election 11/7/2018 and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 E. 8TH STREET OAKLAND CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-7200

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 02/05/19 (month, day, year) Signature \_\_\_\_\_ (File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Received By
Date Initial
MAR 19 2019
Legal Affairs
Department

Please type or print in ink.

NAME OF FILER (LAST) WEINSTEIN
(FIRST) KAREN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
PERALTA COMMUNITY COLLEGE DISTRICT
Division, Board, Department, District, if applicable BOARD OF TRUSTEES, AREA 6
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
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of ALAMEDA
Other

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

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Leaving Office: Date Left
The period covered is January 1, 2018, through the date of leaving office.
Assuming Office: Date assumed
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: 4

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/05/19
(month, day, year)

Signature Karen Weinstein
(File the originally signed paper statement with your filing official.)

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.  
Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name _____ _____ _____
--

**NAME OF BUSINESS ENTITY**  
WESTERN DIGITAL

**GENERAL DESCRIPTION OF THIS BUSINESS**  
TECH

**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:**  
 \_\_\_\_\_ / \_\_\_\_\_ / 18    4/27/18  
 ACQUIRED                      DISPOSED

**NAME OF BUSINESS ENTITY**  
Estee Lauder

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Cosmetics

**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:**  
 9/21/18    12/06/18  
 ACQUIRED                      DISPOSED

**NAME OF BUSINESS ENTITY**  
AURORA CANNABIS

**GENERAL DESCRIPTION OF THIS BUSINESS**  
CANNABIS

**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:**  
 1/03/18    2/02/18  
 ACQUIRED                      DISPOSED

**NAME OF BUSINESS ENTITY**  
~~Twitter~~

**GENERAL DESCRIPTION OF THIS BUSINESS**  
~~Social Media~~

**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:**  
 \_\_\_\_\_ / \_\_\_\_\_ / 18    \_\_\_\_\_ / \_\_\_\_\_ / 18  
 ACQUIRED                      DISPOSED

**NAME OF BUSINESS ENTITY**  
Sales Force

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Cloud based software

**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:**  
 9/21/18    \_\_\_\_\_ / \_\_\_\_\_ / 18  
 ACQUIRED                      DISPOSED

**NAME OF BUSINESS ENTITY**  
\_\_\_\_\_

**GENERAL DESCRIPTION OF THIS BUSINESS**  
\_\_\_\_\_

**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:**  
 \_\_\_\_\_ / \_\_\_\_\_ / 18    \_\_\_\_\_ / \_\_\_\_\_ / 18  
 ACQUIRED                      DISPOSED

Sold

Sold

Sold

TS complete

Comments: \_\_\_\_\_

# SCHEDULE A-1 Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.  
Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

NAME OF BUSINESS ENTITY  
**WESTERN DIGITAL**

GENERAL DESCRIPTION OF THIS BUSINESS  
**TECH**

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:  
 \_\_\_\_\_/\_\_\_\_\_/18    4/27/18  
 ACQUIRED                      DISPOSED

Sold

NAME OF BUSINESS ENTITY  
~~Twitter~~ **TWITTER**

GENERAL DESCRIPTION OF THIS BUSINESS  
~~Social Media~~ **Social Media**

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:  
 \_\_\_\_\_/\_\_\_\_\_/18    \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
**Estee Lauder**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Cosmetics**

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:  
9/21/18    12/06/18  
 ACQUIRED                      DISPOSED

Sold

NAME OF BUSINESS ENTITY  
**SALES FORCE**

GENERAL DESCRIPTION OF THIS BUSINESS  
**CLOUD BASED SOFTWARE**

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:  
9/21/18    \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

TS complete

NAME OF BUSINESS ENTITY  
**AURORA CANNABIS**

GENERAL DESCRIPTION OF THIS BUSINESS  
**CANNABIS**

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:  
1/03/18    2/02/18  
 ACQUIRED                      DISPOSED

Sold

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:  
 \_\_\_\_\_/\_\_\_\_\_/18    \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
**A PUBLIC DOCUMENT**

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only  
**MAR 19 2019**  
Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**WITHROW EDWARD William Jr.**

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

Agency Name (Do not use acronyms)  
**PERALTA COMMUNITY COLLEGE DISTRICT**  
Division, Board, Department, District, if applicable Your Position  
**BOARD OF TRUSTEES 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  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of **ALAMEDA**  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2018.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**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

-or-  **None - No reportable interests on any schedule**

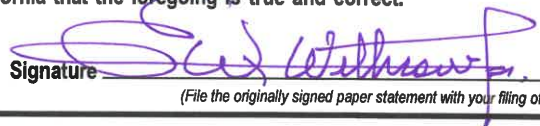
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**333 E. 8TH STREET OAKLAND CA 94606**  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
**( 510 ) 466-7203 BWITHROW@PERALTA.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.

Date Signed **03/12/19**  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

Name WIT+ROW

▶ NAME OF BUSINESS ENTITY  
Wells Fargo Bank

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial

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:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Pear Track Security Systems

GENERAL DESCRIPTION OF THIS BUSINESS  
Electronic Security

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:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Parallax Health Sciences

GENERAL DESCRIPTION OF THIS BUSINESS  
Health Diagnostic

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:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Monteato Bio Science

GENERAL DESCRIPTION OF THIS BUSINESS  
Bio Sciences

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:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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:  
 \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
WITH ROW

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Parallax Health Sciences

ADDRESS (Business Address Acceptable)  
Santa Monica California

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Diagnostics

YOUR BUSINESS POSITION  
Board Member

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_ %  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**

Received By  
**Brandi Howard**  
Date Initial Filing Received  
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**MAR 19 2019**

**COVER PAGE**

**Legal Affairs  
Department**

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**A PUBLIC DOCUMENT**

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**YUEN NICHOLAS ("Nicky") GONZALEZ**

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

Agency Name (Do not use acronyms)  
**PERALTA COMMUNITY COLLEGE DISTRICT**  
Division, Board, Department, District, if applicable Your Position  
**BOARD OF TRUSTEES, AREA 4 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  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of **ALAMEDA**  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- (Check one circle.)  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  The period covered is January 1, 2018, through the date of leaving office.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_. -or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through 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

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**2311 A RUSSELL STREET BERKELEY CA 94705**  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
**( 510 ) 912-3181 NYUEN@PERALTA.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.

Date Signed **02/05/19**  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)

Name  
Nicholas Gonzalez Yoon

## SCHEDULE E

### Income – Gifts

### Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Asian Pacific American Leadership Founda-  
tion

ADDRESS (Business Address Acceptable)  
315 W. 9th St, Ste 700

CITY AND STATE  
Los Angeles, CA 90015

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11/29/18 - 11/30/18 AMT: \$ 994.00  
(If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description 4th Annual Leadership Retreat

for the CA Network of Executives (CALNET)

▶ If Gift, Provide Travel Destination Half Moon Bay, CA

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_

**PCCD  
BERKELEY CITY  
COLLEGE  
CAMPUS  
ADMINISTRATORS**

---

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

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**Brandi Howard**  
Date Initial Filing Received  
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**MAR 06 2019**  
  
Legal Affairs  
Department

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A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Cook Lisa Redson

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

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable  
Berkeley City College  
Your Position  
Dean, Liberal Arts & Social Sciences

► 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 Alameda  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**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

-or-  **None - No reportable interests on any schedule**

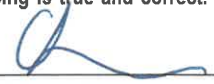
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
2050 Center Street Berkeley CA 94704  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 989-2939 lrcook@peralta.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.

Date Signed 2/25/19  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only  
**MAR 06 2019**

Legal Affairs  
Department

Please type or print in ink.

**A PUBLIC DOCUMENT**

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
De Mucha Flores Martin Rosendo

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

Agency Name (Do not use acronyms)

Berkeley City College, Office of Instruction, Associate Dean of Educational Success

Division, Board, Department, District, if applicable

Your Position

Peralta Community College District

► 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 Alameda

City of Berkeley, CA

Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2018, through December 31, 2018.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.

The period covered is January 1, 2018, through the date of leaving office.

-or-

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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 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 STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

2050 Center Street,

Berkeley

CA

94704

DAYTIME TELEPHONE NUMBER

( 510 ) 9815083

EMAIL ADDRESS

mdemuchaflores@peralta.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.

Date Signed 2/20/2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)



**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gamez Francisco Neza

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

Agency Name (Do not use acronyms)

Berkeley City College

Division, Board, Department, District, if applicable

Peralta Community College District

Your Position

Dean - Business, Science, and Applied Technology

► 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 Alameda
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**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 STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 2050 Center Street Berkeley CA 94704

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
 ( 510 ) 981-2881 fgamez@peralta.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.

Date Signed 2/4/2018  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Filed  
Official Use Only

COVER PAGE

FEB 28 2019

Legal Affairs  
Department

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

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

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

- Annual: The period covered is January 1, 2018, through December 31, 2018. Leaving Office: Date Left
Assuming Office: Date assumed and office sought, if different than Part 1:
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 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

2050 Center St Berkeley CA
MAILING ADDRESS STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(510) 981-2886 bgodoy@peralta.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.

Date Signed 2.28.19 Signature
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only

MAR 06 2019

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Hay Kuniko

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Berkeley City College  
Division, Board, Department, District, if applicable Your Position  
Peralta Community College District Vice President of Instruction

► 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 Alameda  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
2050 Center Street Berkeley CA 94704  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 981-2933 khay@peralta.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.

Date Signed 2-20-19 Signature [Signature]  
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only  
FEB 20 2019

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Dean of Student Services

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, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary (must complete) Total number of pages including this cover page: 1 Schedules attached

- Schedule A-1, A-2, B, C, D, E

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 333 East 8th Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS ( 510 ) 981-2830 bjohnson@peralta.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.

Date Signed 02/01/2019 (month, day, year)

Signature Brenda Johnson (File the originally signed paper statement with your filing official.)

COVER PAGE

FEB 28 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

Berkeley City College

Your Position

Vice President of Student Services

► 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 Oakland  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_.  -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

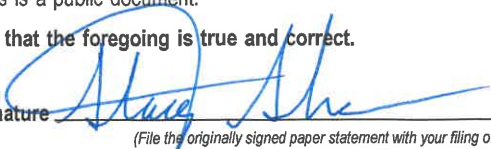
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 981-2820 sshears@peralta.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.

Date Signed 2/25/19  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only  
MAR 06 2019

COVER PAGE

Legal Affairs  
Department

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Peralta Community College District/Berkeley City College Director of Business and Administrative Services  
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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2018. (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

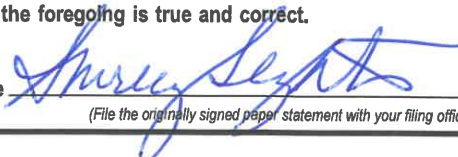
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
2050 Center Street Berkeley CA 94704  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 981-2840 sslaughter@peralta.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.

Date Signed February 22, 2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
FEB 20 2019  
Official Use Only

COVER PAGE

Legal Affairs  
Department

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Tomaneng Rowena Magdalena

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Berkeley City College

President

Division, Board, Department, District, if applicable

Your Position

Peralta Community College District

► 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 Northern Alameda County
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
2050 Center Street Berkeley CA 94704  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 981-2850 rromaneng@peralta.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.

Date Signed 2-4-2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**COVER PAGE**

**Legal Affairs  
Department**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Tomas-Lardizabal Alejandria San Juan

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

Agency Name (Do not use acronyms)  
Berkeley City College  
Division, Board, Department, District, if applicable Your Position  
Peralta Community College District Interim Director of Student Activities & Campus Life

► 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 Alameda County  County of \_\_\_\_\_  
 City of Berkeley  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.  
 **Assuming Office:** Date assumed 10 / 01 / 2018  **-or-** The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through 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: 1**

**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

**-or-**  **None - No reportable interests on any schedule**

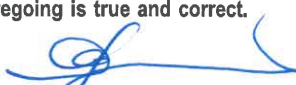
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
2050 Center St Berkeley CA 94704  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 981-2877 atomas@peralta.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.

Date Signed 02/23/2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**PCCD  
ALAMEDA  
COLLEGE  
CAMPUS  
ADMINISTRATORS**

---



STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only  
MAR 18 2019

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable  
College of Alameda  
Your Position  
Director of Business & Administrative Services

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 E 8th Street Oakland CA 94606

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 748-2211 mbbenvenuti@peralta.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.

Date Signed 3/11/2019 Signature [Handwritten Signature]  
(month, day, year) (File the originally signed paper statement with your filing official.)

COVER PAGE

MAR 07 2019

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Bruce SR William Barney  
Legal Affairs Department

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
College of Alameda, Peralta Community College District  
Division, Board, Department, District, if applicable Your Position  
Student Service, Special Programs & Grants Dean, Speical Programs & Grants

▶ 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 Alameda
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is July / 28 / 2018, through December 31, 2018.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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: 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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
14553 Lark St San Leandro CA 94578

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 805 ) 704-7924 wbruce@Peralta.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.

Date Signed 2/28/19  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

Received By  
Brandi Howard

COVER PAGE

FEB 29 2019

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Butler (FIRST) Aja (MIDDLE) Legal Affairs Department

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

College of Alameda

Your Position

Director of Student Activities

► 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, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2018.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.

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 STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
555 Ralph Appezato Memorial Pkwy Alameda, CA 94501

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(510) 748-2327 abutler@peralta.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.

Date Signed 3/1/19  
(month, day, year)

Signature Aja Butler  
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only  
FEB 28 2019

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

College of Alameda

Your Position

Dean

► 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 Alameda
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

555 Ralph Appezato Memorial Alameda CA 94501

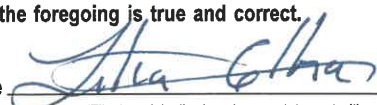
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

( 510 ) 748-2234 LCELHAY@PERALTA.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.

Date Signed February 26, 2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

COVER PAGE

FEB 28 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Jennings Eva Denise

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

College of Alameda

Your Position

Dean of Career and Workforce Education

► 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 Alameda
- City of Alameda  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_.  -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
555 Ralph Appezato Memorial Alameda CA 94501  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 748-2318 ejennings@peralta.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.

Date Signed 2/27/2019  
(month, day, year)

Signature [Handwritten Signature]  
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

Received By  
**Brandi Howard**  
Date Initial Filing Received  
Official Use Only  
**FEB 20 2019**

**Legal Affairs  
Department**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Karas Timothy James

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

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

College of Alameda

Your Position

President

► 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 College District

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.

**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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
555 Appezzato Prkwy Alameda CA 94501

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 748-2200 tkaras@peralta.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.

Date Signed 1/9/2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

COVER PAGE

MAR 06 2019

Legal Affairs  
Department

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST) Lee (FIRST) Amy H.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District  
Division, Board, Department, District, if applicable

Dean, Enrollment Services  
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 community college District

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2018.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_

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 STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
555 Ralph Appenzato Memorial Pkwy Alameda CA 94501

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(510) 777-2780 ahlee@peralta.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.

Date Signed 2/26/19  
month, day, year

Signature [Signature]  
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Received By  
**Brandi Howard**  
Date Initial Filing Received  
Official Use Only  
**MAR 18 2019**

Legal Affairs  
Department

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Miller Donald Daniel**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
**College of Alameda**  
Division, Board, Department, District, if applicable  
**Peralta Community College District**  
Your Position  
**Vice President of Instruction**

► 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 **Alameda**  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2018.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_  
(Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

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

-or-  **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**555 Ralph Appezatto Memorial Alameda CA 94512**  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( **510** ) **748-2301** **ddmiller@peralta.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.

Date Signed **March 7, 2019**  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Received By  
Brad Howard  
Date Initial Filing Received  
Official Use Only  
MAR 07 2019

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A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

College of Alameda

Your Position

Vice President of Student Services

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
555 Ralph Appezato Memorial Alameda CA 94501

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 748-2204 tvasconcellos@peralta.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.

Date Signed 3.5.19  
(month, day, year)

Signature Tina Vasconcellos  
(File the originally signed paper statement with your filing official.)

**PCCD**

**DISTRICT OFFICE**

**ADMINISTRATORS**

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brand Howard  
Date: 2/26/2019  
Official Use Only

FEB 26 2019

Legal Affairs  
Department  
(MIDDLE)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Ahmed Adil

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

Department of Finance and Administration

Your Position

Budget Director

► 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 \_\_\_\_\_  Other Community College District

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- or-  Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  The period covered is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, through 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: 1

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

-or-  None - No reportable interests on any schedule

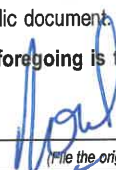
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 587-7220 aahmed@peralta.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.

Date Signed 02/26/19  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

COVER PAGE

FEB 26 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Ali Ahmed

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable  
Department of Finance and Administration  
Your Position  
Interim Director of Fiscal Services

► 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 \_\_\_\_\_  Other Community College District

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_.  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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: 1

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-5363 aali@peralta.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.

Date Signed 02/26/19  
(month, day, year)

Signature Aali Ali  
(File the originally signed paper statement with your filing official.)

COVER PAGE

MAR 06 2019

A PUBLIC DOCUMENT

Please type or print in ink.

Legal Affairs  
Department  
C

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Amboy Marie C

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Peralta Community College District Director, Strong Workforce and Career Education  
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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other College District

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_  -or- The period covered is \_\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-7389 mamboy@peralta.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.

Date Signed 02/22/2019  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

Received By  
Seamless Filing Received  
Official Use Only

**COVER PAGE**

**MAR 18 2019**

**A PUBLIC DOCUMENT**

Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Andrews Ruby L

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

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable  
Human Resources  
Your Position  
Interim Director of Human Resources

► 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, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East Eighth Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-7288 rlandrews@peralta.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.

Date Signed March 12, 2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Received by  
Brandi Howard  
Date Initial Filing Received  
Official Use Only  
MAR 04 2019  
Legal Affairs  
Department

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

Academic Affairs

Your Position

Vice Chancellor

► 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 Oakland  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

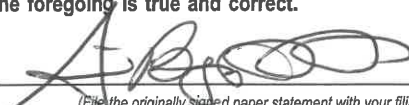
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Avenue Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-7218 sbrown@peralta.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.

Date Signed 3/1/19  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Siri Brown

**▶ 1. BUSINESS ENTITY OR TRUST**

Global Academics

Name  
248-3rd Street Oakland Ca 91607

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
Conducts research and international reserch support

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 18                      / / 18

\$2,000 - \$10,000                                      ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Owner

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$0 - \$1,999                                      / / 18                      / / 18

\$2,000 - \$10,000                                      ACQUIRED                      DISPOSED

\$10,001 - \$100,000

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INVESTMENT

Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                       OVER \$100,000

\$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

N/A

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 18                      / / 18

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust                       Stock                       Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_

Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000                                      / / 18                      / / 18

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Property Ownership/Deed of Trust                       Stock                       Partnership

Leasehold \_\_\_\_\_                       Other \_\_\_\_\_

Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: This is an online business. No property



STATEMENT OF ECONOMIC INTERESTS

Date Received February 6, 2019  
Official Use Only  
Brandi Howard

COVER PAGE

FEB 26 2019

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Cifra Jason Santos  
Legal Affairs Department

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable  
Student Affairs  
Your Position  
Vice-Chancellor

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 Alameda  
 City of Oakland  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2018.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 981-7875 jcifra@peralta.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.

Date Signed 02-24-2019  
(month, day, year)

Signature Jason Cifra  
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

Received By **Brandi Howard**  
Date **3/11/2019**  
Official Use Only

**COVER PAGE**

**MAR 18 2019**

**A PUBLIC DOCUMENT**

Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Gephart Drew Allen**

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

Agency Name (Do not use acronyms)  
**Peralta Community College District**  
Division, Board, Department, District, if applicable Your Position  
**Office of International Education International Services Manager**

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**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

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**333 East 8th Street Oakland CA 94606**  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( **510** ) **587-7834** **dgephart@peralta.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.

Date Signed **March 11, 2019**  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

COVER PAGE

FEB 20 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hill LaSonja Shara

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Northern Alameda Adult Education Collective-Peralta Community College District

Division, Board, Department, District, if applicable

Your Position

Workforce Development Department

Manager, Special Projects

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed 07 / 11 / 2018  The period covered is 07 / 11 / 2019, through 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: 1

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 E. Eighth Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-7246 lhill@peralta.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.

Date Signed February 20, 2019

Signature LaSonja Shara Hill  
(File the originally signed paper statement with your filing official.)

FEB 25 2019

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) Johnson (FIRST) Romaneir

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Peralta Community College District  
Division, Board, Department, District, if applicable Department of Finance and Administration  
Your Position Vice Chancellor, Finance and Administration

► 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 \_\_\_\_\_  Other Community College District

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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: 1

Schedules attached

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- Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-7282 rdjohnson@peralta.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.

Date Signed 02/20/19  
(month, day, year)

Signature  
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received **Received By Brandi Howard**

**COVER PAGE**

**FEB 20 2019**

**A PUBLIC DOCUMENT**

Please type or print in ink.

**Legal Affairs Department**

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**JOHNSON SHEMILA RENE**

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

Agency Name (Do not use acronyms)  
**PERALTA COMMUNITY COLLEGE DISTRICT**  
 Division, Board, Department, District, if applicable Your Position  
**NORTHERN ALAMEDA ADULT ED COLLECTIVE EXECUTIVE DIRECTOR**

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**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**

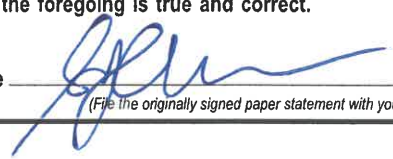
**333 E. 8th St.**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
**PERALTA COMMUNITY COLLEC OAKLAND CA 94606**  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
**( 510 ) 466-7247 SRJOHNSON@PERALTA.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.

Date Signed 02/21/2019  
 (month, day, year)

Signature   
 (File the originally signed paper statement with your filing official.)



# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Jones	Debra	Gail

### 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

Workforce Development + Continuing Education

Your Position

Associate Vice Chancellor

► 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 Dakland
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Alameda
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

### 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	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)	333 East Eighth street	Oakland	CA	94606

DAYTIME TELEPHONE NUMBER

(510) 466-7305

EMAIL ADDRESS  
debrajones@peralta.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.

Date Signed 1/8/19  
(month, day, year)

Signature Debra Gail Jones  
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only  
FEB 20 2019

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A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Laguerre Jowel C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

District Office

Your Position

Chancellor

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

Agency: City of Oakland, Alameda County

Position: Boardmember

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Alameda

City of

Other

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

Annual: The period covered is January 1, 2018, through December 31, 2018.

Leaving Office: Date Left (Check one circle.)

-or-

The period covered is through December 31, 2018.

The period covered is January 1, 2018, through the date of leaving office.

-or-

Assuming Office: Date assumed

The period covered is through 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

333 East 8th Street

Oakland

CA

94606

DAYTIME TELEPHONE NUMBER

( 510 ) 466-7202

EMAIL ADDRESS

jlaguerre@peralta.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.

Date Signed 04 February 2019 (month, day, year)

Signature (File the originally signed paper statement with your filing official.)

COVER PAGE

FEB 28 2019

A PUBLIC DOCUMENT

Please type or print in ink.

Legal Affairs  
Department

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Laguerre Jowel C.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

Your Position

Chancellor

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

Agency: Alameda County Workforce Development Board

Position: Board member

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of Alameda
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
- Leaving Office: Date Left 2 / 28 / 2019 (Check one circle.)
- Assuming Office: Date assumed \_\_\_\_\_
- 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 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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Street Oakland CA 94566

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-7202 jlaguerre@peralta.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.

Date Signed 28 February 2019  
(month, day, year)

Signature [Handwritten Signature]  
(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Received  
Official Use Only

JAN 11 2019

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Mehouelley Antoine L

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

Information Technology Department

Your Position

Director Of Network Services

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 Alameda
Other

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Date of Election

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

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

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

1020 Jackson St 305

Oakland

CA

94607

DAYTIME TELEPHONE NUMBER

( 510 ) 8234788

EMAIL ADDRESS

mehouelley@apcsweb.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 1/8/19 (month, day, year)

Signature

File the originally signed paper statement with your filing official.



COVER PAGE

FEB 26 2019

A PUBLIC DOCUMENT

Please type or print in ink.

Legal Affairs  
Department

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Whittaker Chanelle Monique

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable  
Human Resources  
Your Position  
Interim Vice Chancellor, HR

► 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, 2018, through December 31, 2018.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2018.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_

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 STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 333 East 8th St. Oakland, CA 94606  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
 (510) 587-7883 cwhittaker@peralta.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.

Date Signed 2/26/19 Signature Chanelle Whittaker  
(month, day, year) (File the originally signed paper statement with your filing official.)

**PCCD  
LANEY COLLEGE  
CAMPUS  
ADMINISTRATORS**

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**STATEMENT OF ECONOMIC INTERESTS**

Received By  
**Brandi Howard**  
Date Initial Filing Received  
Official Use Only  
**MAR 18 2019**

**COVER PAGE**

**A PUBLIC DOCUMENT**

**Legal Affairs  
Department**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Albury Gary Lee**

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

Agency Name (Do not use acronyms)  
**Laney College**  
Division, Board, Department, District, if applicable Your Position  
**Peralta Community College District Director of Student Activities and Campus Life**

► 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 **Alameda**  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_\_, through December 31, 2018.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1**

**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

-or-  **None - No reportable interests on any schedule**


**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**900 Fallon Street Oakland CA 94607**  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
**( 510 ) 464-3234 galbury@peralta.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.

Date Signed **3/11/2019**  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Besikof Rudolph Joseph

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Laney College  
Division, Board, Department, District, if applicable  
Peralta Community College District  
Your Position  
Vice President of Instruction

► 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 Alameda  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_\_ through December 31, 2018.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Check one circle.)  
○ The period covered is January 1, 2018, through the date of leaving office.  
-or-  
○ The period covered is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_

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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1517 Linden Street Alameda CA 94501  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3213 RBESIKOF@PERALTA.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.

Date Signed January 28, 2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Rudolph Besikof

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
United Brotherhood of Carpenters  
 ADDRESS (Business Address Acceptable)  
212 Carpenters Union Way  
 CITY AND STATE  
Las Vegas, NV 89119  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Visit to Training Center  
 DATE(S): 11 / 15 / 18 - 11 / 16 / 18 AMT: \$ \_\_\_\_\_  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Travel reimbursement for trip to Las Vegas  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

**Comments:** The United Brotherhood invited a delegation from Peralta Community College District to tour their facility. They provided airfare, a night's lodging, four meals, and van transportation between the airport, hotel, and the training facility.

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date Received  
Official Use Only

MAR 05 2019

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Bhatia Rupinder Kaur

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Laney College

Division, Board, Department, District, if applicable

Peralta Community College District

Your Position

Director, College IT Services

► 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 Alameda
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- or- The period covered is 03 / 12 / 2018, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_ -or-  The period covered is \_\_\_\_\_, through 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: 2

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

900 Fallon St Oakland CA 94607

DAYTIME TELEPHONE NUMBER

( 510 ) 464-3437

EMAIL ADDRESS

rbhatia@peralta.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.

Date Signed 03/04/2019  
(month, day, year)

Signature *Rupinder Kaur*  
(File the originally signed paper statement with your filing official.)



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Gurinder Bhatia (Workday)</u></p> <p>ADDRESS (Business Address Acceptable) <u>6110 Stoneridge Mall Road, Pleasanton, CA, 94588</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION <u>Sr. Director, IT at Workday</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000              <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <span style="font-size: small;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000              <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <span style="font-size: small;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE                      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None    _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <span style="font-size: small;">Street address</span></p> <p>_____ <span style="font-size: small;">City</span></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>
---	--

Comments: \_\_\_\_\_

COVER PAGE

MAR 05 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Division, Board, Department, District, if applicable Your Position  
Peralta CCD Food Service Manager

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- or- The period covered is \_\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_
- 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon St Oakland CA 94607  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(510) 464-3403 nburmendo@peralta.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.

Date Signed 3.5.19 Signature [Signature]  
(month, day, year) (File the originally signed paper statement with your filing official.)

**COVER PAGE**

FEB 21 2019

**A PUBLIC DOCUMENT**

Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) Chan (FIRST) Chuen Rong

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

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable  
Laney College  
Your Position  
Dean (Liberal Arts)

► 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 Alameda
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_  
(Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_**

**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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon Street Oakland CA 94607  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3221 cchan@peralta.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.

Date Signed 2/20/2019 Signature 

(month, day, year)

(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
CHANG DIANE T.

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Laneey College  
Division, Board, Department, District, if applicable PERALTA COMMUNITY COLLEGE  
Your Position ASSOCIATE DEAN, EDUCATIONAL SUCCESS

► 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 \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- or- The period covered is 07/30/2018, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_  The period covered is \_\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon St., T-811 Oakland CA 94607  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(510) 464-3294 DTCHANG@PERALTA.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.

Date Signed Feb. 23, 2019 Signature Diane Chang  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
Jason Chang

ADDRESS (Business Address Acceptable)  
1000 Brannan St #300, SF, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Interior Design.

YOUR BUSINESS POSITION  
Controller

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000                 \$1,001 - \$10,000  
 \$10,001 - \$100,000         OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
 \_\_\_\_\_

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000                 \$1,001 - \$10,000  
 \$10,001 - \$100,000         OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	Street address
HIGHEST BALANCE DURING REPORTING PERIOD		_____
<input type="checkbox"/> \$500 - \$1,000		City
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS

Received By  
Grand Jury Received  
Official Use Only

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MAR 04 2019

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Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Crabtree Peter L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable  
Laney College  
Your Position  
Dean of Academic and Student Affairs, CTE

► 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 Alameda  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon Street Oakland CA 94607  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3218 pcrabtree@peralta.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.

Date Signed 3/1/19  
(month, day, year)

Signature Peter L. Crabtree  
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date of Initial Filing Received  
FEB 26 2019  
Official Use Only

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Legal Affairs  
Department

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Ferguson Vicki Morgan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable Your Position  
Vice President, Student Services

► 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 Oakland  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 East 8th Street Oakland CA 94606  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3244 vferguson@peralta.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.

Date Signed 2/5/2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

Received By  
Brandi Howard  
Date Initial Filing Received  
Official Use Only

**COVER PAGE**

**FEB 20 2019**

**A PUBLIC DOCUMENT**

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fields Mark C

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

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

Laney College

Your Position

Dean of Academic Affairs

► 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 Community College District

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is 08 / 13 / 2018, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

**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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon Street Oakland Oakland CA 94607

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 466-7200 markfields@peralta.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.

Date Signed 01/09/2018  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)



SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Mark C. Fields

NAME OF BUSINESS ENTITY
Walmart
GENERAL DESCRIPTION OF THIS BUSINESS
Retail
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

NAME OF BUSINESS ENTITY
Coca Cola Company
GENERAL DESCRIPTION OF THIS BUSINESS
Soft drinks
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

NAME OF BUSINESS ENTITY
The Home Depot
GENERAL DESCRIPTION OF THIS BUSINESS
Home improvement retailer
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT

Comments:

COVER PAGE

FEB 20 2019

A PUBLIC DOCUMENT

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gilkerson Tammeil Yang-Ja

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Laney College  
Division, Board, Department, District, if applicable Your Position  
Peralta Community College District College President

► 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 \_\_\_\_\_  Other Alameda County

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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: 1

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

-or-  None - No reportable interests on any schedule

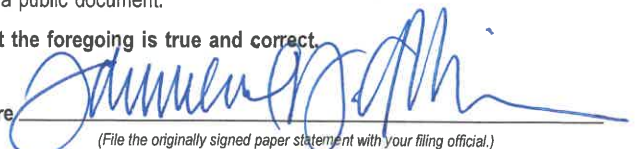
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon Street Oakland CA 94607  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3236 tgilkerson@peralta.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.

Date Signed 01/08/19  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lee David Edward

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Laney College

Division, Board, Department, District, if applicable

Peralta Community College District

Your Position

Director, APASS

► 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 Alameda
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018. -or- The period covered is \_\_\_\_\_, through December 31, 2018.
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- The period covered is January 1, 2018, through the date of leaving office. -or-
- The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon Oakland CA 94607  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3215 delee@peralta.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.

Date Signed 2/25/19  
(month, day, year)

Signature [Handwritten Signature]  
(File the originally signed paper statement with your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
David Lee

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
1708 Clement Street

CITY  
San Francisco, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_ / 18      \_\_\_\_\_ / \_\_\_\_ / 18  
 ACQUIRED                      DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
434-8th Avenue

CITY  
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_ / 18      \_\_\_\_\_ / \_\_\_\_ / 18  
 ACQUIRED                      DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
Jenna Wittenberg, Jennifer Levanduski

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%       None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%       None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

## SCHEDULE B

### Interests in Real Property

(Including Rental Income)

Name

David Lee

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**158 Westbrook Avenue**

CITY  
**Daly City**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18

\$10,001 - \$100,000      ACQUIRED      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust       Easement

Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

\$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/18      \_\_\_\_\_/\_\_\_\_\_/18

\$10,001 - \$100,000      ACQUIRED      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust       Easement

Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

None

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       OVER \$100,000

Guarantor, if applicable

Comments: \_\_\_\_\_

STATEMENT OF ECONOMIC INTERESTS

Received By  
Brandi Howard  
Date of Filing Received  
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MAR 05 2019

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Legal Affairs  
Department  
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) Lewis (FIRST) Mildred

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Long College - Peralta Community College District  
Division, Board, Department, District, if applicable Enrollment Services  
Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
Agency: N/A Position: N/A

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

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

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
900 Fallon Street, Oakland, CA 94607  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(510) 464-3413 mildred@peralta.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.

Date Signed March 5, 2019 Signature [Handwritten Signature]  
(month, day, year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

Received By  
Brandi Howang  
Date of Filing Received  
Official Use Only

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**MAR 04 2019**

**A PUBLIC DOCUMENT**

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) Marshall (FIRST) Amy (MIDDLE) S

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

Agency Name (Do not use acronyms)

Peralta Community College District

Division, Board, Department, District, if applicable

Laney College

Your Position

Director of Facilities and College Operations

► 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 Alameda  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.  **Leaving Office:** Date Left \_\_\_\_\_ (Check one circle.)  
 -or- The period covered is \_\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.  
 **Assuming Office:** Date assumed \_\_\_\_\_ -or-  The period covered is \_\_\_\_\_, through 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

-or-  **None - No reportable interests on any schedule**


**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
900 Fallon Street Oakland CA 94607  
 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
 ( 510 ) 986-6984 amarshall@peralta.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.

Date Signed 2/27/2019  
 (month, day, year)

Signature   
 (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Pinto Derek Adrian

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Laney College  
Division, Board, Department, District, if applicable Your Position  
Peralta Community College District (03/01/2018-present) Vice President Business & Administrative Services

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

Agency: John Swett Unif. School Dist (1/1/2018-2/28/2018) Position: Chief Business Official

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of Contra Costa(to 2/28/2018)/Alameda-pres  
 City of Rodeo, CA(to 2/28/2018), Oakland, CA-pres.  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  
 Assuming Office: Date assumed 03 / 01 / 2018  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left 02 / 28 / 2018 (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon Street Oakland CA 94607  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3228 dpinto@peralta.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.

Date Signed Feb 4 2019  
(month, day, year)

Signature *Derek Pinto 2/4/2019*  
(File the originally signed paper statement with your filing official.)



**COVER PAGE**

**FEB 21 2019**

**A PUBLIC DOCUMENT**

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Richardson Cynthia Denise

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

Agency Name (Do not use acronyms)  
Peralta Community College District  
Division, Board, Department, District, if applicable Your Position  
Laney College Dean of Math and Sciences

► 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 Alameda  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2018.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_  
(Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**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

-or-  **None - No reportable interests on any schedule**

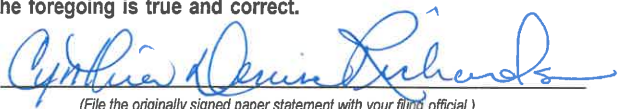
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon Street Oakland CA 94806  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3224 drichardson@peralta.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.

Date Signed 2/20/19  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**COVER PAGE**

**FEB 25 2019**

**A PUBLIC DOCUMENT**

Legal Affairs  
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Taylor Shawn Demetrius**

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

Agency Name (Do not use acronyms)

**Laney College**

Division, Board, Department, District, if applicable

**Gateway to College**

Your Position

**Director**

► 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 \_\_\_\_\_

Other **Community College District**

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

**Annual:** The period covered is January 1, 2018, through December 31, 2018.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.

The period covered is January 1, 2018, through the date of leaving office.

-or-

**Assuming Office:** Date assumed **3 / 11 / 2015**

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through 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

-or-  **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

**2312 Mono Avenue**

**EI Cerrito**

**CA**

**94530**

DAYTIME TELEPHONE NUMBER

**( 510 ) 759-9361**


EMAIL ADDRESS

**shawntaylor@peralta.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.

Date Signed **2/25/2019**  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS  
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Received By  
**Brandi Howard**  
Date Initial Filing Received  
*Official Use Only*  
**MAR 05 2019**

**Legal Affairs  
Department**

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**A PUBLIC DOCUMENT**

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Wallace Pamela Karen

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

Agency Name (Do not use acronyms) Director  
Peralta Community College District  
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 Oakland
- 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, 2018, through December 31, 2018.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**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

**-or-  None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
900 Fallon St. Oakland CA 94607

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 464-3248

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 3/4/19  
(month, day, year)

Signature [Handwritten Signature]  
(File the originally signed paper statement with your filing official.)

**PCCD  
MERRITT  
COLLEGE  
CAMPUS  
ADMINISTRATORS**

---

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Received By Brandi Howard  
Official Use Only

MAR 18 2019

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Legal Affairs

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Peralta Community College District - Merritt College  
Division, Board, Department, District, if applicable  
Student Services  
Your Position  
Dean of Special Programs & Grants

► 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 \_\_\_\_\_  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 \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2016, through the date of leaving office.  
-or-  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 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

-or-

None - No reportable interests on any schedule

5. Verification 12500 Campus Drive Oakland, Ca. 94619


MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 510 ) 436-2585 lchavez@peralta.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.

Date Signed 03/06/19  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)