

Peralta Community College District

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

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

Brandi Howard

PCCD, Contracts & Legal Affairs Coordinator

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

NAME	MOITION	MOLENOCI	4
		LOCATION	KCVD
Cook, Lisa	Dean of Liberal Arts & Social Sciences	Berkeley City College	×
De Mucha Flores Martin	Associate Dean of Educational Success (Grant-funded)	Berkeley City College	×
Gamez, Francisco	Dean of Math, Science & Applied Technology	Berkeley City College	: ×
Godoy, Barbara	Dean of Enrollment Services	Berkeley City College	×
Hay, Kuniko	Vice President of Instruction	Berkeley City College	×
Johnson, Brenda	Dean of Disabled Programs & Services DSPS	Berkeley City College	×
Shears, Stacey	Vice President of Student Services	Berkeley City College	: ×
Slaughter, Shirley	Director of Business & Administrative Services	Berkeley City College	×
Tomaneng, Rowena	College President	Berkeley City College	: ×
Tomas, Alejandria	Interim Director of Student Activities & Campus Life	Berkeley City College	: ×
Armstead, Paula	Associate Dean of Educational Success (Grant-funded)	College of Alameda	
Benvenutti, Marybeth	Director of Business & Administrative Services	College of Alameda	×
Bradshaw, Stefanie	Director of Workforce Systems	College of Alameda	
Bruce, William	Dean of Special Programs & Grants	College of Alameda	×
Butler, Aja	Director of Student Activities & Campus Life	College of Alameda	: ×
Celhay, Lilia	Dean of Liberal Arts & Social Sciences	College of Alameda	: ×
Jennings, Eva	Dean, CTE	College of Alameda	×
Karas, Timothy	College President	College of Alameda	: ×
Lee, Amy H.	Dean of Enrollment Services	College of Alameda	: ×
McClanahan, Ana	Dean of Science, Technology, Engineering, Arts & Mathematics (STEAM)	College of Alameda	
Miller, Don	Vice President of Instruction	College of Alameda	×
Vasconcellos, Tina	Vice President of Student Services	College of Alameda	×
Ahmed, Adil	Budget Director	District Office	: ×
Ali, Ahmed	Interim Director of Fiscal Services	District Office	×
Amboy, Marie	Director of Strong Workforce and CTE	District Office	×
Andrews, Ruby	Interim Human Resources Director	District Office	×
Brown, Siri	Vice Chancellor for Academic Affairs	District Office	×
Cifra, Jason	Vice Chancellor for Student Affairs	District Office	×
Del Toro, Rebecca	Payroll Manager	District Office	*
Gephart, Drew	International Services Manager	District Office	×
Hill, LaSonja	Manager of Special Projects, NAAEC	District Office	: ×
Ikharo, Sadiq	Vice Chancellor for General Services	District Office	3
Johnson, Romaneir	Vice Chancellor for Finance & Administration	District Office	×
Johnson, Shemila	Interim Director for Northern Alameda Consortium for Adult Education	District Office	×
Jones, Debra	Associate Vice Chancellor of Workforce & Economic Development	District Office	× ×

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

Laguerre, Jowel	Chancellor	District Office	3
Lam, Minh	Interim Vice Chancellor of Information Technology	District Office	ž
Lee, Kyuyong	Director of Enterprise Services	District Office	
Mehouelley, Antoine	Director of Network Services	District Office	
Millman, Sharon	Facilities Project Manager	Ulstrict Office	×
Moore, Spencer	Interim Director of Public Information. Communications & Madia	District Office	
Neal, Charles	Director of Energy and Environmental Sustainability	Ulstrict Uffice	
Pelletier, Cody	Benefits Manager	District Office	
Roberts, Royl	Risk and Safety Programs Manager	District Office	
Roberts, Royl	Interim Director of Employee Relations and Diversity Drograms	District Office	
Torres-Gil, Thomas	Director of International Services & Student Support	District Office	
Whittaker, Chanelle	Interim Vice Chancellor of Himan Bergurang 9. Employee	District Office	
Smith Atheria E	Director of Excilition Planning and Pro-	District Office	×
Albury Gary	Pirectol of Facilities Figure Development	District Office	
Albaily, dally	Director of Student Activities & Campus Life	Laney College	×
besikol, Kudolph	Vice President of Instruction	Laney College	: ×
Bnatia, Kupinder	Director of College Information Technology	Laney College	< >
Burmenko, Neil	Food Service Manager	Laney College	< >
Chan, Chuen	Dean of Academic & Student Affairs, Liberal Arts	Laney College	< :
Chang, Diane	Associate Dean of Educational Success (Grant-funded)	Lancy College	× :
Crabtree, Peter	Dean of Academic & Student Affairs - CTE	Laney Conege	×
Ferguson, Vicki	Vice President of Student Services	Lailey College	×
Fields. Mark	Dean of Academic & Chidon Affairs (Ulumanitian Carial Cairage of the characters)	Laney College	×
Gilkerson Tammeil	College Programs College Describes College Descri	Laney College	×
Oc. David	College President	Laney College	×
Lee, David	Director of AANAPISI Program	Laney College	×
Lewis, Mildred	Dean of Academic & Student Affairs - Community Leadership & Civic Engagement	Laney College	< >
Marshall, Amy	Director of College Facilities and Operations	Lanev College	< >
Pinto, Derek	Vice President of Administrative Services	Lanev College	< >
Richardson, Denise	Dean of Academic & Student Affairs - Mathematics and Sciences	lanev College	< >
Taylor, Shawn	Director of Gateway to College	Lanay Collogo	× :
Wallace, Pamela	BEST Director	Laney college	×
Burns, Marie-Elaine	Precident	raney conege	×
Chavez Lilia	Down of Chocial December 10	Merritt College	
Hornshoa Christian	Deali VI Special Programs & Grants	Merritt College	×
nellialidez, ciiristine	Vice President of Student Services	Merritt College	
Hollowdy, 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	Marritt College	
		Wellist college	

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

Kitchen, Herbert	Director of Student Activities & Campus Life	Merritt College	
Menzies, Victoria	Director of Business & Administrative Services	Merritt College	
Ramos, Richard	Dean of Allied Health & Public Safety	Merritt College	
Yuen, Nicholas	Trustee	Board Member Area	>
Withrow Edward	Technic	ממומ ואוכוווספו, אומם 4	<
With Ow, Lawaid	palen I	Board Member, Area 1	×
Napoli-Abella Reise, Cynthia	Trustee	Board Member, Area 5	>
Handy, Linda	Trustee	Board Member Area 3	< >
Brown, Meredith	Trustee	Board Member Area 2	< >
Bonilla, Julina	Trustee	Roard Precident Area 7	< >
Weinstein Karen	Tructoo	בסמות ובפותרוני שוכם /	<
	1 4355	Board Vice President, Area 6	×

PCCD BOARD OF TRUSTEES



Received By Data nitial Gilling Received

MAR 1.9 2019

A PUBLIC DOCUMENT

Please type or print in ink. Legal Affairs Department NAME OF FILER (LAST) (FIRST)

BONILLA JULINA				
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 n	ot 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	_			
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/			
The period covered is, throu December 31, 2018.	gh O The period covered is January 1, 2018, through the date of or- leaving office.			
Assuming Office: Date assumed	The period covered is/, through the date of leaving office.			
Candidate: Date of Election and office so	ught, if different than Part 1:			
4. Schedule Summary (must complete) ► Total num	ber of pages including this cover page:			
Schedules attached	noer or pages morading and cover page.			
_	Cahadula C. Incomo Loone & Dusinose Positions, cahadula ettached			
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – 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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE			
333 E. 8TH STREET OAKLA	AND CA 94606			
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.			
I certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.			
	a land of and b			
Date Signed 02/05/19 (month, day, year)	(File the originally signed paper statement with your filing official.)			



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MAR 1 9 2019

Please type or print in ink.

A PUBLIC DOCUMENT

egal Affairs NAME OF FILER (LAST) (MIDDLE) tment **BROWN ELAYNE** MEREDITH 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: _ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) State County of ALAMEDA Multi-County _____ ☐ City of _____ Other _____ 3. Type of Statement (Check at least one box) Leaving Office: Date Left _____/___ Annual: The period covered is January 1, 2018, through (Check one circle.) December 31, 2018. O The period covered is January 1, 2018, through the date of The period covered is ______, through -or- leaving office. December 31, 2018. Assuming Office: Date assumed _____/____ O 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)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 <u>02/05/19</u> **Signature** (File the originally signed paper statement with your filing official.) (month, day, year)

SCHEDULE B Interests in Real Property (Including Rental Income)

MISSION

>	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 4335 Sequoyah Road	11	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
		Ш	
	Oakland		CITY
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000		FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
	NATURE OF INTEREST	Ш	NATURE OF INTEREST
	Ownership/Deed of Trust Easement	\parallel	Ownership/Deed of Trust
	Leasehold Other		Leasehold Yrs. remaining Other
	F RENTAL PROPERTY, GROSS INCOME RECEIVED	Ш	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499	Ш	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000
	\$10,001 - \$100,000 OVER \$100,000		S10,001 - \$100,000 OVER \$100,000
i	SOURCES OF RENTAL INCOME: If you own a 10% or greater nterest, list the name of each tenant that is a single source of ncome of \$10,000 or more. None		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
		Ш	
		П	
	You are not required to report loans from a commercial business on terms available to members of the public wood and received not in a lender's regular course of busin	with	out regard to your official status. Personal loans and
ı	NAME OF LENDER*	1	NAME OF LENDER*
Ž	ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)
Ē	BUSINESS ACTIVITY, IF ANY, OF LENDER		BUSINESS ACTIVITY, IF ANY, OF LENDER
Ī	NTEREST RATE TERM (Months/Years)		INTEREST RATE TERM (Months/Years)
	% None		%
ŀ	HIGHEST BALANCE DURING REPORTING PERIOD		HIGHEST BALANCE DURING REPORTING PERIOD
	\$500 - \$1,000		☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
] \$10,001 - \$100,000		S10,001 - \$100,000 DVER \$100,000
	Guarantor, if applicable		Guarantor, if applicable
-			-
or	nments:		



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Received

MAR 1 9 2019

A PUBLIC DOCUMENT Please type or print in ink. Legal Affairs NAME OF FILER (LAST) (FIRST) Demiodosent **HANDY LINDA** 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 3** 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) County of ALAMEDA Multi-County _____ City of _____ Other ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left ____/__ December 31, 2018. (Check one circle.) The period covered is ______, through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed ____/___/ O 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 94606 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (510)213-0315 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 <u>02/05/19</u> Signature

with your filing official.)

fielthe originally signed paper statement

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
LINDA HANDY		

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
LINDA HANDY CONSULTING	FOCAL POINTS DESIGNS
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
5353 FLEMING AVENUE	5353 FIEMING AUG
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONSULTANT SERVICES	JEWELRY DESIGN
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
RACIAL/DIALOGUE FACILITATOR	DESIGNEL
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 × \$1,001 - \$10,000	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	(Real property, car, boat, etc.)
(Real property, car, boat, etc.)	<u> </u>
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of le lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
	C#v
\$1,001 - \$10,000	City
\$1,001 - \$10,000 \$10,001 - \$100,000	City Guarantor
S10,001 - \$100,000	Guarantor
	_
S10,001 - \$100,000	Guarantor



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Date Instantil However Ceived
Official Use Only

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A PUBLIC DOCUMENT

Legal Affairs

NAME OF FILER (LAST)	(FIRST)		(WIRREFINIEUS
NAPOLI-ABELLA REISS	CYNTHIA		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
PERALTA COMMUNITY COLLE	GE DISTRICT		
Division, Board, Department, District, if applie	cable	Your Position	-
BOARD OF TRUSTEES, AREA 5	5	TRUSTEE	
▶ If filing for multiple positions, list below or	on an attachment. (Do not use	acronyms)	
Agency:		Position:	,
2. Jurisdiction of Office (Check at lea	ast one box)		
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of ALAMEDA	,
City of		Other	
— City of —			
3. Type of Statement (Check at least of	one box)		
Annual: The period covered is January December 31, 2018.	1, 2018, through	Leaving Office: Date Left(Check or	ne circle.)
The period covered is/_ December 31, 2018.	, through	The period covered is Janu-or-	ary 1, 2018, through the date of
Assuming Office: Date assumed		the date of leaving office	_/, through
Candidate: Date of Election	and office sought, i	f different than Part 1:	
4. Schedule Summary (must comp	olete) > Total number of	of pages including this cover p	age:
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	r pages medalig and core. p	
Schedule A-1 - Investments - schedu	ule attached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – schedu		Schedule D - Income - Gifts - schedul	
Schedule B - Real Property - schedu	ule attached	Schedule E - Income - Gifts - Travel F	Payments – schedule attached
-or- None - No reportable interes	ts on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY	STATE	ZIP CODE
333 E. 8TH STREET	OAKLAND	CA	94606
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	0.1000
(510) 466-7200			
I have used all reasonable diligence in prepari herein and in any attached schedules is true			nowledge the information contained
I certify under penalty of perjury under the	laws of the State of California	that the foregoing is true and correc	t.
Date Signed <u>02/05/19</u>	Sig	nature	
(month day year)	-	Cito the engine the signed near at	atomical calle concerning the start of

CALIFORNIA FORM 700 TAIR POLITICAL PRACTICLS COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**



Please type or print in ink.

A PUBLIC DOCUMENT

Please type or print in ink.	A PUBLIÇ	DOCUMENT	Legal Affairs	
ME OF FILER (LAST) (FIRST) (MIDDISCRETTING)				
WEINSTEIN	KAREN		Department	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)		*****		
PERALTA COMMUNITY COLLEGE DIS	STRICT			
Division, Board, Department, District, if applicable		Your Position		
BOARD OF TRUSTEES, AREA 6		TRUSTEE		
▶ If filling for multiple positions, list below or on an a	itlachment. (Do not use acro	onyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one	box)			
☐ State	-	Judge or Court Commissioner (Statewide Juriediction)	
Multi-County		County of ALAMEDA	armonios paribalella(I)	
City of				
LL OIG 01		Uner		
3. Type of Statement (Check at least one box,				
Annual: The period covered is January 1, 2018), through	Leaving Office: Date Left		
December 31, 2018,		-	ne circle.)	
The period covered is//	, (hrough	O The period covered is January leaving office.	eary 1, 2018, through the date of	
Assuming Office: Date assumed/	<i>J</i>	The period covered is the date of leaving office.	, through	
Candidate: Date of Election	and office sought, if diffe	orent than Part 1:		
Schedule Summary (must complete) Schedules attached				
Schedule A-1 - Investments - schedule attac Schedule A-2 - Investments - schedule attac		dule C - Income, Loens, & Busine		
Schedule B - Real Property - schedule attac		dule D • Income — Gifts — schedu dule E • Income — Gifts — Travei I		
and a constant and a constant and a		Mana C - Illicottia — Gille - Itavat i	-bymanis - schedule attached	
-Or- None - No reportable interests on a	ny schedule			
. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
333 E. BTH STREET	OAKLAND	CA	94606	
DAYTIME TELEPHONE NUMBER		ADDRESS		
(510) 466-7200				
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com	plete. I acknowledge this is a	a public document.		
I certify under penalty of perjury under the laws of	the State of California that	the foregoing is true and correct	t,	
Date Signed 02/05/19	Signatur	//	- Lau Wersy	
(month, day, year)		(File the originally signed paper si	istement 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.

COMMISSION

	DO NOT ORGANI DI ONOTO EGO	initiation statements.
•	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	WESTERN DIGITAL	TELL TIXITIER
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	TECH	Social MEDIA
	FAIR MARKET VALUE	FAIR MARKET VALUE
	■ \$2,000 - \$10,000 × \$10,001 - \$100,000	\$2,000 - \$10,000 \ \ \ \$10,001 - \$100,000
	S100,001 - \$1,000,000 Cver \$1,000,000	\$100,001 - \$1,000,000 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
n	X Stock Other	Stock Other
2010	(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
30, ,	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	IF ADDI JOAN E LIGHT A ARE.	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
		/
_	ACQUIRED DISPOSED	ACQUIRED DISPOSED
•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Estee Lauder	SALES FORCE
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Cognetics	CLOYD BASED Saftware Bugas
	FAIR MARKET VALUE	FAIR MARKET VALUE
4	S2,000 - \$10,000 F \$10,001 - \$100,000	\$2,000 - \$10,000
- dd	5100,000 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Qver \$1,000,000
22	NATURE OF INVESTMENT	NATURE OF INVESTMENT
J.	Stock Other	Stock Other
	Partnership O income Received of \$0 - \$499	(Describe) Partnership O income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE;	IF APPLICABLE, LIST DATE:
	9,21,18 12,06,18	9,21,18
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
-	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	AURORA CANNABIS	P WANTE OF BOOKEROO ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Candona	
0.4	CANNABIS	
PX V	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
3	Ø \$2,000 - \$10,000	32,000 - \$10,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499	Partnership O income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	income Received of \$600 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1,03,18 2,02,18	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	•	1
•		

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

CAL	JFORN	IIA FORN	700
FAIR I	оппсл	PRACHORS	COMMISSION
Nam	0		

	Do not attach brakerage t	or imancial statements.
•	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	WESTERN DIGITAL	TIXITIER
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	TECH	Social MEDIA
	FAIR MARKET VALUE	FAIR MARKET VALUE
	S2,000 - \$10,000 × \$10,001 - \$100,000	S2,000 - \$10,000 \ S10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000	☐ \$100,001 - \$1,000,000 \ ☐ Over \$1,000,000
0	NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT Stock Other
sold	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$600 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
()		The second of th
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED UISPOSED	ACQUIRED DISPOSED
₽	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	Estee Lauder	SALES FORCE
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Cosmetics	CLOUD BASED SONWAKE Proper
	FAIR MARKET VALUE	FAIR MARKET VALUE
4	32,000 - \$10,000 \$10,001 - \$100,000	32,000 - \$10,000 \$10,001 - \$100,000
- 10	S100,001 - \$1,000,000 Over \$1,000,000	☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000
2%	NATURE OF (NVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Cescribe) Partnership (Cescribe)	(Describe) Partnership O income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	9,21,18 12,06,18	9,21,18
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	AURORA CANNABIS	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	CANNABIS	The state of the s
υd	FAJR MARKET VALUE	PAID AAA DI/PT VAA LIE
	□ \$2,000 - \$10,000 □ \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
ð	3100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
	MATURE OF INDICOTARING	A Section of the sect
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
	(Describe)	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IE ADDITCADI E LICT DATE.	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1,03,18 2,02,18	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
C	ommente:	



Received By **Brandi Howard** Date Initial Filing Received MAR 1 9 2019

> Legal Affairs Department

A PUBLIC DOCUMENT Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) William **WITHROW EDWARD** 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) County of ALAMEDA Multi-County ____ City of __ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2018. The period covered is ______, through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018, Assuming Office: Date assumed ____/___/ O 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 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.

Signature

(month, day, year)

(File the originally signed paper statement with you

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 WITHROW

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Wells Forgo Back	Pear Track Seurity Systems
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FINANCIAL	Electronic Seawity
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$10,001 - \$1,000,000 ☐ Over \$1,000,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	Sver \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	//
	NAME OF BUSINESS ENTITY
Parcallax Health Sciences	Montecito Bio Seiever
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	
Health Diagno effer	Bio Seiences
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\infty\$ \$100,001 - \$1,000,000 \$\infty\$ Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 Over \$1,000,000
\$1,000,001 - \$1,000,000 Over \$1,000,000	S1,000,000 CVer \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
Stock Other (Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O massing research of these fragers on assessed of	,
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
2 	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O macine reserved or these trianger on constant of	,
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Commando	
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
WITHROW

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Parallex Dealth Serences	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Saute MONICO California	
BUSINESS ACTIVITY. IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hearte Diagnostics	Bookleso No Will, il Mill, or cocke
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
The state of the s	YOUR BUSINESS POSITION
Board Member	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \qquad \qquad \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Contradic / 2.)	
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	
	cial lending institution, or any indebtedness created as part of
	n the lender's regular course of business on terms available to
	status. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follo	OWS:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	_
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	



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Date Brandi Howard
Initial Filing Received
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MAR 1 9 2019

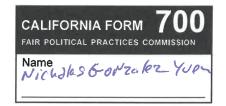
Legal Affairs

A PUBLIC DOCUMENT

Please type or print in ink.	A FUDLIC DUCUNILINI	Department
AME OF FILER (LAST)	(FIRST)	(MIDDLE)

YUEN	NICHOLAS ("Nicky") GONZALEZ
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
PERALTA COMMUNITY COLLEGE DIS	TRICT
Division, Board, Department, District, if applicable	Your Position
BOARD OF TRUSTEES, AREA 4	TRUSTEE
▶ If filing for multiple positions, list below or on an att	achment. (Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one b	ox)
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	AL AMEDA
City of	
LJ City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, December 31, 2018.	through Leaving Office: Date Left/(Check one circle.)
The period covered is/	, through O The period covered is January 1, 2018, through the date of earlier 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	rotal number of pages morating the total page.
_	
Schedule A-1 - Investments – schedule attache Schedule A-2 - Investments – schedule attache	
Schedule B - Real Property – schedule attach	
Solication - Near Property - Solication attached	Survey of the su
-or- □ None - No reportable interests on ar	y schedule
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
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 standard herein and in any attached schedules is true and compared to the compared to t	atement. I have reviewed this statement and to the best of my knowledge the information contained blete. 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	Signature
(month, day, year)	(File the originally signed paper statement with your filling official.)

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.

girle or analysis and an area area.	
NAME OF SOURCE (Not an Acronym) ASIAM Pacific American Leadership Founda	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
315 W. 9th St, Sto 700	,
LOS Angeles, CA 90015	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 1 2918 - 1 50 18 AMT: \$ 994000	DATE(S):/ AMT: \$
► MUST CHECK ONE: Gift -or- Income	▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description 4th Annual Leadership Rotrat	Other - Provide Description
► If Gift, Provide Travel Destination Half Moon Tay, CA	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	

PCCD BERKELEY CITY COLLEGE CAMPUS ADMINISTRATORS



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Legal Affairs
Department

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cook	Lisa	Redson
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Peralta Community College Dis		
Division, Board, Department, District, if as	pplicable	Your Position
Berkeley City College		Dean, Liberal Arts & Social Sciences
► If filling for multiple positions, list below	v or on an attachment. (Do not u	ise acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at	t least one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		✓ Alameda V
City of		Other
City of		
3. Type of Statement (Check at lea.	st one box)	
X Annual: The period covered is Janu	uary 1, 2018, through	Leaving Office: Date Left/
December 31, 2018.	•	(Check one circle.)
	/, through	 The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	t, if different than Part 1:
4. Schedule Summary (must co	mplete) ► Total number	r of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – sch	nedule attached [Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – sch		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sch		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- × None - No reportable inter	rests on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public 2050 Center Street	: Document) Berkeley	CA 94704
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(510 ₎ 989-2939		lrcook@peralta.edu
I have used all reasonable diligence in pre- herein and in any attached schedules is tr		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and correct.
Date Signed 2/25/)	C	Signature
(month. day, year)	7	Signature

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Paradi Howard
Date Initial Filing Received
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MAR 0 6 2019

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Legal Affairs

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 I	nstruction. Associate Dea	n of Educational Success
Division, Board, Department, District, if appli		Your Position
Peralta Community College Distri		
▶ If filing for multiple positions, list below o	r on an attachment. (Do not use	e acronyms)
	•	, ,
Agency:		Position:
2. Jurisdiction of Office (Check at le	east one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		⊠ County of Alameda
City of Berkeley, CA City of Berkeley, CA		
X) City of		Other
3. Type of Statement (Check at least	one box)	
X Annual: The period covered is January	y 1, 2018, through	Leaving Office: Date Left/
December 31, 2018.	•	(Check one circle.)
The period covered is	, through	The period covered is January 1, 2018, through the date of or-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 com	nlete) > Total number	of pages including this cover page:
Schedules attached	proce, Protar number o	or pages including this cover page
Schedule A-1 - Investments - sched	lule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sched	lule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - sched	lule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None - No reportable interes	sts on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY CITY	STATE ZIP CODE
2050 Center Street,	Berkeley	CA 94704
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(510) 9815083		mdemuchaflores@peralta.edu
I have used all reasonable diligence in prepar herein and in any attached schedules is true		red this statement and to the best of my knowledge the information contained nis is a public document.
I certify under penalty of perjury under the	e laws of the State of California	a that the foregoing is true and correct.
Date Signed 2/20/2019	Sin	inature (C)
(month, day, year)	019	(File the originally signed paper statement with your filing official.)

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

CALIFORNIA FO	
Name De Mucha	Flores
120 1 MCNA	10265

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Kaiser Permanente TPMG	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3600 Broadway Oakland, CA 94611	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Employee	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Nurse Project Manager	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(Bosonial)
Comments:	



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Legal Affairs
Department

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		Your Position
Peralta Community College District		Dean - Business, Science, and Applied Technology
▶ If filing for multiple positions, list below or on ar	n attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least on	e box)	
☐ State	,	☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		
City of		Other
City of		
3. Type of Statement (Check at least one bo	(x)	
Annual: The period covered is January 1, 20 December 31, 2018.	18, through	Leaving Office: Date Left//(Check one circle.)
The period covered is/	/, through	 The period covered is January 1, 2018, through the date of or-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) Schedules attached	► Total number	of pages including this cover page:
☐ Schedule A-1 - Investments — schedule atta ☐ Schedule A-2 - Investments — schedule atta		Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule atta		Schedule B - Income - Gilts - Schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
		Turon aynono - sonedule allacited
-or- ⊠ None - No reportable interests on	any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
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 herein and in any attached schedules is true and co	statement, I have review mplete. I acknowledge t	red this statement and to the best of my knowledge the information contained his is a public document.
I certify under penalty of perjury under the laws	of the State of Californi	a that the foregoing is true and correct.
Date Signed 2/4/2018	Siç	inature
(month, day, year)		(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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FEB 2 8 2019

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Legal Affairs

	Barbara (MIDDLE)
1. Office, Agency, or Court	3
Agency Name (Do not use acronyms)	
Division, Board, Department, District, if applicable	Your Position
► If filing for multiple positions, list below or on an attachmen	nt. (Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through December 31, 2018.	Leaving Office: Date Left/(Check one circle.)
The period covered is//	, through On 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) ► Tot Schedules attached	tal number of pages including this cover page:
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- No reportable interests on any sche	edule
5. Verification 2050 Center &	Ruleto (A)
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (5/8) 98/. 2886	EMAIL ADDRESS 69000 @ Peralta - edu
I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I a	I have reviewed this statement and to the best of my knowledge the information contained acknowledge this is a public document.
I certify under penalty of perjury under the laws of the State	te of California that the foregoing is true and correct.
Date Signed 28.28.19	Signature
(month, day year)	Signature (File the triginally signed paper statement with your filing official)



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Please type or print in ink.	A PUBLIC DOCUMENT		Legal Affairs
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
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 Instruct	ion
▶ If filing for multiple positions, list below or on an attack	chment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box	()		
State		☐ Judge or Court Commissioner (S	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, the December 31, 2018.	nrough	Leaving Office: Date Left (Check one	
The period covered is/	, through	 The period covered is Janua -or- leaving office. 	ry 1, 2018, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought, i	f different than Part 1:	
I. Schedule Summary (must complete) Schedules attached	Total number o	of pages including this cover pa	ge:
Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Busines.	s Positions – schedule attached
Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Pa	ayments - schedule attached
-or- Mone - No reportable interests on any	schedule		
. Verification	- Bay 270,76	e ne najvilje na vije na na na najviljenogice ener na nastru tradi i 200	of the straight of the College and the type of the college and
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	94704
(510) 981-2933	1	khay@peralta.edu	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complet	ment. I have reviewe te. I acknowledge th	ed this statement and to the best of my kn is is a public document.	owledge the information contained
I certify under penalty of perjury under the laws of the	e State of California	that the foregoing is true and correct	
Date Signed 2 - 20 - r 9	. Sign	natureMmil U	u
(month, day, year)		(File the originally signed paper state	ement with your filing official.)



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Legal Affairs
Department

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Johnson	Brenda		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Peralta Community College Dist	rict De	an of Student Services	
Division, Board, Department, District, if app	olicable You	ur Position	
► If filing for multiple positions, list below	or on an attachment. (Do not use acronyms	s)	
Agency:	Pc	sition:	
2. Jurisdiction of Office (Check at a	least one box)		
State State	Jı	udge or Court Commissioner (S	Statewide Jurisdiction)
Multi-County		ounty of	·
City of		•	
3. Type of Statement (Check at least	t one box)		
Annual: The period covered is Janua December 31, 2018.	ry 1, 2018, through	eaving Office: Date Left(Check on	
The period covered is December 31, 2018.		The period covered is Janua r-leaving office.	ary 1, 2018, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	/
Candidate: Date of Election	and office sought, if different	than Part 1:	
I. Schedule Summary (must con Schedules attached	nplete) ► Total number of pages	including this cover pa	age:1
		0 / (0 0	- B
Schedule A-1 - Investments – sche		D - Income - Gifts - schedule	s Positions – schedule attached
Schedule B - Real Property – sche		E - Income - Gifts - Travel P	
-or- 🗷 None - No reportable intere	ests on any schedule		
. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public D 333 East 8th Street	Oakland	CA	94606
DAYTIME TELEPHONE NUMBER	EMAIL ADDR		94000
(510) 981-2830	bjohnso	n@peralta.edu	
	aring this statement. I have reviewed this state and complete. I acknowledge this is a pul		nowledge the information contained
I certify under penalty of perjury under the	he laws of the State of California that the	foregoing is true and correc	L.
Date Signed 02/01/2019	Cimmahijua	Dunda 21	
(month, day, year)	Signature 🗡	(File the originally signed paper sta	tement with your filing official.)



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Received By
Date Initial Filing Received
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FEB 28 2019

A PUBLIC DOCUMENT Please type or print in ink. Legal Affairs Demangrant NAME OF FILER (LAST) (FIRST) Shears Stacey 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 of Student Services Berkeley City College ▶ 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) County of ___ ■ Multi-County _ ★ City of Oakland 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/_ Annual: The period covered is January 1, 2018, through (Check one circle.) December 31, 2018. O The period covered is January 1, 2018, through the date of . through -or- leaving office. December 31, 2018. Assuming Office: Date assumed _____/___ O 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 C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- No reportable interests on any schedule 5. Verification ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 333 East 8th Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS sshears@peralta.edu (510)981-2820 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

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



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Brandi Howard
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MAR 0 6 2019

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A PUBLIC DOCUMENT

Legal Affairs Department

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Slaughter	Shirley	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Peralta Community College District/Berkel	ev Citv 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 attac	chment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one box	()	
ズ State	,	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
<u></u>		
☐ City of		Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, the	nrough	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/	, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed/		The period covered is
Candidate: Date of Election	and office sought, if	f different than Part 1:
4. Schedule Summary (must complete)	Total number c	of pages including this cover page:
Schedules attached		pages meaning and color pages
Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investments – schedule attached	_	Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
		and a superior of the superior
-or- ☑ None - No reportable interests on any	schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
2050 Center Street	Berkeley	CA 94704
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS
(510) 981-2840	s	sslaughter@peralta.edu
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete	ment. I have reviewe te. I acknowledge thi	ed this statement and to the best of my knowledge the information contained is is a public document.
I certify under penalty of perjury under the laws of the	e State of California	that the foregoing is true and correct.
Fohruary 22, 2040		Show to the
Date Signed February 22, 2019 (month, day, year)	. Sigr	(File the originally signed pager statement with your filing official.)



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Legal Affairs
Department

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A PUBLIC DOCUMENT

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 a	attachment. (Do not us	e 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	3, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is//_ December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of -or- 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		- Pages moterning and sector pages
Schedule A-1 - Investments – schedule attac	hed	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attac	hed	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attac	hed	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests on a	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
2050 Center Street	Berkeley	CA 94704
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(510) 981-2850		rtomaneng@peralta.edu
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com		ved this statement and to the best of my knowledge the information contained his is a public document.
I certify under penalty of perjury under the laws o	f the State of Californ	ia that the foregoing is true and correct.
Date Signed 2-4-2019	Qi.	gnature WWWW
(month, day, year)	310	(File the originally signed paper statement with your filling official)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Legal Affairs Department

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Tomas-Lardizabal	Alejandria	San J	luan
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Berkeley City College			
Division, Board, Department, District, if applical	ble	Your Position	
Peralta Community College District		Interim Director of Stude	nt Activities & Campus Life
▶ If filing for multiple positions, list below or o	n an attachment. (Do not us	se acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	t one box)		
State	,	☐ Judge or Court Commissioner (Statewide Jurisdiction)
m t			
City of	-	Otner	
3. Type of Statement (Check at least one	e box)		
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December 31, 2018.	Ţ.		ne circle.)
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Gandidate. Date of Election	and office sought,	, it dillerent than Falt 1.	
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Schedule A-2 - Investments - schedule		Schedule D - Income - Gifts - schedul	
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel F	Payments – schedule attached
-or- ⋈ None - No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	nent)	STATE	ZIP CODE
2050 Center St	Berkeley	CA	94704
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(510) 981-2877	this statement. I have seen	atomas@peralta.edu	manuladus tha Information and the Information
I have used all reasonable diligence in preparing herein and in any attached schedules is true an	d complete. I acknowledge	this is a public document.	•
I certify under penalty of perjury under the la	aws of the State of Californ	nia that the foregoing is true and correct	et. ₍
Data Starred 02/23/20/	9		
Date Signed	Si	ignature(File the originally signed paper st	tatement with your filing official.)

PCCD ALAMEDA COLLEGE CAMPUS ADMINISTRATORS



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Legal Affairs
Department

NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Benvenutti	MaryB	Seth		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Peralta Community College Di	strict			
Division, Board, Department, District, if a	applicable	Your Positi	on	
College of Alameda		Director	of Business & A	Administrative Services
▶ If filing for multiple positions, list belo	w or on an attachment. (D	o not use acronyms)		
Agency:		Position: _		
2. Jurisdiction of Office (Check a	at least one box)			
☐ State		☐ Judge or	Court Commissioner	(Statewide Jurisdiction)
Multi-County		County of	·	
☐ City of		☐ Other		
3. Type of Statement (Check at le	ast one box)			
Annual: The period covered is Jan December 31, 2018.	uary 1, 2018, through	☐ Leaving		ne circle.)
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Assuming Office: Date assumed _		- •	period covered is ate of leaving office.	/, through
Candidate: Date of Election	and office	sought, if different than Pa	rt 1:	
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Schedules attached				
Schedule A-1 - Investments - sc	hedule attached	Schedule C - Inc	ome, Loans, & Busin	ess Positions - schedule attached
Schedule A-2 - Investments - so	hedule attached	Schedule D - Inc	ome – Gifts – schedu	le attached
Schedule B - Real Property – so	hedule attached	Schedule E - Inc	ome – Gifts – Travel	Payments – schedule attached
-or- ☑ None - No reportable inte	erests on any schedule			
. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Publi		СПУ	STATE	ZIP CODE
333 E 8th Street	Oakl	and	CA	94606
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(510)748-2211		mbbenvenutti(
I have used all reasonable diligence in pre herein and in any attached schedules is	eparing this statement. I ha true and complete. I ackno	ve reviewed this statement a wledge this is a public docu	and to the best of my iment.	knowledge the information contained
I certify under penalty of perjury under	the laws of the State of	California that the foregoi	ng is true and corre	ct.
Date Signed 3/11/2019	9	Signature	ma	nvemitte
(month, day, year)			le the originally signed paper s	tatement with your filing official.)



Date Received Brandlin Received

MAR 07 2019

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A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) Bruce SR William Barney 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: _ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of Alameda Multi-County _____ City of ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left ____/_ December 31, 2018. (Check one circle.) The period covered is July 28 , 2018 through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed _____/___/ O 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) 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 <u>2/28/19</u> Signature (month, day, year)



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Brandi Howard

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FEB 2 9 2019

NAME OF F	ILER (LAST)	(FIRST)	(MRDHI) Affairs
	Butter	fa	Pepartment
1. Offic	e, Agency, or Court	J	
(D)	y Name (Do not use acronyms) Talta Community	College	2 District
(1)	on, Board, Department, District, if applicable		Your Position Divertor of Student Activity
► If fi	lling for multiple positions, list below or on an att	achment. (Do not	t use acronyms)
Agend	су:		Position:
2. Juris	sdiction of Office (Check at least one b	ox)	
Sta	ate		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Mu	ılti-County		County of
☐ Cit	y of		Other
3. Type	of Statement (Check at least one box)		
	nnual: The period covered is January 1, 2018, December 31, 2018.	through	Leaving Office: Date Left(Check one circle.)
	The period covered is//	, throug	h O The period covered is January 1, 2018, through the date of -or-leaving office.
☐ As	ssuming Office: Date assumed/	i i	The period covered is/, through the date of leaving office.
☐ Ca	andidate: Date of Election	and office sou	ght, if different than Part 1:
		► Total numb	per of pages including this cover page:
Sche	edules attached		
	Schedule A-1 - Investments - schedule attache		Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
	Schedule A-2 - Investments – schedule attache Schedule B - Real Property – schedule attache		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☑	None - No reportable interests on an	y schedule	
5. Verifi			
(Busines	S ADDRESS STREET IS Or Agency Address Recommended - Public Document) Francisco Street E TELEPHONE NUMBER	city 270f0	STATE ZIP CODE MEMOVIAL PLUDY Alameda, CA 945 TEMAIL ADDRESS
(5	10748-2327		abutter@ pelatta.edy
	used all reasonable diligence in preparing this sta and in any attached schedules is true and comp		viewed this statement and to the best of my knowledge the information contained ge this is a public document.
	y under penalty of perjury under the laws of		
Date S	igned 3/1/19	_	Signature Property Signature
	(month, day, year)		(File the originally signed paper statement with your filing official.)



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Brandi Howard
Date Initial Filing Received
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Legal Affairs Department

NAME OF FILER	(LAST) (F	IRST)	(MIDDLE)
Celhay	Lili	а	
I. Office, A	gency, or Court		
Agency Nar	me (Do not use acronyms)		
Peralta (Community College District		
Division, Bo	ard, Department, District, if applicable		Your Position
College	of Alameda		Dean
► If filing fo	or multiple positions, list below or on an attachment	. (Do not us	se acronyms)
Agency:			Position:
Jurisdic	tion of Office (Check at least one box)		
☐ State			☐ Judge or Court Commissioner (Statewide Jurisdiction)
— Multi-Co	unty		County of Alameda
	uny		Other
∟ City of □			
Type of	Statement (Check at least one box)		
	: The period covered is January 1, 2018, through		Leaving Office: Date Left/
-or-	December 31, 2018.		(Check one circle.)
-01	The period covered is/	, through	 The period covered is January 1, 2018, through the date of -or-
Assum	ing Office: Date assumed/		The period covered is/, through the date of leaving office.
☐ Candid	ate: Date of Election and	office sought	, if different than Part 1:
		al number	of pages including this cover page:
Schedu	les attached		
Scho	edule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
	edule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached
Scho	edule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
or- 🔀 No	one - No reportable interests on any sche	dule	
Verification			
MAILING ADDR		CITY	STATE ZIP CODE
	•	Alameda	CA 94501
	PHONE NUMBER		EMAIL ADDRESS
	748-2234		LCELHAY@PERALTA.EDU
	all reasonable diligence in preparing this statement. n any attached schedules is true and complete. I a		wed this statement and to the best of my knowledge the information containe this is a public document.
I certify und	der penalty of perjury under the laws of the Stat	e of Califor	nia that the foregoing is true and correct.
Data Ciana	February 26, 2019	•	ignature Julia Cha
Date Signed	(month, day, year)	3	ignature (File the originally signed paper statement with your filing official.)



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STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

A PUBLIC DOCUMENT

FEB 28 2019

Legal Affairs

Agency Name (Do not use acronyms) Peralta Community College District Division, Board, Department, District, if applicable College of Alameda Position: Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Alameda Other 3. Type of Statement (Check at least one box) Energian Covered is January 1, 2018, through December 31, 2018. The period covered is January 1, 2018, through December 31, 2018. Assuming Office: Date assumed The period covered is January 1, 2018, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (must complete) Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached	NAME OF FILER (LAST)	(FIRST)		Department
Agency Name (Do not use acronyms) Peralta Community College District Division, Board, Department, District, if applicable College of Alameda 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 Dan of Career and Workforce Education Position: 2. Jurisdiction of Office (Check at least one box) State Dan of Career and Workforce Education Position: 2. Jurisdiction of Office (Check at least one box) State Date of Alameda Other County of Alameda Other Alameda Other Assuming Office: Date Left Or The period covered is January 1, 2018, through December 31, 2018. Or The period covered is January 1, 2018, through December 31, 2018. Or The period covered is January 1, 2018, through Understood covered is January 1, 2018, through the date of or or leaving office. Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (must complete) Total number of pages including this cover page: Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – s	Jennings	Eva ⁻	Denis	е
Peralta Community College District Division, Board, Department, District, if applicable College of Alameda ▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Agency: Position: Position: Position: Agency: Position: Judge or Court Commissioner (Statewide Jurisdiction) Multi-County Multi-County City of Alameda Other	1. Office, Agency, or Court			
Division, Board, Department, District, if applicable College of Alameda If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position:	Agency Name (Do not use acronyms)		
College of Alameda 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 Multi-County 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. The period covered is January 1, 2018, through December 31, 2018. The period covered is January 1, 2018, through December 31, 2018. The period covered is January 1, 2018, through December 31, 2018. The period covered is January 1, 2018, through leaving office. The period covered is January 1, 2018, through leaving office. Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (must complete) Schedule A-2 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule att	Peralta Community College	District		
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	•	f applicable	Your Position	
Agency:	College of Alameda		Dean of Career and Wor	kforce Education
State	► If filling for multiple positions, list be	elow or on an attachment. (Do not u	se acronyms)	
State	Agency:		Position:	
Multi-County	2. Jurisdiction of Office (Check	k at least one box)		
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Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached The payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached The payments - schedule attached The payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached The	Candidate: Date of Election	and office sought	t, if different than Part 1:	
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None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE	Schedule A-2 - Investments -	schedule attached		
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 555 Ralph Appezzato Memorial Alameda CA 94501 DAYTIME TELEPHONE NUMBER [510] 748-2318 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.	Schedule B - Real Property –	schedule attached	Schedule E - Income – Gifts – Travel F	Payments - schedule attached
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 555 Ralph Appezzato Memorial Alameda CA 94501 DAYTIME TELEPHONE NUMBER (510) 748-2318 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.	-or- None - No reportable in	nterests on any schedule	8	
(Business or Agency Address Recommended - Public Document) 555 Ralph Appezzato Memorial Alameda CA 94501 DAYTIME TELEPHONE NUMBER (510) 748-2318 EMAIL ADDRESS (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.	5. Verification			
555 Ralph Appezzato Memorial DAYTIME TELEPHONE NUMBER (510) 748-2318 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.			STATE	ZIP CODE
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.	0 3 5		CA	94501
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.			EMAIL ADDRESS	
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.	÷			
90 11/1				nowledge the information contained
Date Signed 2/27/2019 Signature	I certify under penalty of perjury und	der the laws of the State of Californ	nia that the foregoing is true and correc	t.
Date Signature Signature			Com WIII	
(month, day, year) (File trie originally signed paper statement with your filing official.)	Date Signed			atement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Brandi Howard
Date Initial Filing Received
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Legal Affairs
Department

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 application	ole	Your Position
College of Alameda		President
► If filing for multiple positions, list below or or	n an attachment. (Do not u	ise acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	t one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
☐ City of		ズ Other College District
City of		KI Other
3. Type of Statement (Check at least on-	e box)	
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Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	t, if different than Part 1:
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Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule		Schedule E - Income - Gifts - Travel Payments - schedule attached
_ , ,		
-or- None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	nent)	STATE ZIP CODE
555 Appezzato Prkwy	Alameda	CA 94501
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(510) 748-2200	this statement. I have revi	tkaras@peralta.edu ewed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true ar		
I certify under penalty of perjury under the I	aws of the State of Califo	rnia that the foregoing is true and correct.
Date Signed	;	Signature
(month, day, year)		(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

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NAME OF FILER (LAST)	AM)	H,	(Mepaitment
1. Office, Agency, or Court	0		
Agency Name (Do not use acronyms) POVALTS, COMM MIT COLLEGE Division, Board, Department, District, if applicable		Dean, Envolument Service Your Position	9
► If filing for multiple positions, list below or on a	an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	ne box)		
State Multi-County City of		☐ Judge or Court Commissioner (Statewide) ☐ County of	•
3. Type of Statement (Check at least one k	oox)		
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Candidate: Date of Election	and office sought,	if different than Part 1:	
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-or-None - No reportable interests of		Since The Control of	
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Date Signed Tooling, day, year)		nature (File the originally signed paper statement with	your filing official.)



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Legal Affairs

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	9	Your Position
Peralta Community College District		Vice President of Instruction
▶ If filing for multiple positions, list below or on	an attachment. (Do not us	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of Alameda
		Other
3. Type of Statement (Check at least one	box)	
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Schedule A-2 - Investments - schedule		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule a	attached [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests of	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	nt)	STATE ZIP CODE
555 Ralph Appezzato Memorial	Alameda	CA 94512
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(510) 748-2301		ddmiller@peralta.edu
I have used all reasonable diligence in preparing therein and in any attached schedules is true and		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the law	ws of the State of Californ	nia that the foregoing is true and correct.
Date Signed March 7, 2019	s	ignature
(month, day, year)		(File the originally signed paper etalement with your filing official.)



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Legal Affairs

NAME OF FILER (LAST)	(FIRST)	_	(MIDDLÉ)
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Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Peralta Community College District	t		
Division, Board, Department, District, if applica	ıble	Your Position	
College of Alameda		Vice President of Student S	Services
► If filing for multiple positions, list below or o	on an attachment. (Do not use	acronyms)	
Agency:		Position:	
. Jurisdiction of Office (Check at leas	et one box)		
		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County		County of	
City of		Other	
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Candidate: Date of Election	and office sought, i	f different than Part 1:	
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Schedule A-2 - Investments – schedule	e attached	Schedule D - Income - Gifts - schedule a	ttached
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or- None - No reportable interests	on any schedule		
Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documents)	ment)	STATE	ZIP CODE
555 Ralph Appezzato Memorial	Alameda	CA	94501
DAYTIME TELEPHONE NUMBER	F	MAIL ADDRESS	
(510) 748-2204		vasconcellos@peralta.edu	
I have used all reasonable diligence in preparing herein and in any attached schedules is true at	g this statement. I have reviewend complete. I acknowledge the	ed this statement and to the best of my known is is a public document.	wledge the information contained
I certify under penalty of perjury under the I	aws of the State of California		on A
Date Signed 3.5.19	Sig	nature Tina Vasconce	llos The
(month day year)		(File the originally signed paper states	nent with your filing official \

PCCD DISTRICT OFFICE ADMINISTRATORS



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Date And Howard Received
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FEB 26 2019

A PUBLIC DOCUMENT Legal Affairs Please type or print in ink. PAHODI FIT 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 Your Position Department of Finance and Administration **Budget Director** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of Multi-County _____ City of ___ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____ Annual: The period covered is January 1, 2018, through (Check one circle.) December 31, 2018. O The period covered is January 1, 2018, through the date of The period covered is _______, through -or- leaving office. December 31, 2018. O The period covered is _ Assuming Office: Date assumed ____/___/_ the date of leaving office. _____ and office sought, if different than Part 1: __ Candidate: Date of Election ___ Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- ⋈ None - No reportable interests on any schedule 5. Verification ZIP CODE STATE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 333 East 8th Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS aahmed@peralta.edu (510)587-7220 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 <u>02/26/19</u> Signature

The the originally signed paper statement with your filing official.)



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FEB 2 6 2019

A PUBLIC DOCUMENT 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 Your Position Department of Finance and Administration Interim Director of Fiscal Services ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: __ Agency: __ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County _____ County of _ Other Community College District City of _____ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/_ Annual: The period covered is January 1, 2018, through (Check one circle.) December 31, 2018. The period covered is _______, through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed ____/___/ O The period covered is _____/___ the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Date of Election ____ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments — schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-

None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 333 East 8th Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS aali@peralta.edu (510) 466-5363 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 <u>02/26/19</u> Signature .

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



Date Received By Received Brandi Howard

MAR 06 2019

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NAME OF FILER (LAST)	(FIRST)		Department
Amboy	Marie		C
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	1-		
Peralta Community College District	t	Director, Strong Workforce	and Career Education
Division, Board, Department, District, if applic	able	Your Position	
► If filing for multiple positions, list below or	on an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	st one box)		
☐ State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		County of	
City of		Other College District	
3. Type of Statement (Check at least of	ne box)		
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Assuming Office: Date assumed	J	The period covered is/ the date of leaving office.	through
Candidate: Date of Election	and office sought,	if different than Part 1:	
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Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments - schedu		Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Travel Pay	ments - schedule attached
-or- None - No reportable interest	s on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY ument)	STATE	ZIP CODE
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 preparir herein and in any attached schedules is true a			wledge the information contained
I certify under penalty of perjury under the	laws of the State of Californi	a that the foregoing is true and correct.	
Date Signed02/22/2019	Sic	inature	P
(month, day year)		(File the originally signed paper state)	ment with your filing office



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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST)	(FIRST)		Deh WIPRE)
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1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Peralta Community College District			
Division, Board, Department, District, if applicable	е	Your Position	
Human Resources		Interim Director of Hu	man Resources
► If filing for multiple positions, list below or on	an attachment. (Do not u	se acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
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Multi-County		·	
City of			
Gity or			
3. Type of Statement (Check at least one	box)		
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Assuming Office: Date assumed/_		 The period covered is . the date of leaving office 	, through
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-or- ⊠ None - No reportable interests o	on any schedule		
i. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY	STATE	ZIP CODE
333 East Eighth Street DAYTIME TELEPHONE NUMBER	Oakland	CA EMAIL ADDRESS	94606
I have used all reasonable diligence in preparing		ewed this statement and to the best of	my knowledge the information contained
I certify under penalty of perjury under the la			orrect.
Date Signed March 12, 2019		Signature Ruky a	
herein and in any attached schedules is true and	d complete. I acknowledge ws of the State of Califor	this is a public document. nia that the foregoing is true and c	

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





Please type or print in ink.

A PUBLIC DOCUMENT

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Brown	Siri		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Peralta Community College Dis	rict		
Division, Board, Department, District, if ap	plicable	Your Position	
Academic Affairs		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		_ Other	
3. Type of Statement (Check at least	et one box)		
Annual: The period covered is January	ary 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check o	ne circle.)
	_/, through	The period covered is January leaving office.	uary 1, 2018, through the date of
Assuming Office: Date assumed			/, through
Candidate: Date of Election	and office souç	ght, if different than Part 1:	
4. Schedule Summary (must co	nplete) ► Total numb	er of pages including this cover i	page:
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	or or pugae meaning and control	
Schedule A-1 - Investments – sch	adula attached	Schedule C - Income, Loans, & Busine	ass Positions – schedule attached
Schedule A-2 - Investments - sch		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - sch		Schedule E - Income - Gifts - Travel	
, ,		_	•
-or- □ None - No reportable inter	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE	ZIP CODE
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 prepherein and in any attached schedules is tr	paring this statement. I have reue and complete. I acknowled	viewed this statement and to the best of my ge this is a public document.	knowledge the information contained
I certify under penalty of perjury under	the laws of the State of Calif	ornia that the foregoing is true and corre	cct.
Date Signed 3/1/19		1 LBOOT	
Date Signed		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	► 1. BUSINESS ENTITY OR TRUST
Global Academics	
Name	Name
248-3rd Street Oakland Ca 91607	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Conducts research and international reserch support	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000//18	\$\begin{align*} \begin{align*} \begi
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
Owner	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
■ \$10,001 - \$100,000	\$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
None or Names listed below	None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
N/A	
	Name of Business Entity if Investment or
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Leasehold Other	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: This is an online business. No property	FPPC Form 700 (2018/2019



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date **Received** Received Brandfold West Off

COVER PAGE

A PUBLIC DOCUMENT

FEB 2 6 2019

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Cifra	Jason	Santos	Department
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Peralta Community College Dis	strict		
Division, Board, Department, District, if ap	plicable	Your Position	
Student Affairs		Vice-Chancellor	
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	se acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
[] State		☐ Judge or Court Commissioner (St	atewide .lurisdiction)
Multi-County		County of Glames	(a)
Ex City of Oakland		Other	
E only of			
3. Type of Statement (Check at leas	t one box)		
Annual: The period covered is Janua	ry 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check one	,
The period covered is December 31, 2018.	_/, through	 The period covered is January Leaving office. 	y 1, 2018, through the date of
Assuming Office: Date assumed		 The period covered is the date of leaving office. 	through
Candidate: Date of Election	and office sought,	if different than Part 1:	
Schedule Summary (must con Schedules attached Schedule A-1 - Investments - sche Schedule A-2 - Investments - sche Schedule B - Real Property - schedule	dule attached	of pages including this cover page Schedule C - Income, Loans, & Business Schedule D - Income - Gifts - Schedule & Schedule E - Income - Gifts - Travel Page	Positions – schedule attached
or- None - No reportable intere	sts on any schedule		
Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY ocument)	STATE	ZIP CODE
333 East 8th Street	Oakland	CA	94606
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
(510) 981-7875		cifra@peralta.edu	
I have used all reasonable diligence in prepar herein and in any attached schedules is true	and complete. I acknowledge this	ed this statement and to the best of my known is is a public document.	vledge the information contained
I certify under penalty of perjury under the	e laws of the State of California	that the foregoing is true and corrected	
Date Signed 02-24-2019	Siar	nature	ida
(month, day, year)		(Elle the originally signed paper stateme	ent with your filing official.)



Received By

Date Brandifflowardeceived

Official Use Only

MAR 18 2019

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Legal Affairs

Annual: The period covered is January 1, 2018, through December 31, 2018. The period covered is, through December 31, 2018. The period covered is, through December 31, 2018. Assuming Office: Date assumed, through December 31, 2018. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is	NAME OF	FILER (LAST)	(FIRST)	(MIDDLE) NOTE
Agency Name (Do not use acronyms) Peralta Community College District Division, Board, Department, District, if applicable 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 Multi-County County of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through December 31, 2018. The period covered is January 1, 2018, through December 31, 2018. The period covered is January 1, 2018, through December 31, 2018. The period covered is January 1, 2018, through December 31, 2018. The period covered is January 1, 2018, through the date of January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office. The period covered is January 1, 2018, through the date of leaving office	Gepha	art	Drew	Allen
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Division, Board, Department, District, if applicable Office of International Education International Services Manager If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency. Position: Agency. Position: Z. Jurisdiction of Office (Check at least one box) State Multi-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. The period covered is January 1, 2018, through December 31, 2018. O The period covered is January 1, 2018, through December 31, 2018. O The period covered is January 1, 2018, through the date of leaving office. O The period covered is January 1, 2018, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (must complete) Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property -	Agen	ncy Name (Do not use acronyms)		
Position: It filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	Pei	ralta Community College District		
Filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	Divis	ion, Board, Department, District, if applicable		Your Position
Agency:	Off	ice of International Education		International Services Manager
2. Jurisdiction of Office (Check at least one box) State	► If	filing for multiple positions, list below or on an attack	nment. (Do not	use acronyms)
State	Age	ncy:		Position:
County of City of City of Other	2. Jur	isdiction of Office (Check at least one box)		
City of	⊠ S	itate		☐ Judge or Court Commissioner (Statewide Jurisdiction)
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3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through December 31, 2018.				
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December 31, 2018. (Check one circle.) The period covered is, through	3. Typ	e of Statement (Check at least one box)		
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the date of leaving office. Candidate: Date of Election		The period covered is/	, through	
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 B · Real Property – 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 dephart@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		Assuming Office: Date assumed/		
Schedules attached Schedule A-1 - Investments – 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 -OF- 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) 587-7834 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		Candidate: Date of Election	and office soug	nt, if different than Part 1:
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Schedule B - Real Property - schedule attached		Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions – 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) 587-7834 EMAIL ADDRESS 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		Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
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) 587-7834 EMAIL ADDRESS (based all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained		Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
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) 587-7834 EMAIL ADDRESS (based all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained	-or-	■ None - No reportable interests on any	schedule	
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333 East 8th Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER (510) 587-7834 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	MAILIN	NG ADDRESS STREET	CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (510) 587-7834 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			Oakland	CA 94606
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			California	
	(5	10) 587-7834		dgephart@peralta.edu
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.	I cert	ify under penalty of perjury under the laws of the	State of Califo	rnia that the foregoing is true and correct.
March 11, 2010			(1)	
Date Signed March 11, 2019 (month, day, year) Signature (File the originally signed paper statement with your filing official.)	Date	Signed (month. day, year)		

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date InReceived Brand Howard

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NAME OF FILER (LAST)	(FIRST)		(MIDDEE) Allalis
Hill	LaSonja	Shara	Department
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
	ion Collective-Peralta Community (
Division, Board, Department, District, it p		r Position	
Workforce Development Day to	ment Ma	anager, Special Projects	
► If filling for multiple positions, list below	or on an attachment. (Do not use acronyms)) (86)	
Agency:	Pos	sition:	
2. Jurisdiction of Office (Check at	least one box)		
ヌ State	☐ Ju	dge or Court Commissioner (Stat	tewide Jurisdiction)
Multi-County		ounty of	
City of		her	
3. Type of Statement (Check at leas	t one box)		
Annual: The period covered is Janual December 31, 2018.	ry 1, 2018, through	eaving Office: Date Left/ (Check one of	
The period covered is December 31, 2018.	-01	The period covered is January leaving office.	1, 2018, through the date of
➤ Assuming Office: Date assume def	7 11 2018	The period covered is $\frac{07}{100}$ the date of leaving office.	11, through
Candidate: Date of Election	and office sought, if different t	han Part 1:	
4. Schedule Summary (must con	n _i lete) ► Total number of pages	including this cover page	e:1
Schedules attached			
Schedule A-1 - Investments – sche		C - Income, Loans, & Business F	
Schedule A-2 - Investments — sche		D - Income - Gifts - schedule atE - Income - Gifts - Travel Payn	
Schedule b - Near Property		L - Income - Oils - Haver Fayir	ments – scriedule attached
-or- None - No reportable it are	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public L	CITY Docum ent)	STATE	ZIP CODE
333 E. Eigth Street	Oakland	CA 9	94606
DAYTIME TELEPHONE NUMBER	EMAIL ADDRE		
(510) 466-7246	Ihill@per		
herein and in any attached schedules tru	aring this statement. I have reviewed this state e and complete. I acknowledge this is a pub	lic document.	vledge the information contained
I certify under penalty of perjury un in r t	he laws of the State of California that the t	oregoing is true and correct.	7
Date Signed February 20	2019 Signature	//	. plcu
(ir)chin, day, y		(File the riginally signed paper statement	ын with your пiing опісіаі.)



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Please type or print in ink.

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Legal Affairs

AME OF FILER (LAST)	(FIRST)		(MIDDLE)
Johnson	Romaneir		•
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Peralta Community College Dist	rict		
Division, Board, Department, District, if app		Your Position	
Department of Finance and Adm		Vice Chancellor, Finance	e and Administration
► If filing for multiple positions, list below			
, and the same pro-	,	,,	
Agency:		Position:	
Jurisdiction of Office (Check at I	east one box)		
State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County		County of	
		Community College	
City of		_ Other	
Type of Statement (Check at least	one box)		
Annual: The period covered is Januar	-	Leaving Office: Date Left	
December 31, 2018.	, , ====,=.9		ne circle.)
-or- The period covered is	/, through		uary 1, 2018, through the date of
December 31, 2018.		-or- leaving office.	
Assuming Office: Date assumed		 The period covered is the date of leaving office. 	/, through
Candidate: Date of Election	and office soug	ht, if different than Part 1:	
Schedule Summary (must com Schedules attached	plete) > Total numb	er of pages including this cover p	page:1
Schedule A-1 - Investments – sche		Schedule C - Income, Loans, & Busine	
Schedule A-2 - Investments - sche		Schedule D - Income - Gifts - schedu	
Schedule B - Real Property – sche	dule attached	Schedule E - Income – Gifts – Travel	Payments – schedule attached
or- 🗵 None - No reportable intere	ata an any sahadula		
Verification	sis on any schedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public D	ocument)		
DAYTIME TELEPHONE NUMBER	Oakland	EMAIL ADDRESS	94606
(510) 466-7282		rdjohnson@peralta.edu	
I have used all reasonable diligence in prepa	ring this statement. I have re-		cnowledge the information contains
herein and in any attached schedules is true			Miowieuge the information contains
I certify under penalty of perjury under the	ne laws of the State of Calif	ornia that the foregoing is true and corre	ct.
Data Sizzad 02/20/19			
Date Signed OZ/Z0/19		Signature	





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Please type or print in ink.

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Please type or print in ink.	ATOBL	IC DOCONILINI	Legal Affairs
NAME OF FILER (LAST)	(FIRST)		(MDD Strtment
JOHNSON	SHEMILA	RENEE	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
PERALTA COMMUNITY COLLEG	E DISTRICT		
Division, Board, Department, District, if application	able	Your Position	
NORTHERN ALAMEDA ADULT E	D COLLECTIVE	EXECUTIVE DIRECTOR	
▶ If filing for multiple positions, list below or	on an attachment. (Do not use a	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	st one box)		
▼ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	
☐ City of		_	
Gity of			
3. Type of Statement (Check at least of	ne box)		
★ Annual: The period covered is January	1, 2018, through	Leaving Office: Date Left	
December 31, 2018.	•	(Check one	circle.)
The period covered is/_ December 31, 2018.	, through	 The period covered is Janual leaving office. 	ry 1, 2018, through the date of
Assuming Office: Date assumed	11	The period covered is the date of leaving office.	<i>J</i> , through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (must comp	lete) ► Total number of	pages including this cover pa	ge:
Schedules attached			
Schedule A-1 - Investments – schedu	le attached	chedule C - Income, Loans, & Business	s Positions – schedule attached
Schedule A-2 - Investments - schedu		chedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedu	le attached S	chedule E - Income - Gifts - Travel Pa	yments - schedule attached
	_		•
-or- ⋈ None - No reportable interest	s on any schedule		
5. Verification 233 6	8th St.	<u>rentra</u>	
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docu PERALTA COMMUNITY COLLEC	oakland	CA	94606
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	34000
(510) 466-7247		RJOHNSON@PERALTA.EDU	
I have used all reasonable diligence in preparir herein and in any attached schedules is true a	ng this statement. I have reviewed	d this statement and to the best of my kn	owledge the information contained
I certify under penalty of perjury under the	•	•	,
		1001	
Date Signed 02/21/2019	Sign	ature A	
(month, day, year)		(File the originally signed paper stat	ement with your filing official.)



Date Initial Filing Received

Legal Affairs
Department

Please type or print in ink.

A PUBLIC DOCUMENT

Jones 1. Office, Agency, or Court Agency Name (Do not use acronyms) Cralta Community (Dlage District Division, Board, Department, District, if applicable Your Position Dock Force Development + Continuing Education Associate Vice Chancelor			
1. Office, Agency, or Court Agency Name (Do not use acronyms)	NA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(MIDDLE)
Agency Name (Do not use acronyms) Cratta	1.		
Peralta Community (plege District Dission, Board, Department, District, if applicable Your Position Jork Facce Development + (Continuing Education Associate Vice Chancellor			
Mork Force Development + Continuing Education Associate Vice (hance or			strict
Position: Agency: Position: Position: Position		Division, Board, Department, District, if applicable	Your Position
Position: Agency: Position: Position: Position	1	Workforce Development + Continuing Education	Associate Vice Chancelor
State			
State		Agency:	Position:
State	_	luviadiation of Office (Charlet Instanton Lord	
Multi-County	۷.	•	Judge or Court Commissioner (Statewide Jurisdiction)
City of _Qakla_a			E.
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through December 31, 2018. The period covered is			
Annual: The period covered is January 1, 2018, through December 31, 2018. The period covered is		City of Oakland	Other
December 31, 2018. (Check one circle.) The period covered is	3.	Type of Statement (Check at least one box)	
The period covered is			
December 31, 2018. □ 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 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 □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - schedule attached □ Schedule E · Income - Gifts - Travel Payments - Schedule attached □ Schedule E · Income - Gifts - Travel Payments - Schedule attached □ Schedule E · Income - Gifts - Travel Payments - Schedule A · Income - Gifts - Travel Payments - Schedule A · Income - Gifts - Travel Payments - Schedule A · Income - Gifts - Travel Payments - Schedule A · Income - Gifts - Tr		-or-	·
the date of leaving office. Candidate: Date of Election		·	 The period covered is January 1, 2018, through the date of -or-
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Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached None - No reportable interests on any schedule CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER (S10) 466-7305 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. Signature Signature Signature			
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule State		Schedule A-1 - Investments – schedule attached	chedule C - Income, Loans, & Business Positions - schedule attached
None - No reportable interests on any schedule STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 333 Fast Fight Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER (S10) 4667305 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. Signature None - No reportable interests on any schedule		Schedule A-2 - Investments – schedule attached	chedule D - Income - Gifts - schedule attached
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 333 Fast Fighth Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER (S10) 466.7305 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 Signature Delta Acid Acid Acid Acid Acid Acid Acid Acid		Schedule B - Real Property – schedule attached	chedule E - Income - Gifts - Travel Payments - schedule attached
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 333 Fast Fighth Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER (S10) 466.7305 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 Signature Delta Acid Acid Acid Acid Acid Acid Acid Acid	-6	NF- V None - No reportable interests on any schedule	
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DAYTIME TELEPHONE NUMBER (SID) 4667305 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 Signature Delta Adit Acres			CA 94606
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		DAYTIME TELEPHONE NUMBER EN	IAIL 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		(510) 466.7305	ebrajones e peratta edu
Date Signed 1/8/19 Signature Delra Sail Jones		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
Date Signeture		I certify under penalty of perjury under the laws of the State of California	that the foregoing is true and correct.
Date Signeture		- 18/19	Welpa Rail Jones
		Date Signed	



Received By
Brandi Howard

Date Initial Filing Received
FEB 20 0 20 19

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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 Dis			
Division, Board, Department, District, if a	oplicable	Your Position	
District Office		Chancellor	
► If filing for multiple positions, list below	v or on an attachment. (Do not use ac	ronyms)	
Agency: City of Oakland, Alamed	la County	Position: Boardmember	
2. Jurisdiction of Office (Check a	t least one box)		
☐ State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County		County of Alameda	
City of		Other	
3. Type of Statement (Check at lea	st one box)		
Annual: The period covered is January December 31, 2018.	ary 1, 2018, through	Leaving Office: Date Left	one circle.)
-or-	/ / Abana carla	,	uary 1, 2018, through the date of
December 31, 2018.	/, through	-or-	dary 1, 2010, through the date of
☐ Assuming Office: Date assumed _		The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought, if di	fferent than Part 1:	
4. Schedule Summary (must co Schedules attached Schedule A-1 - Investments - sci Schedule A-2 - Investments - sci Schedule B - Real Property - sci	nedule attached Sc nedule attached Sc nedule attached Sc	pages including this cover phedule C - Income, Loans, & Busin hedule D - Income - Gifts - schedule E - Income - Gifts - Travel	ess Positions – schedule attached ule attached
-or- None - No reportable inte	rests on any schedule		
5. Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public	: Document)		
DAYTIME TELEPHONE NUMBER	Oakland	IL ADDRESS	94606
(510) 466-7202		guerre@peralta.edu	
I have used all reasonable diligence in pre herein and in any attached schedules is t	paring this statement. I have reviewed	this statement and to the best of my	knowledge the information contained
I certify under penalty of perjury under	,		ect
Date Signed 04 February (month, day, year)	ry 2019 Signal		statement with your filing official.)



Date Received By Received Brandfieldward!

FEB 28 2019

Please type or print in ink.

A PUBLIC DOCUMENT

NAN	ME OF FILER (LAST)	(FIRST)			(MIDDLE)
La	aguerre	Jowel		C.	Department
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 attact	chment. (Do not	use acronyms)		
	Agency: Alameda County Workforce Develo	pment Board	Position: Board m	ember	
2.	Jurisdiction of Office (Check at least one box	r)			
	State		☐ Judge or Court Com	missioner (Statewide Jurisdiction)
	Multi-County		County of Alamed	da	
	☐ City of				
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2018, the December 31, 2018.	nrough	∠ Leaving Office: Da		2 <u>, 28 , 2019</u> ne circle.)
	The period covered is/	, through	 The period cove leaving office. 	red is Janu	ary 1, 2018, through the date of
	Assuming Office: Date assumed/		The period cover the date of leaving		/, through
	Candidate: Date of Election	and office soug	ht, if different than Part 1:		
	Schedule Summary (must complete) Schedules attached	► Total numb	er of pages including this	cover p	page:
	Schedule A-1 - Investments - schedule attached	l	Schedule C - Income I oan	s & Busine	ess Positions – schedule attached
	Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gift	•	
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gift	s – Travel I	Payments - schedule attached
-0	Pr- None - No reportable interests on any	schedule			
5. \	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	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 state herein and in any attached schedules is true and comple			oest of my I	knowledge the information contained
	I certify under penalty of perjury under the laws of the	e State of Califo	ornia that the foregoing is the	and corre	ct.
	Date Signed 28 February Ro	19	Signature	er	and.
	(month, day, year)			signed paper s	tatement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Dale and alloward Received
Official Use Only

JAN 1 1 2019

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Legal Affairs

Mehouelley			(MIDDLE)
Wienouelley	Antoine	L	
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Peralta Community College District			
Division, Board, Department, District, if applicable	e Your F	osition	
Information Technology Department	Dire	ctor Of Network Servi	ces
▶ If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)		
Agency:	Positi	on:	
Jurisdiction of Office (Check at least	one box)		
State	Judg	e or Court Commissioner (St	atewide Jurisdiction)
Multi-County	☐ Cour	ty of Alameda	
City of			
	Othe		
Type of Statement (Check at least one	box)		
Annual: The period covered is January 1,	2018, through	ring Office: Date Left	
December 31, 2018.		(Check one	circle.)
The period covered is/ December 31, 2018.	/, through O 1	The period covered is Januar eaving office.	y 1, 2018, through the date of
Assuming Office: Date assumed/_		The period covered isne date of leaving office.	/, through
Candidate: Date of Election	and office sought, if different tha	n Part 1:	
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□ Schedule A-1 - Investments — schedule a Schedule A-2 - Investments — schedule a Schedule B - Real Property — schedule a Or-□ None - No reportable interests of Verification	attached Schedule D attached Schedule E on any schedule CITY	- Income – Gifts – schedule - Income – Gifts – Travel Pa	attached yments – schedule attached
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Schedule A-1 - Investments — schedule a Schedule A-2 - Investments — schedule a Schedule B - Real Property — schedule a Or- None - No reportable interests of Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume) 1020 Jackson St 305	attached Schedule D attached Schedule E on any schedule CITY Oakland EMAIL ADDRESS	Income – Gifts – schedule Income – Gifts – Travel Pa	attached yments – schedule attached ZIP CODE
Schedule A-1 - Investments — schedule a Schedule A-2 - Investments — schedule a Schedule B - Real Property — schedule a Schedule B - Real Property — schedule a Schedule B - No reportable interests of Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume 1020 Jackson St 305 DAYTIME TELEPHONE NUMBER	attached Schedule Deattached Schedule Estatached Schedule Sch	state CA y@apcsweb.com ent and to the best of my knew terms of schedule.	attached yments – schedule attached ZIP CODE 94607
Schedule A-1 - Investments — schedule a Schedule A-2 - Investments — schedule a Schedule B - Real Property — schedul	attached Schedule Deattached Schedule E on any schedule CITY Oakland EMAIL ADDRESS mehouelle this statement. I have reviewed this statement acknowledge this is a public	STATE CA y@apcsweb.com ent and to the best of my known.	attached yments – schedule attached ZIP CODE 94607
Schedule A-1 - Investments — schedule a Schedule A-2 - Investments — schedule a Schedule B - Real Property — schedule B	attached Schedule Deattached Schedule E on any schedule CITY Oakland EMAIL ADDRESS mehouelle this statement. I have reviewed this statement acknowledge this is a public	STATE CA y@apcsweb.com ent and to the best of my known.	attached yments – schedule attached ZIP CODE 94607

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
Antoine Mehouelley

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Antoine's Personal Computer Services	
Name	Name
1020 Jackson Street Oakland CA 94607	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Computer Services	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000/	\$2,000 - \$10,000
X \$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
☐ Partnership 🔀 Sole Proprietorship ☐	☐ Partnership ☐ Sole Proprietorship ☐
Other	Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 × \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
<u> </u>	☐ \$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.)	➤ 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	None or Names listed below
Allen Group, LLc	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
, issues of allos hamiles of successful and so it is all the party	
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000//	\$10,001 - \$100,000//18//18
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
'	

Comments:_

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date **Received By**Received **Branchi Howard**

FEB 2 6 2019

Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST) Whittaker Cha	nelle Mongrue
1. Office, Agency, or Court	O
Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable If filing for multiple positions, list below or on an attachment. (Do not	Ly College District Your Position Viu Chanullor, HR et 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.)
The period covered is/, throug 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 sou	ight, if different than Part 1:
4. Schedule Summary (must complete) ► Total number Schedules attached	ber of pages including this cover page:
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 (Business or Agency Address Recommended - Public Document) 333 East 8 M A DAYTIME TELEPHONE NUMBER (510) 587-7883	EMAIL ADDRESS CWhittaker & Deralta. edu
I have used all reasonable diligence in preparing this statement. I have reherein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
I certify under penalty of perjury under the laws of the State of Cali	Chandle Whater yer
Date Signed (month, day, year)	Signature (File the originally signed paper statement with your filing official.)

PCCD LANEY COLLEGE CAMPUS ADMINISTRATORS



Received By
Brandi Howard
Date Initial Filing Received
Official Use Only
MAR 1, 8 2019

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A PUBLIC DOCUMENT

Legal Affairs Department

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Albury	Gary	Lee	
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Laney College			
Division, Board, Department, District, if a	plicable	Your Position	
Peralta Community College Dis	strict	Director of Student Ac	tivities and Campus Life
▶ If filing for multiple positions, list below	v or on an attachment. (Do r	not use acronyms)	
Agency:		Position:	
Jurisdiction of Office (Check at	! least one box)		
☐ State		☐ Judge or Court Commissione	er (Statewide Jurisdiction)
Multi-County		County of Alameda	
City of		_	
. Type of Statement (Check at lea	st one box)		
★ Annual: The period covered is January	ary 1, 2018, through	Leaving Office: Date Left .	
December 31, 2018.		(Check	cone circle.)
	_/, throu	igh O The period covered is Ja -or- leaving office.	anuary 1, 2018, through the date of
Assuming Office: Date assumed _		The period covered is the date of leaving office	
Candidate: Date of Election	and office so	ought, if different than Part 1:	
Schedule Summary (must co Schedules attached		nber of pages including this cover	
Schedule A-1 - Investments – sch		Schedule C - Income, Loans, & Bus	
 Schedule A-2 - Investments – sch Schedule B - Real Property – sch 		☐ Schedule D - Income — Gifts — sche	
Golleddie D - Near Froperty - 301	edule attached	Golfeddie E - Moonie - Onto- Have	or raymonts - soliedule attached
or- 🗆 None - No reportable inte	rests on anv schedule		
Verification			
MAILING ADDRESS STREET	CITY	Y STATE	ZIP CODE
(Business or Agency Address Recommended - Public	Document)		
900 Fallon Street DAYTIME TELEPHONE NUMBER	Oaklar	TEMAIL ADDRESS	94607
(510) 464-3234		galbury@peralta.edu	
		reviewed this statement and to the best of m	y knowledge the information containe
•	•	lifornia that the foregoing is true and cor	rect.
Data Signad 3/11/2019		Circulum Ala	
Date Signed 3/11/2019 (month, day, year)		Signature (File the originally stoned page	er statement with your filing official.)



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STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

COVER PAGE

A PUBLIC DOCUMENT

Legal Affairs Department

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		Your Position	
Peralta Community College District		Vice President of Instruction	
▶ If filing for multiple positions, list below or on an a	tachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one i	ox)		
☐ 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 December 31, 2018.	through	Leaving Office: Date Left//(Check one circle.)	
The period covered is/	, through	 The period covered is January 1, 2018, through the date of -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:	
	► Total number	of pages including this cover page:	
Schedules attached			
Schedule A-1 - Investments - schedule attach	ed \square	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 attach	ed 🔀	Schedule E - Income – Gifts – Travel Payments – schedule attached	
-or- None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE	
1517 Linden Street DAYTIME TELEPHONE NUMBER	Alameda	CA 94501	
(510) 464-3213		RBESIKOF@PERALTA.EDU	
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and comp		wed this statement and to the best of my knowledge the information contained	
I certify under penalty of perjury under the laws of	the State of Californ	ia that the foregoing is true and correct.	
Date Signed January 28, 2 (month, day, year)	019 si	gnature (File the originally signed paper statement with your filing official.)	

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

CALIFORNIA FO	
Name	le:
Rudolph	Besito

- 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)	► NAME OF SOURCE (Not an Acronym)
United Brotherhood of Carpenters	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
212 Carpenters Union Way	
CITY AND STATE	CITY AND STATE
Las Vegas, NV 89119	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Visit to Training Center	
DATE(S): 11 / 15 / 18 - 11 / 16 / 18 AMT: \$	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- 🔀 Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Total Travel Destination	I Girt, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Association)
ADDITEGO (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
	9
DATE(S):/	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments: The United Brotherhood invited a delegation They provided airfare, a night's lodging, four the training facility.	from Peralta Community College District to tour their facility. meals, and van transportation between the airport, hotel, and

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Legal Affairs
Department
(MIDDLE)

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 applic	cable	Your Position
Peralta Community College Distric	ct	Director, College IT Services
► If filing for multiple positions, list below or		
Agency:		Position:
2. Jurisdiction of Office (Check at lea	ast one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		Alamada
City of		Other
3. Type of Statement (Check at least of	one box)	
Annual: The period covered is January		Leaving Office: Date Left/
December 31, 2018.	., _0.0,o.g	(Check one circle.)
The period covered is	12 <u>2018</u> , through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	t, if different than Part 1:
4. Schedule Summary (must comp	olete) ► Total numbe	r of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – schedu	ıle attached	■ Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedu		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedu	ile attached [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interest	ts on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY	STATE ZIP CODE
900 Fallon St	Oakland	CA 94607
DAYTIME TELEPHONE NUMBER	Janara	EMAIL ADDRESS
(510) 464-3437		rbhatia@peralta.edu
I have used all reasonable diligence in preparine herein and in any attached schedules is true a		ewed this statement and to the best of my knowledge the information contained to this is a public document.
I certify under penalty of perjury under the	laws of the State of Califor	rnia that the foregoing is true and correct.
Date Signed <u>03/04/2019</u>		Signature Lynch lean
(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	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Gurinder Bhatia (Workday)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
6110 Stoneridge Mall Road, Pleasanton, CA, 94588	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Sr. Director, IT at Workday	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 🔀 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	☐ Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2, LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
☐ \$10,001 - \$100,000	Guarantor
OVER \$100,000	□ 04
	Other(Describe)
Comments:	



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MAR 0 5 2019

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NAME OF FILER (LAST)	(FIRST) (MBPLENtment
BURMOUHO	Weic
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Division, Board, Department, District, if applicable Peroufa CCD	Your Position Food Service manager
▶ If filing for multiple positions, list below or on an attack	chment. (Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one bo.	x)
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, t December 31, 2018.	hrough Leaving Office: Date Left/(Check one circle.)
The period covered is	, through On 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:
Schedules attached	
Schedule A-1 - Investments - schedule attached	•
Schedule A-2 - Investments - schedule attached	
Schedule B - Real Property - schedule attached	d Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests on any	r schedule
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
900 Fallow St	parland CA 94607
DAYTIME TELEPHONE NUMBER	NBURNIALO D DELANG Edo
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete.	tement. I have reviewed this statement and to the best of my knowledge the information contained
•	he State of California that the foregoing is true and correct.
Date Signed 3.5./9	Signature wheeneel
(month, day, year)	(File the originally signed paper statement with your filing official.)



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Legal Affairs

Please type or print in ink.	A PUBLIC DOCUMENT	Legal Affairs
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Chan	Chuen Rong	
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 (Liberal Arts)	
► If filing for multiple positions, list below or on an	n attachment. (Do not use acronyms)	
Agency:	Position:	
2. Jurisdiction of Office (Check at least on	ne box)	
State	☐ Judge or Court Commissioner	(Statewide Jurisdiction)
<u> </u>	— Alameda	
Multi-County		
City of	Other	
3. Type of Statement (Check at least one bo	ox)	
Annual: The period covered is January 1, 20	118, through Leaving Office: Date Left	
December 31, 2018.		ne circle.)
The period covered is/	J, through O The period covered is January leaving office.	uary 1, 2018, through the date of
Assuming Office: Date assumed/		/, through
Candidate: Date of Election	and office sought, if different than Part 1:	
4 0 1 1 1 0		
4. Schedule Summary (must complete Schedules attached) ► Total number of pages including this cover p	oage:
Schedule A-1 - Investments - schedule att	ached Schedule C - Income, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments - schedule att	ached Schedule D - Income - Gifts - schedu	le attached
Schedule B - Real Property - schedule atta	ached Schedule E - Income - Gifts - Travel	Payments – schedule attached
-or- None - No reportable interests on	any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
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 herein and in any attached schedules is true and co	s statement. I have reviewed this statement and to the best of my omplete. I acknowledge this is a public document.	knowledge the information contained
I certify under penalty of perjury under the laws	of the State of California that the foregoing is true and corre	ct.
Data Signad 2/20/2019	Claration Park	Dan
Date Signed (month, day, year)	Signature (File the originally signed paper s	statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Legal Affairs
Department

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
CHANG	DIANE		7.
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) Laney College		1.1	EDUCATIONAL SUCCES
Division, Board, Department, District, if applicable PERALTA COMMUNITY	/ COLLEGE	Your Position	
▶ If filing for multiple positions, list below or on a	attachment. (Do not use acro-	nyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least on	ne box)		
	[Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County	[County of	
☐ City of	[Other	
3. Type of Statement (Check at least one be	—————————————————————————————————————		
Annual: The period covered is January 1, 20 December 31, 2018.		Leaving Office: Date Left (Check	one circle.)
The period covered is December 31, 2018.	/_20[8, through	 The period covered is Jan -or- 	uary 1, 2018, through the date of
Assuming Office: Date assumed/		The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought, if diffe	rent than Part 1:	
4. Schedule Summary (must complete Schedules attached) ► Total number of pa	nges including this cover	page:
Schedule A-1 - Investments - schedule att	ached Sche	dule C - Income, Loans, & Busin	ness Positions - schedule attached
Schedule A-2 - Investments - schedule att		dule D - Income - Gifts - sched	
Schedule B - Real Property – schedule att	ached Sche	dule E - Income – Gifts – Travel	Payments – schedule attached
-or- None - No reportable interests on	any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
900 Fallon St.,		d CA	94607
DAYTIME TELEPHONE NUMBER (510) 444 - 3294		ADDRESS TCHANG @ PERAL	-TA.E.DU
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and c	s statement. I have reviewed this	s statement and to the best of my	
I certify under penalty of perjury under the laws	of the State of California that	the foregoing is true and corr	ect.
Date Signed 746. 23, 2019	Signatur		hp
(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)

1000

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Jason Chang	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1000 Brannan St #300 SF CA94103	(======================================
BUSINESS ACTIVITY, IF ANY, OF SOURCE	DISINIFES ACTIVITY IF ANY OF SOURCE
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Interior Vesign.	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Controller	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
,	
Other (Describe)	Other(Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
* You are not required to report loans from a commercial	lending institution, or any indebtedness created as part of
	e lender's regular course of business on terms available to
	tus. 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)
	% [None
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
S1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Commente	
Comments:	



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Date-Initial State Received
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MAR 0 4 2019

Please type or print in ink.	A PUBLIC DOCUMENT Legal Af		Legal Affairs		
NAME OF FILER (LAST)	(FIRST)		Delimberalm		
Crabtree	Peter	L.			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Peralta Community College District	ot				
Division, Board, Department, District, if applic	able	Your Position			
Laney College		Dean of Academic and S	tudent Affairs, CTE		
▶ If filing for multiple positions, list below or	ow or on an attachment. (Do not use acronyms)				
Agency:		Position:			
2. Jurisdiction of Office (Check at lea	est one box)				
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County		➤ County of Alameda			
☐ City of		☐ Other			
2. Time of Chatemant (a)					
3. Type of Statement (Check at least o					
Annual: The period covered is January December 31, 2018.	1, 2018, through	Leaving Office: Date Left (Check or	ne circle.)		
The period covered is/_ December 31, 2018.	, through	 The period covered is Janu- er-leaving office. 	ary 1, 2018, through the date of		
Assuming Office: Date assumed	<u> </u>	The period covered is/, through the date of leaving office.			
Candidate: Date of Election	and office sought, it	f different than Part 1:			
4 Cabadula Cumman, (must same	dete) = 7 ()				
Schedule Summary (must comp Schedules attached	nete) ► lotal number (of pages including this cover p	age:		
Schedule A-1 - Investments – schedu	ule attached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached		
Schedule A-2 - Investments - schedu		Schedule D - Income - Gifts - schedul			
Schedule B - Real Property - schedu	_	Schedule E - Income - Gifts - Travel F			
					
-or- 🗵 None - No reportable interest	ts on any schedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY cument)	STATE	ZIP CODE		
900 Fallon Street	Oakland	CA	94607		
DAYTIME TELEPHONE NUMBER	1	EMAIL ADDRESS			
(510) 464-3218		pcrabtree@peralta.edu			
I have used all reasonable diligence in prepari herein and in any attached schedules is true			nowledge the information contained		
I certify under penalty of perjury under the	laws of the State of California	a that the foregoing is true and correc	zt.// //		
Date Signed 3///9	Sia	nature Pole (ett		
(month, day, year)		(File the originally signed paper st	atement with your filing official.)		

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Intia Filing Received

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 Leaving Office: Date Left ____/_ December 31, 2018. (Check one circle.) The period covered is _____/____ through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed _____/____/ O 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 <u>2/5/2019</u>

Signature.

(month, day, year)

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



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



FEB 2 0 2019

Please type or print in ink.	A PUBLIC DOCUMENT				
NAME OF FILER (LAST)	(FIRST)		De/M/RP4E)nt		
Fields	Mark	С			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)			3		
Peralta Community College Dis	trict				
Division, Board, Department, District, if ap	plicable	Your Position	-		
Laney College	Dean of Academic Affairs				
▶ If filing for multiple positions, list below	st 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 (State	ewide Jurisdiction)		
Multi-County		County of			
☐ City of		Other Community College Di	strict		
3. Type of Statement (Check at leas	et one hoy)				
Annual: The period covered is Januar		Leaving Office: Date Left/_			
December 31, 2018.	ary 1, 2010, unough	(Check one cl			
The period covered is08 December 31, 2018.		 The period covered is January ' -or- leaving office. 	, 2018, through the date of		
Assuming Office: Date assumed		The period covered is/_ the date of leaving office.	, through		
Candidate: Date of Election	and office sought	, if different than Part 1:			
4. Schedule Summary (must co	mplete) > Total number	of pages including this cover page	:2		
Schedules attached					
Schedule A-1 - Investments - sch	edule attached	Schedule C - Income, Loans, & Business P	ositions – schedule attached		
Schedule A-2 - Investments – sch	edule attached Schedule D - Income - Ģifts - schedule attached				
Schedule B - Real Property - sch	edule attached	Schedule E - Income – Gifts – Travel Paym	ents - schedule attached		
-or- ☐ None - No reportable inter	ests on any schedule				
5. Verification	one any contours				
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE		
(Business or Agency Address Recommended - Public 900 Fallon Street Oakland	Document) Oakland	CA 9	4607		
DAYTIME TELEPHONE NUMBER	Canalia	EMAIL ADDRESS	1007		
(510) 466-7200		markfields@peralta.edu			
I have used all reasonable diligence in prepherein and in any attached schedules is true	•	wed this statement and to the best of my know this is a public document.	edge the information contained		
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and correct.			
Date Signed Ol 69 (Zol	E	ignature			

(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	► NAME OF BUSINESS ENTITY		
Walmart	Coca Cola Company		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
Retail	Soft drinks		
FAIR MARKET VALUE	FAIR MARKET VALUE		
× \$2,000 - \$10,000	X \$2,000 - \$10,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
X Stock Other	X Stock Other(Describe)		
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
//18//18_			
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
The Home Depot	I NAME OF BOSINESS ENTITY		
GENERAL DESCRIPTION OF THIS BUSINESS	OFNERAL RECORDINGS OF THE RESIDENCE		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
Home improvement retailer			
FAIR MARKET VALUE	FAIR MARKET VALUE		
× \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	MATURE OF INVESTMENT		
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other		
(Describe)	(Describe)		
Partnership Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499		
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
IF APPLICABLE, LIST DATE.	IF AFFLICABLE, LIST DATE.		
// 18// 18	// 18		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000		
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
Stock Other (Describe)	Stock Other (Describe)		
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499		
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
// 18// 18	//_18//_18_		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
1.	ı		
Comments:			



Date Intereived Received Brandi Heward

FEB 2 0 2019

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A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	Megal Affairs Megal ment	
Gilkerson	Tammeil Yang-Ja		
1. Office, Agency, or Court	> <u>.</u>		
Agency Name (Do not use acronyms)			
Laney College			
Division, Board, Department, District, if applic	able	Your Position	
Peralta Community College Distric	et	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 lea	st one box)		
State	•	☐ Judge or Court Commissioner (Statewide Jurisdiction)	
Multi-County			
City of			
Gity or		Other	
3. Type of Statement (Check at least of	ne box)		
Annual: The period covered is January	1, 2018, through	Leaving Office: Date Left/	
December 31, 2018.		(Check one circle.)	
The period covered is/_ December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of -or- 	
Assuming Office: Date assumed	1	The period covered is/, through the date of leaving office.	
Candidate: Date of Election	and office sough	nt, if different than Part 1:	
4. Schedule Summary (must comp	lete) ► Total numbe	er of pages including this cover page:	
Schedules attached			
Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans, & Business Positions - schedule attached	
Schedule A-2 - Investments - schedu		Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or- ☑ None - No reportable interest	s on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	CITY ument)	STATE ZIP CODE	
900 Fallon Street	Oakland	CA 94607	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(510) 464-3236		tgilkerson@peralta.edu	
herein and in any attached schedules is true a	ng this statement. I have rev and complete. I acknowledg	iewed this statement and to the best of my knowledge the information contained e this is a public document.	
I certify under penalty of perjury under the	laws of the State of Califo	rnia that the foregoing is true and correct	
01/08/19		Jamulus V (1/1/V)~	
Date Signed 01/08/19 (month, day, year)		Signature (File the originally signed paper statement with your filing official.)	



Brandi Howard

Date Initial Filing Received

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Legal Affairs Department

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 applic	cable	Your Position
Peralta Community College District	ct	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 lea	ast one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	,	■ County of Alameda
City of		☐ Other
3. Type of Statement (Check at least of	one box)	
Annual: The period covered is January	1, 2018, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/_ December 31, 2018.	/, through	 The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, it	f different than Part 1:
. Schedule Summary (must comp	olete) ► Total number o	of pages including this cover page:3
Schedules attached		
Schedule A-1 - Investments – schedu	ule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedu		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property - schedu	ıle attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
or- None - No reportable interes	ts on any schedule	
Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY	STATE ZIP CODE
900 Fallon	Oakland	CA 94607
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(510) 464-3215		delee@peralta.edu
I have used all reasonable diligence in prepari herein and in any attached schedules is true		ed this statement and to the best of my knowledge the information contained is is a public document.
I certify under penalty of perjury under the		·
Date Signed 2/25/19		nature A A A
(month, day, year)		(File the originally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
David Lee

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
1708 Clement Street	434-8th Avenue	
CITY	CITY	
San Francisco, CA	San Francisco	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$10,000 ACQUIRED DISPOSED Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement	
Leasehold Other	Leasehold Dther	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	▼ \$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	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	
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and	
NAME OF LENDER*	NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
%	%	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
Guarantor, if applicable	Guarantor, if applicable	
Comments:	J	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
David Lee

<u> </u>	
CITY	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
\$10,001 - \$100,000	
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	
Over \$1,000,000	
NATURE OF INTEREST	
Ownership/Deed of Trust Easement	
Leasehold Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$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.	
lending institution made in the lender's regular course of vithout regard to your official status. Personal loans and ess must be disclosed as follows:	
vithout regard to your official status. Personal loans and	
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*	
vithout regard to your official status. Personal loans and ess must be disclosed as follows:	
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*	
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	
vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	
without regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	



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DaBrandl HOWARD Received
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MAR 05 2019

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Legal Affairs

NAME OF FILER (LAST) (FIRST)	(MIDDLE)
swis (III)	drad
1. Office, Agency, or Court	
Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable	Symmonist College Postcot
▶ If filing for multiple positions, list below or on an attachment. (Do Agency:	1/1/4
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.)
The period covered is/, three December 31, 2018.	ough O The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office s	sought, if different than Part 1:
4. Schedule Summary (must complete) ► Total nu Schedules attached	mber of pages including this cover page:
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	
(Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER (S) J(Cy. 3415)	EMAIL ADDRESS e reviewed this statement and to the best of my knowledge the information contained wledge this is a public document.
I certify under penalty of perjury under the laws of the State of C	
Date Signed 1 1210V	(Ella the originally algored paper statement with your filing official)



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Dallsalmdishloward Received
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MAR 0 4 2019

A PUBLIC DOCUMENT Legal Affairs Please type or print in ink. NAME OF FILER (LAST) (FIRST) Departmonent S Marshall Amy 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 **Director of Facilities and College Operations** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: 2. Jurisdiction of Office (Check at least one box) ☐ State □ Judge or Court Commissioner (Statewide Jurisdiction) County of Alameda Multi-County _ City of ___ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left ____ December 31, 2018. (Check one circle.) -or-The period covered is ______, through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed _____/___ O 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 STATE ZIP CODE STREET (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 <u>2/27/2019</u> **Signature** (month, day, year) (File the originally signed paper statement with your filing official.)



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Bee 2nd 2019

Legal Affairs Department

COVER PAGE A PUBLIC DOCUMENT

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)	sent) Vice President Business & Administrative Services		
▶ If filing for multiple positions, list below or on an	attachment. (Do not us	se 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	e box)			
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)		
☐ Multi-County		Contra Costa(to 2/28/2018)/Alameda-pres		
X City of Rodeo, CA(to 2/28/2018), Oak		Other		
a only of	•			
3. Type of Statement (Check at least one bo	x)			
Annual: The period covered is January 1, 20 December 31, 2018.	18, through	★ Leaving Office: Date Left		
The period covered is/	, through	 The period covered is January 1, 2018, through the date of -or- leaving office. 		
➤ Assuming Office: Date assumed				
Candidate: Date of Election	Candidate: Date of Election and office sought, if different than Part 1:			
4. Schedule Summary (must complete)	► Total number	r of pages including this cover page:		
Schedules attached				
Schedule A-1 - Investments - schedule atta	ched	Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule A-2 - Investments – schedule atta	_	Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property – schedule atta	ched _	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or- □ None - No reportable interests on	any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE		
900 Fallon Street	Oakland	CA 94607		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(510) 464-3228	statement. I be see seeds	dpinto@peralta.edu		
herein and in any attached schedules is true and co		ewed this statement and to the best of my knowledge the information contained this is a public document.		
I certify under penalty of perjury under the laws	of the State of Califor	nia that the foregoing is true and correct.		
Feb / 2010		Noch Prito 2/4/2019.		
Date Signed Feb 4 2019 (month, day, year)		Gignature (File the originally signed paper statement with your filing official.)		



Received By

Date Initial Filing Received

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FFB 2 1 2019

A PUBLIC DOCUMENT Please type or print in ink. **Legal Affairs** NAME OF FILER (LAST) (FIRST) (MIDDLE) artment Richardson Denise Cynthia 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: _ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) ★ County of Alameda Multi-County _____ City of __ Other_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2018. The period covered is _______, through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed _____/____ O 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 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 Signature. (month, day, year) (File the originally signed paper statement with your filing official.



Date In RaffWAGBReceived

FEB 25 2019

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A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)		(MODLE)ment
Taylor	Shawn	Deme	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Laney College			
Division, Board, Department, District, if applical	ole	Your Position	
Gateway to College		Director	
▶ If filing for multiple positions, list below or or	n 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	e District
3. Type of Statement (Check at least one	e box)		
Annual: The period covered is January 1,	2018, through	Leaving Office: Date Left	
December 31, 2018. -or-		(Check or	,
The period covered is/ December 31, 2018.		 The period covered is Janual leaving office. 	ary 1, 2018, through the date of
Assuming Office: Date assumed	11 , 2015	The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (must comple	ete) ► Total number o	of pages including this cover p	age:
Schedules attached			
Schedule A-1 - Investments - schedule	attached ;	Schedule C - Income, Loans, & Busines	ss Positions - schedule attached
Schedule A-2 - Investments - schedule	_	Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule	attached \$	Schedule E - Income - Gifts - Travel P	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 Docum 2312 Mono Avenue	ent) El Cerrito	CA	94530
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	3+000
(510) 759-9361	s	shawntaylor@peralta.edu	
I have used all reasonable diligence in preparing herein and in any attached schedules is true an			nowledge the information contained
I certify under penalty of perjury under the la	ws of the State of California	that the foregoing is true and correc	ţ,
Date Signed 2/25/2019	Sigr	nature Man	
(month, day, year)		(Elle the originally signed paper sta	atement with your filing official.)



Received By
Brandi Howard
Date Initial Filing Received
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MAR 0 5 2019

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A PUBLIC DOCUMENT

Legal Affairs Department

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Wallace	Pamela	nela Karen		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)		THE SHOP IN SHOP		
Peralta Community College District		Director		
Division, Board, Department, District, if applica	ble	Your Position		
► If filing for multiple positions, list below or o	n an attachment. (Do not use ac	ronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at leas	t one box)			
☐ State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)	
Multi-County		County of		
⊠ City of Oakland				
3. Type of Statement (Check at least on				
Annual: The period covered is January 1, December 31, 2018.	2018, through	Leaving Office: Date Left (Check o	ne circle.)	
The period covered is/	, through	 The period covered is January -or- leaving office. 	eary 1, 2018, through the date of	
Assuming Office: Date assumed/	Assuming Office: Date assumed, through			
Candidate: Date of Election	and office sought, if dif	-	Mg To	
4. Schedule Summary (must comple	ete) > Total number of u	pages including this cover p	age:	
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	agoo moraamg ano oovor p	3-	
Schedule A-1 - Investments - schedule	attached Sch	edule C - Income, Loans, & Busine	ess Positions - schedule attached	
Schedule A-2 - Investments - schedule	attached Sch	edule D - Income - Gifts - schedul	le attached	
Schedule B - Real Property - schedule	attached Sch	edule E - Income - Gifts - Travel I	Payments - schedule attached	
-or- ☑ None - No reportable interests on any schedule				
5. Verification		MINE A COLUMN TO THE STATE OF T	a kozasztak szerő a Alekkel kező szákésáltal. A pene elefetek köztés A szerektzőbenyek (1937-elészík) f	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY ent)	STATE	ZIP CODE	
900 Fallon St.	Oakland	CA	94607	
DAYTIME TELEPHONE NUMBER	EMAI	L ADDRESS		
(510) 464-3248	Abia atatawant I bawa andawa dat			
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 3419	Signatu	ire Dualle		
I certify under penalty of perjury under the la	aws of the State of California that	at the foregoing is true and correct	ct.	

PCCD MERRITT COLLEGE CAMPUS ADMINISTRATORS





MAR 1 8 2019

PΙ	ease type or print in ink.		Legal Áffairs	
NA	ME OF FILER (LAST)	(FIRST)	(MIDDES)artment	
С	havez	Lilia		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Peralta Community College District - Merritt College			
	Division, Board, Department, District, if applicable		Your Position	
	Student Services		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			
3.	Type of Statement (Check at lease	st one box)		
	Annual: The period covered is Janu	ary 1, 2016, through	Leaving Office: Date Left/	
	December 31, 2016.		(Check one)	
	The period covered is December 31, 2016.	/, through	h The period covered is January 1, 2016, through the date of leaving office.	
	Assuming Office: Date assumed _		The period covered is/, through the date of leaving office.	
Candidate: Election year and office sought, if different than Part 1:			; if different than Part 1:	
4. Schedule Summary (must complete) ► Total number of pages including this cover page:1				
Τ.	Schedule Summary (must complete) Total number of pages including this cover page: Schedules attached			
	Schedule A-1 - Investments - sch	nedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached	
	Schedule A-2 - Investments - sch	nedule attached	Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property - sch	edule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or-				
	■ None - No reportable interests	s 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 conta 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		Signature Pilia Weers	
	(month, day, year)		(File the originally signed statement with your filing official.)	