

NAME OF FILER (LAST)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

(FIRST)

Received By Brandi Howard
Date Initial Filing Received
MAR 2019

A PUBLIC DOCUMENT

Legal Affairs Department (MIDDLE)

W	/ITHROW EDWAR	Dilliam Jr.
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	PERALTA COMMUNITY COLLEGE DISTRICT	
	Division, Board, Department, District, if applicable	Your Position
	BOARD OF TRUSTEES	TRUSTEE
	▶ If filing for multiple positions, list below or on an attachment. (Do n	not use acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of ALAMEDA
	City of	•
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	ogh O The period covered is January 1, 2018, through the date of or-leaving office.
	December 31, 2018.	
	Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office so	ought, if different than Part 1:
4.	Schedule Summary (must complete) ► Total nun	nber 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 (Business or Agency Address Recommended - Public Document)	Y STATE ZIP CODE
	333 E. 8TH STREET OAKL	AND 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 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.
		C LAND
	Date Signed 03/12/19	Signature United Signature
	(month, day, year)	(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 WITHROW	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Wells Forge Dak	Pear Track Seurity Justems
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial	Electronic Seawify
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$10,001 - \$1,000,000 ☐ Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome 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	// 18/ 18
	1000 N 20 U 20
Parcall ax Health Sciences	Mostecto Bis Server
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health Diagnosfier	Bio Seiences
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\mathbb{Z}^{\sqrt{s}}100,001 - \$1,000,000 \$\mathbb{Q}\$ Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ 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:
// 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
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ 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:
///	ACQUIRED DISPOSED
NOGOTIVED DIGITOSED	I NOGUINED DISPUSED
Comments:	
vviiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	

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
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Santa Monica California	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hearth Diagnostics	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Board Member	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED 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.)
Sale of(Real property, car, boat, etc.)	Sale of
(Real property, car, boat, etc.) Loan repayment	(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(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDDESS (Rusiness Address Assentable)	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	□ Post Possets
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Received By
Brandi Howard
Date Initial Filing Received
FEB 25 2020

Please type or print in ink.

A PUBLIC DOCUMENT

Legal Affairs Department

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
WITHROW	EDWARD		
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
PERALTA COMMUNITY COL	LEGE DISTRICT		
Division, Board, Department, District, if a		Your Position	Per Service Control of the Control o
BOARD OF TRUSTEES		TRUSTEE	
▶ If filing for multiple positions, list belo	w or on an attachment. (Do not us	se acronyms)	
Agency:		Position:	
. Jurisdiction of Office (Check	at least one box)		
State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County		□ County of ALAMEDA	
City of		☐ Other	
3. Type of Statement (Check at le	east one box)		
Annual: The period covered is Ja December 31, 2019.	nuary 1, 2019, through	Leaving Office: Date Left(Check one	
The period covered is December 31, 2019.	, through	O The period covered is Januar leaving office.	ry 1, 2019, through the date of
Assuming Office: Date assumed		O The period covered is the date of leaving office.	J, through
Candidate: Date of Election	and office sough	nt, if different than Part 1:	
4. Schedule Summary (must of Schedules attached	omplete) ► Total numbe	er 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 D - Income - Gifts - schedule	attached
Schedule B - Real Property -	schedule attached	Schedule E - Income - Gifts - Travel P	ayments - schedule attached
-or- None - No reportable in	terests on any schedule		
5. Verification	AND THE RESERVE AND ADDRESS OF THE PARTY OF		
MAILING ADDRESS STREET (Business or Agency Address Recommended - P.	CITY (ublic Document)	STATE	ZIP CODE
333 EAST 8TH STREET	OAKLAN	ID CA	94606
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(510) 466-7202		BWITHROW@PERALTA.EDU	
	preparing this statement. I have revise true and complete. I acknowledge	viewed this statement and to the best of my k	nowledge the information conta
		ornia that the foregoing is true and correct	**.
Date Signed February		Signature () White	Letter of the second line of the letter
(month, play,)	/ear)	(File the originally signed paper si	atement with your ming omcial.)

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.

CALIF	ORNIA FORM 700
FAIR POL	ITICAL PRACTICES COMMISSION
Name	
1311	Withrow

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	Drafface Town for Susterns
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Commercial Basking	Jecurity Systems
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	
A \$100,001 - \$1,000,000	
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 Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C.
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Parrallax Health Sciences	Monfocito Bio Science GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health Diagnostics	Medical Research
FAIR MARKET VALUE	FAIR MARKET VALUE
	S2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$\frac{10,000}{100,000}\$\$ \$10,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
Stock Other(Describe)	Stock Other(Describe)
Stock Other	Stock Other(Describe) Partnership Income Received of \$0 - \$499
Stock Other (Describe) Partnership Income Received of \$0 - \$499	Stock Other(Describe) Partnership Income Received of \$0 - \$499
Stock Other (Describe) Partnership Income Received of \$0 - \$499	Stock Other(Describe) Partnership Income Received of \$0 - \$499
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Company) IF APPLICABLE, LIST DATE:
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Company) IF APPLICABLE, LIST DATE:
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Company) IF APPLICABLE, LIST DATE:
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Company) IF APPLICABLE, LIST DATE:
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule Color of Schedule Co
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 19 ACQUIRED DISPOSED	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Company) IF APPLICABLE, LIST DATE: J19 ACQUIRED DISPOSED
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Company) IF APPLICABLE, LIST DATE:
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 19 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Company) IF APPLICABLE, LIST DATE: J 19 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 19 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000 \$10,000	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Colored Processing Process
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 19 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule Colored) IF APPLICABLE, LIST DATE:
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 19 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Colored Processing Process
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 19 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000 \$10,000	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Composition of Schedule Composition) IF APPLICABLE, LIST DATE: J 19 J 19 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Colored Processing Process
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 19	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Colored
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 19	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Colored
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J	Stock ☐ Other ☐ (Describe) ☐ Partnership
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Stock ☐ Other ☐ (Describe) ☐ Partnership

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIF	DRNIA FORM 700
	ITICAL PRACTICES COMMISSION
	Withrow

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Wells fargo	Parrallax Health Sciences
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) Souta MONICO
PO BOX 64948 St. Bul MN 55164	1327 Ocean Ave CA. 90401
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Barkens	Medical Diagnostics
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Stockheldes	Corporate Board Member
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$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 (For self-employed use Schedule A-2.)	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
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Dividends (Describe)	(Describe)
Other	Other
(Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I	PERIOD
a retail installment or credit card transaction, made in the	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's received not in a lender received not received
	,
ADDRESS (Business Address Acceptable)	% None
	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	
1 1 UVEN #100.000	
	Other(Describe)
	Other(Describe)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Withrow Edward William 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) State Judge, Retired Judge, Pro Tem 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, 2020, through Leaving Office: Date Left ____/_ December 31, 2020. (Check one circle.) -or-The period covered is ______, through The period covered is January 1, 2020, through the date of -or-December 31, 2020. 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: 3 Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-
None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 333 E. 8th Street Oakland CA 94606 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (510) 466-7203 bwithrow@peralta.edu I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 03/16/2021

> FPPC Form 700 - Cover Page (2020/2021) advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov

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

(month, day, year)

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	
EDWARD WITHROW	

NAME OF BUSINESS ENTITY	- Windright Statements.
Wells Fargo Bank	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	Enigma-Bulwork
Financial Services	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	Sercurity Services
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
S100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000
NATURE OF INVESTMENT	\$100,001 - \$1,000,000 Over \$1,000,000
Stock Other	NATURE OF INVESTMENT
(Describe) Partnership	Stock Other(Describe)
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)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY Parallax Health Sciences	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	Monticito Bio Sciences
	GENERAL DESCRIPTION OF THIS BUSINESS
Health Diagnostics	Bio Sciences
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE
\$2,000 - \$10,000	S2,000 - \$10,000 S10,001 - \$100,000
NATURE OF INVESTMENT	\$100,001 - \$1,000,000 Over \$1,000,000
Stock Other	NATURE OF INVESTMENT
Partnership O Income Received of \$0 - \$499	Stock Other(Describe)
O 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:
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	ACQUIRED DISPOSED
THE OF BOSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	
SENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,900 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
NATURE OF INVESTMENT	S100,001 - \$1,000,000 Over \$1,000,000
Stock Other	NATURE OF INVESTMENT Stock Other
Partnership O Income Received of \$0 - \$499	(Describe)
O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
20	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	ACQUIRED DISPOSED
omments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name	CONTRACTOR AND POSSES.			
EDWARD WITHROW				

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED	
Parallax Health Sciences	NAME OF SOURCE OF INCOME	
ADDRESS (Business Address Acceptable)	Enigma-Bulwork	
Santa Monica, CA	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Santa Monica, CA	
Health Sciences	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
YOUR BUSINESS POSITION	Security Services	
Board Director	YOUR BUSINESS POSITION	
	Executive Chairman	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED	GROSS INCOME RECEIVED No Income - Business Position \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
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.) Loan repayment	(Real property, car, boat, etc.)	
	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 mi	
(Describe)		
Other	(Describe)	
(Describe)	Other(Describe)	
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD	
a retail installment or credit card transaction, made in the to members of the public without regard to your official segular course of business must be disclosed as follows	lending institution, or any indebtedness created as part of the lender's regular course of business on terms available	
	INTEREST RATE TERM (Months/Years)	
NAME OF LENDER*		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years) None	
NAME OF LENDER* NDDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) ———————————————————————————————————	
NAME OF LENDER* NDDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)	
NAME OF LENDER* ADDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years)	
DDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER IGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)	
NAME OF LENDER* ADDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER IGHEST BALANCE DURING REPORTING PERIOD 3500 - \$1,000	INTEREST RATE TERM (Months/Years) — % None SECURITY FOR LOAN None Personal residence Real Property Street address	
USINESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER IGHEST BALANCE DURING REPORTING PERIOD 3500 - \$1,000 31,001 - \$10,000	INTEREST RATE TERM (Months/Years)	
NAME OF LENDER* NDDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER BIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	INTEREST RATE TERM (Months/Years) — % None SECURITY FOR LOAN None Personal residence Real Property Street address	
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER BIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)	
NAME OF LENDER* NDDRESS (Business Address Acceptable) PUSINESS ACTIVITY, IF ANY, OF LENDER RIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	INTEREST RATE TERM (Months/Years)	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

AMENDMENT

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Withrow	Edward		William
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Peralta Community College District			
Division, Board, Department, District, if applicable	Your Pos	ition	
Board	Trustee	•	
▶ If filing for multiple positions, list below or on an al	tachment. (Do not use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least one b	oor)		
■ State	Judge, F	Retired Judge, Pro Tem . de Jurisdiction)	Judge, or Court Commissioner
Multi-County	County	of	
City of			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2022, December 31, 2022.	through Leaving	g Office: Date Left (Check of	one circle.)
The period covered is//	leav	period covered is Janua ing office.	ry 1, 2022, through the date of
Assuming Office: Date assumed//		period covered is date of leaving office.	J, through
Candidate: Date of Election	and office sought, if different than Part	1:	
Schedule Summary (required) Schedules attached	► Total number of pages inclu	uding this cover pa	ge:
Schedule A-1 - Investments - schedule attache			s Positions - schedule attached
Schedule A-2 - Investments - schedule attache Schedule B - Real Property - schedule attache	•—•	ncome - Gifts - schedule	
Or-	Schedule E - In	come – Gins – Travel Pi	ayments - schedule attached
None - No reportable interests on any so	chedule		
Verification	AND RESIDENCE OF THE PARTY OF T	CALL IN CALL AND DESIGNATION OF THE PARTY OF	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
333 East 8th St.	Oakland	CA	94606
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(510) 866 7200	bwithrow@pe		
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete	ternent. I have reviewed this statement a ete. I acknowledge this is a public door	and to the best of my kno ument,	wiedge the information contained
I certify under penalty of perjury under the laws of t			
Date SignedFebruary 28, 2023	_ Signature Eux	Withrow	
(month, day, year)	(F	lie the originally signed peper state	ment with your filing official.)

SCHEDULE A-1

Investments

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

Investments must be itemized.

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

Do not attach brokerage	or financial statements.
NAME OF BUSINESS ENTITY	▶ NAME OF BUSINESS ENTITY
Wells Fargo	Parallax Health Sciences, Inc
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Financial Management	Health Sciences
FAIR MARKET VALUE	FAID MADWET MALLIE
	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	3100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(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 Co
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	▶ NAME OF BUSINESS ENTITY
Enigma Bulwark Ltd	Montecito Biosciences Ltd
GENERAL DESCRIPTION OF THIS BUSINESS	
Security	GENERAL DESCRIPTION OF THIS BUSINESS Health Sciences
The state of the s	Health Sciences
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	250
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	Filer's Verification
GENERAL DESCRIPTION OF THIS BUSINESS	Print Name Edward William Withrow
	Office Amount
FAIR MARKET VALUE	or Court Peralta Community College District
	Circumstant Turn Concession of the Concession of
	Statement Type 2022/2023 Annual Assuming Leaving
\$100,001 - \$1,000,000 Over \$1,000,000	Annual Candidate
NATURE OF INVESTMENT	I have used all reasonable diligence in preparing this statement. I have
Stock Other	reviewed this statement and to the best of my knowledge the information
(Describe)	contained herein and in any attached schedules is true and complete.
Partnership Income Received of \$0 - \$499	I certify under penalty of perjury under the laws of the State of
Income Received of \$500 or More (Report on Schedule C)	California that the foregoing is true and correct.
IF APPLICABLE, LIST DATE:	
The state of the s	Date Signed February 28, 2023
	(month, day, year)
ACQUIRED DISPOSED	5,44
	Filer's Signature W Withour
Ommente:	

SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

(Other than Gifts and Travel Payments)

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Wells Fargo and Company	Peralta Community College District
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
San Francisco	333 East 8th St. Oakland, CA 94606
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking	Post Secondary Education
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Retiree	Trustee
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	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
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	Other
(Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P You are not required to report loans from a commercial lending institution card transaction, made in the lender's regular course of business on testatus. Personal loans and loans received not in a lender's regular countries. NAME OF LENDER*	on, or any indebtedness created as part of a retail installment or credit trms available to members of the public without regard to your official urse of business must be disclosed as follows:
	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
, , , , , , , , , , , , , , , , , , , ,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	I - I - I
HOUSE SALVAGE	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other(Describe)
iler's Verification	PARTY OF THE PARTY
Int Name Edward William Withrow Office, Age	ency or Court Peralta Community College District
atement Type 2022/2023 Annual Annual Assum	
have used all reasonable diligence in preparing this statement. I have reventained herein and in any attached schedules is true and complete.	
ertify under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and correct.
te Signed (month, day, year)	's Signature all Withou