

COVER PAGE

**Legal Affairs
Department**

Please type or print in ink.

A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

PERALTA COMMUNITY COLLEGE DISTRICT

Division, Board, Department, District, if applicable

BOARD OF TRUSTEES, AREA 4

Your Position

TRUSTEE

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

Agency: _____ Position: _____

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

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

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

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

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

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2311 A RUSSELL STREET BERKELEY CA 94705

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(510) 912-3181 NYUEN@PERALTA.EDU

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

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

Name
Nicholas Gonzalez Yoon

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

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

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

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

CITY AND STATE
Los Angeles, CA 90015

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description 4th Annual Leadership Retreat
of the CA Network of Executives (CALNET)

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

COVER PAGE

FEB 25 2020

A PUBLIC DOCUMENT

Legal Affairs
Department

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
YUEN NICHOLAS GONZALEZ

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
PERALTA COMMUNITY COLLEGE DISTRICT
Division, Board, Department, District, if applicable BOARD OF TRUSTEES, AREA 4
Your Position TRUSTEE

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of ALAMEDA
- Other _____

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

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- or-
- The period covered is ____/____/____, through December 31, 2019.
- Assuming Office: Date assumed ____/____/____
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____
(Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

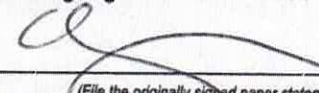
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 333 E. 8TH STREET OAKLAND CA 94606

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (510) 466-7202 NYUEN@PERALTA.EDU

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/25/20
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Yuen Nicholas Gonzalez

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Peralta Community College Board of Trustees-- Trustee
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

State Judge, Retired Judge, Pro Tem 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, **2020**, through December 31, **2020**.
-or- The period covered is ____/____/____, through December 31, **2020**.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, **2020**, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached

Schedule A-1 - Investments - schedule attached **Schedule C - Income, Loans, & Business Positions** - schedule attached
 Schedule A-2 - Investments - schedule attached **Schedule D - Income - Gifts** - schedule attached
 Schedule B - Real Property - schedule attached **Schedule E - Income - Gifts - Travel Payments** - schedule attached

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


5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2311 A Russell Street Berkeley CA 94705
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(510) 912-3181 NYuen@peralta.edu

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-22-21
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Yuen Nicholas G

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Peralta Community College District Board of Trustees

Division, Board, Department, District, if applicable Your Position
Area 4 Trustee, Area 4

► 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, Retired Judge, Pro Tem 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, 2021, through December 31, 2021. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2021. The period covered is January 1, 2021, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

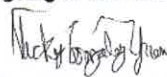
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
333 East 8th Street, Oakland, CA 94606
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(510) 466-7203 nyuen@peralta.edu

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4-17-22
(month, day, year)

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

Print

Clear

Name
 Nicholas G Yuen

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

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

▶ NAME OF SOURCE (Not an Acronym)
 Asian Pacific American Leadership Foundation

ADDRESS (Business Address Acceptable)
 330 Cordova St., Ste. 158

CITY AND STATE
 Pasadena, CA 91101

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

DATE(S): 11 / 4 / 21 - 11 / 5 / 21 AMT: \$ 902
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description 50th Annual Leadership Retreat for the California Asian Leadership Network of Executives (CALNET) on November 4-5, 2020.

▶ If Gift, Provide Travel Destination Pasadena, CA

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

Print **Clear**

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

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Yuen	Nicholas	Gonzalez

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Peralta Community College District

Division, Board, Department, District, if applicable	Your Position
Area 4	Trustee

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

Agency: _____ Position: _____

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

- | | |
|---|--|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>Alameda</u> |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2023, through December 31, 2023. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or-
The period covered is ____/____/____, through December 31, 2023. | <input type="checkbox"/> The period covered is January 1, 2023, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|---|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
333 East 8th Street		Oakland	CA	94606
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
((510)) 466-7203	NYuen@peralta.edu			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 14, 2024
 (month, day, year)

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

SCHEDULE D Income – Gifts

Name
 Nicholas G. Yuen

▶ NAME OF SOURCE *(Not an Acronym)*
 Asian Pacific American Leadership Foundation

ADDRESS *(Business Address Acceptable)*
 APALF 3183 Wilshire Blvd., 196N Los Angeles, CA 90010.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 16 2023	586	CALNET retreat accommodations- approximate value for lodging, reception, registration
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____