FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 296D2062

Date Initial Filing Received Filing Official Use Only

3/12/2024 3:15:14 PM

Please type or print in in	k.		JAN	1. 043000023-LAC-0023			
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)			
Martinez-Flores		Marilyn					
1. Office, Agency, c	or Court						
Agency Name (Do not Rio Hondo Comr							
Division, Board, Departr	nent, District, if applicable	Your Positio	n				
		Superintend	Superintendent/President				
► If filing for multiple p	ositions, list below or on an attachment. (Do	not use acronyms)					
Agency:		Position	:				
State	Office (Check at least one box)	(State	, Retired Judge, Pro Tem Judge wide Jurisdiction)				
			of				
City of		Other	Agency's Jurisdiction				
Annual: The period December -or- The period December Assuming Office: Candidate: Date of Candidate: Date of Schedule Summ Schedules atta Schedule A-1 Schedule A-2 Schedule B - -or-		 ○ Theorem is the second second	ng Office: Date Left (Check one Circle) ne period covered is January 1 aving office. ne period covered is leaving office. Part 1: g this cover page:1 Income, Loans, & Business Po Income – Gifts – schedule atta Income – Gifts – Travel Payme	, 2023, through the date of , through the date 			
5. Verification MAILING ADDRESS (Business or Agency Address 3600 Workman Mill	STREET : Recommended - Public Document) Road W	CITY /hittier	STATE	ZIP CODE 90601			
DAYTIME TELEPHONE NUM	IBER	E-MAIL ADDRESS	-				
(951) 255-8174		MMFlores@	riohondo.edu				
	ble diligence in preparing this statement. I hat had schedules is true and complete. I acknow			ledge the information contained			
I certify under penalty	of perjury under the laws of the State of	California that the fore	going is true and correct.				
Date Signed	3/12/2024	Signature	E-Filed By Marilyn N	Aartinez-Flores			
Bato Signou	(month, day, year)	Signature	(File the originally signed paper state	ement with your filing official.)			

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 7BCF6261

Date Initial Filing Received Filing Official Use Only

3/20/2024 8:45:46 AM

Please type or print in	ink.			SAN.	043000025-LAC-0025
NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Medina Diaz		Anais			
1. Office, Agency,	or Court				
Agency Name (Do no Rio Hondo Cor	ot use acronyms) nmunity College				
Division, Board, Depa	rtment, District, if applicable		Your Position		
			Member of the Board of	f Trustees	
► If filing for multiple	positions, list below or on an attachme	nt. (Do not use acr	onyms)		
Agency:			Position:		
State	Office (Check at least one box)		(Statewide Jurisd	,	or Court Commissioner
			⊠ Other _ Agency		
·					
Annual: The per- Decem -or- The pe	nent (Check at least one box) priod covered is January 1, 2023, throug ber 31, 2023. priod covered is, t ber 31, 2023.		(023, through the date of
Assuming Offic	e: Date assumed	-	 The period co of leaving off 		, through the date
Candidate: Date	e of Election and	d office sought, if d	ifferent than Part 1:		
Green Schedule A		□ s □ s	ges including this cove chedule C - Income, Lo chedule D - Income – (chedule E - Income – (pans, & Business Posit Gifts – schedule attach	
5. Verification					
MAILING ADDRESS (Business or Agency Addre 3600 Workman M i	STREET ess Recommended - Public Document)	CITY Whittier		STATE	ZIP CODE
				CA	90601
DAYTIME TELEPHONE N (626) 393-0904			MAIL ADDRESS medinadiaz@riohon	do edu	
I have used all reaso	nable diligence in preparing this stateme ached schedules is true and complete.	nt. I have reviewed	d this statement and to the		ge the information contained
I certify under pena	Ity of perjury under the laws of the S	tate of California	that the foregoing is t	rue and correct.	
	3/20/2024	0.	E	-Filed By Anais Me	edina Diaz
Date Signed	(month, day, year)	Sign	(File the c	priginally signed paper statemer	nt with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: A50B416F

Date Initial Filing Received Filing Official Use Only

3/1/2024 10:54:46 AM

Please type or print	in ink.			JAN. (J43000023-LAC-0023
NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Orozco		Kristal			
1. Office, Agend	cy, or Court				
	o not use acronyms) Community College				
Division, Board, De	epartment, District, if applicable		Your Position		
			Member of the Board of	of Trustees	
► If filing for mult	iple positions, list below or on an attachm	ent. (Do not use a	cronyms)		
Agency:			Position:		
2. Jurisdiction	of Office (Check at least one box)		Judge, Retired J (Statewide Juriso	udge, Pro Tem Judge, or diction)	Court Commissioner
Multi-County _			County of		
City of			Other Agency	's Jurisdiction	
3. Type of Stat	ement (Check at least one box)				
Annual: The Dec	e period covered is January 1, 2023, throu cember 31, 2023.	ıgh		: Date Left (Check one Circle)	
	e period covered is, sember 31, 2023.	through	○ The period of -or- leaving office	covered is January 1, 20 e.)23, through the date of
Assuming O	ffice: Date assumed		 The period of leaving of 		, through the date
Candidate:	Date of Election a	nd office sought, if	different than Part 1:		
		fotal number of p	ages including this cov	ver page: <u>1</u>	
Schedules	attached				
<u> </u>	A-1 - <i>Investments</i> – schedule attached		Schedule C - Income, L		
=	e A-2 - <i>Investments</i> – schedule attached e B - <i>Real Property</i> – schedule attached		Schedule D - Income – Schedule E - Income –		
-or-				Gills – Havel Fayillerits	
- <u> </u>	eportable interests on any schedule				
5. Verification					
MAILING ADDRESS	STREET Address Recommended - Public Document)	CITY	/	STATE	ZIP CODE
3600 Workman	Mill Road	Whittier		СА	90601
DAYTIME TELEPHON	E NUMBER		E-MAIL ADDRESS		
(562) 567-16	85		kristal.orozco@rioho	ndo.edu	
	asonable diligence in preparing this statem attached schedules is true and complete			the best of my knowledg	e the information contained
I certify under po	enalty of perjury under the laws of the	State of Californi	a that the foregoing is	true and correct.	
Date Signed	3/1/2024	Sie	Inature	E-Filed By Kristal	Orozco
Date Signed	(month, day, year)	Sig	(File the	originally signed paper statement	with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 327164E1

Date Initial Filing Received Filing Official Use Only

3/19/2024 8:52:40 AM

Please type or print in	ink.		SAN:	043000025-LAC-0025
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)
Valladares		Oscar		
1. Office, Agency	, or Court			
Agency Name (Do r Mental Health	not use acronyms) , Department of			
Division, Board, Dep	artment, District, if applicable	Your Position		
		Deputy Public Cc	onservator/ Administrator II	
	e positions, list below or on an attachmer ndo Community College	nt. (Do not use acronyms)		
		Position:M	lember of the Board	of Trustees
2. Jurisdiction o	f Office (Check at least one box)	Judge, Reti (Statewide	ired Judge, Pro Tem Judge, Jurisdiction)	or Court Commissioner
Multi-County		County of _	Los Angeles	
City of		Other		
3. Type of State	nent (Check at least one box)			
Annual: The p	period covered is January 1, 2023, throug mber 31, 2023.	h Leaving O	Office: Date Left (Check one Circle)	
	eriod covered is, tł nber 31, 2023.	nrough O The pe -or- ^{leaving}	eriod covered is January 1, office.	2023, through the date of
Assuming Offi	ce: Date assumed		eriod covered is ing office.	, through the date
Candidate: Da	te of Election and	office sought, if different than Part	1:	
4. Schedule Sun	nmary (required)	tal number of pages including this	s cover page: <u>1</u>	
Schedules at	ttached			
Schedule A	A-1 - Investments - schedule attached	Schedule C - Incor	me, Loans, & Business Pos	sitions - schedule attached
=	A-2 - Investments – schedule attached		me – Gifts – schedule attac	
	3 - Real Property – schedule attached	Schedule E - Incom	me – Gifts – Travel Paymer	nts – schedule attached
-or-	ortable interests on any schedule			
5. Verification				
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Add 510 South Vermo	ress Recommended - Public Document) ont Avenue	Los Angeles	СА	90020
DAYTIME TELEPHONE I	NUMBER	E-MAIL ADDRESS		
(323) 273-742	2	ovalladares@rio	hondo.edu	
	phable diligence in preparing this statement tached schedules is true and complete.			dge the information contained
I certify under pen	alty of perjury under the laws of the S	tate of California that the foregoin	ig is true and correct.	
Date Signed	3/19/2024	Signature	E-Filed By Oscar	Valladares
Date Orgineu	(month, day, year)		File the originally signed paper statem	ent with your filing official.)

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: AC198E5C

Date Initial Filing Received Filing Official Use Only

3/22/2024 7:26:05 AM

Please type or print in ink.				JAN.	043000023-LAC-0023		
NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)		
Lomeli		Rosaelva					
1. Office, Agency, or Court							
Agency Name (Do not use acrony Rio Hondo Community C	·						
Division, Board, Department, Distri	ct, if applicable		Your Position				
			Member of the Board of Trustees				
► If filing for multiple positions, lis	st below or on an attachment. (Do n	not use acro	nyms)				
Agency:			Position:				
2. Jurisdiction of Office (C	heck at least one box)		Judge, Retired J (Statewide Jurise	ludge, Pro Tem Judge, diction)	or Court Commissioner		
Multi-County							
City of			X Other Agency	y's Jurisdiction			
3. Type of Statement (Chec	k at least one box)						
Annual: The period covered December 31, 2023	l is January 1, 2023, through		Leaving Office	: Date Left (Check one Circle)			
-or- The period covered December 31, 2023.	is, through		○ The period of -or- leaving office		2023, through the date of		
Assuming Office: Date ass	umed		 The period of leaving of 		, through the date		
Candidate: Date of Election	and office s	ought, if dif	ferent than Part 1:				
4. Schedule Summary (rec	uired) ► Total num	ber of pag	es including this cov	ver page: <u>2</u>			
Schedules attached							
Schedule A-1 - Investme		_			itions - schedule attached		
Schedule A-2 - Investme				Gifts – schedule attac			
-or-	erty – schedule attached		nedule E - Income –	Gifts – Travel Paymen	ts - schedule attached		
None - No reportable interes	sts on any schedule						
5. Verification							
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE		
(Business or Agency Address Recommend 3600 Workman Mill Road	ed - Public Document) Wh	nittier		CA	90601		
DAYTIME TELEPHONE NUMBER		E-N	AIL ADDRESS				
(323) 359-6142			osaelva.Lomeli@ri				
	ce in preparing this statement. I hav lules is true and complete. I acknow				lge the information contained		
I certify under penalty of perjur	y under the laws of the State of C	California t	hat the foregoing is	true and correct.			
Date Signed3/2	2/2024	Siana	turo	E-Filed By Rosael	va Lomeli		
	n, day, year)	Signa	(File the	originally signed paper stateme	ent with your filing official.)		

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

CALIFORNIA FORM 700

Name

Rosaelva Lomeli

• 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)
American Israel Public Affairs Committee	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
251 H St, NW	
CITY AND STATE	CITY AND STATE
Washington DC, Washington DC 20001	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09/22/2023 09/24/2023 AMT: \$ 300	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
Travel reimburgement for flight to	Other - Provide description
Other - Provide Description Leadership Summit in Denver, Colorado	
If Gift, Provide Travel Destination <u>Denver, Colorado</u>	 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): AMT: \$	DATE(S): AMT: \$
▶ MUST CHECK ONE: Gift - or - Income	(// g///) ► 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:	

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Confirmation Number: 3284D20B

Date Initial Filing Received Filing Official Use Only

3/20/2024 9:34:29 AM

Please type or print in	n ink.				
NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)	
Santana		Vicky	Vicky		
1. Office, Agency	y, or Court				
Agency Name (Do	not use acronyms)				
Rio Hondo Co	ommunity College				
Division, Board, Dep	partment, District, if applicable	Your	Position		
		Merr	nber of the Board of Trustees		
► If filing for multip	le positions, list below or on an attachr	nent. (Do not use acronym	s)		
Agency:		F	Position:		
2. Jurisdiction of	of Office (Check at least one box)				
State			Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	n Judge, or Court Commissioner	
Multi-County		D	County of		
City of			Other Agency's Jurisdic	tion	
•					
	ment (Check at least one box)	. –			
Dece	period covered is January 1, 2023, thro mber 31, 2023.	ugh 🔛	Leaving Office: Date Left (Check one C		
	period covered is mber 31, 2023.	, through	 The period covered is Jan -or- leaving office. 	nuary 1, 2023, through the date of	
Assuming Off	ice: Date assumed	_	 The period covered is of leaving office. 	, through the dat	
Candidate: Da	ate of Election a	and office sought, if differen	it than Part 1:		
4. Schedule Sur	nmary (required)	Total number of pages ir	ncluding this cover page:	1	
Schedules a	ttached				
Schedule	A-1 - Investments - schedule attached	🔲 Schedu	ule C - Income, Loans, & Busir	ness Positions – schedule attached	
Schedule	A-2 - Investments - schedule attached	🔲 Schedu	ule D - Income - Gifts - sched	ule attached	
Schedule	B - <i>Real Property</i> – schedule attached	Schedu	Ile E - Income – Gifts – Travel	Payments - schedule attached	
-or-					
None - No rep	portable interests on any schedule				
5. Verification					
MAILING ADDRESS (Business or Agency Ade	STREET dress Recommended - Public Document)	CITY	S	TATE ZIP CODE	
3600 Workman I		Whittier	CA	90601	
DAYTIME TELEPHONE		E-MAIL AI	DDRESS		
(562) 500-955		-	santana1@gmail.com		
	sonable diligence in preparing this staten attached schedules is true and complete			γ knowledge the information containe	
I certify under per	nalty of perjury under the laws of the	State of California that t	he foregoing is true and corr	rect.	
Data Cirrad	3/20/2024	0!	E-Filed By	y Vicky Santana	
Date Signed	(month, day, year)	Signature	(File the originally signed pa	aper statement with your filing official.)	