

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A Public Document*

**3/12/2024 3:15:14 PM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Martinez-Flores Marilyn**

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

Agency Name (Do not use acronyms)  
Rio Hondo Community College  
Division, Board, Department, District, if applicable Your Position  
Superintendent/President

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other Agency's Jurisdiction

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

- Annual:** The period covered is January 1, 2023, through December 31, 2023.  
-or- The period covered is \_\_\_\_\_, through December 31, 2023.
- 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, 2023, through the date of leaving office.
  - The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 1

**Schedules attached**

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

-or-

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**3600 Workman Mill Road Whittier CA 90601**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(951) 255-8174 MMFlores@riohondo.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 3/12/2024 Signature E-Filed By Marilyn Martinez-Flores  
(month, day, year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**  
*A Public Document*

**3/20/2024 8:45:46 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) **Medina Diaz** (FIRST) **Anais** (MIDDLE)

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

Agency Name (Do not use acronyms)  
**Rio Hondo Community College**

Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position \_\_\_\_\_  
Member of the Board of Trustees \_\_\_\_\_

► 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 \_\_\_\_\_
- Other **Agency's Jurisdiction**

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

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- The period covered is \_\_\_\_\_, through the date of leaving office.
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- 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)  
**3600 Workman Mill Road Whittier CA 90601**

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(626) 393-0904 amedinadiaz@riohondo.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 3/20/2024 Signature E-Filed By Anais Medina Diaz  
(month, day, year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A Public Document*

**3/1/2024 10:54:46 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) **Orozco** (FIRST) **Kristal** (MIDDLE)

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

Agency Name (Do not use acronyms)  
**Rio Hondo Community College**  
Division, Board, Department, District, if applicable \_\_\_\_\_ Your Position \_\_\_\_\_  
Member of the Board of Trustees \_\_\_\_\_

► 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 \_\_\_\_\_  
 City of \_\_\_\_\_  Other **Agency's Jurisdiction**

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

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**Schedules attached**

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

**-or-**

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**3600 Workman Mill Road Whittier CA 90601**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(562) 567-1685 kristal.ozozco@riohondo.edu**

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

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

Date Signed 3/1/2024 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**  
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*A Public Document*

**3/19/2024 8:52:40 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Valladares Oscar**

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

Agency Name (Do not use acronyms)  
**Mental Health, Department of**  
Division, Board, Department, District, if applicable Your Position  
**Deputy Public Conservator/ Administrator II**

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
**Rio Hondo Community College**  
Agency: \_\_\_\_\_ Position: **Member of the Board of Trustees**

**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 **Los Angeles**  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2023, through December 31, 2023.  
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-or-  
○ The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 1

**Schedules attached**

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

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

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
**510 South Vermont Avenue Los Angeles CA 90020**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(323) 273-7422 ovalladares@riohondo.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 3/19/2024 Signature E-Filed By Oscar Valladares  
(month, day, year) (File the originally signed paper statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A Public Document*

**3/22/2024 7:26:05 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Lomeli Rosaelva**

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

Agency Name (Do not use acronyms)  
**Rio Hondo Community College**  
Division, Board, Department, District, if applicable Your Position  
Member of the Board of Trustees

► 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)**

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- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
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- County of \_\_\_\_\_
- Other Agency's Jurisdiction

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- Leaving Office:** Date Left \_\_\_\_\_ (Check one Circle)
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  - The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 2

**Schedules attached**

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
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- 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)  
**3600 Workman Mill Road Whittier CA 90601**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(323) 359-6142 Rosaelva.Lomeli@riohondo.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 3/22/2024 Signature E-Filed By Rosaelva Lomeli  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE E

## Income – Gifts

### Travel Payments, Advances, and Reimbursements

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

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)*  
American Israel Public Affairs Committee

ADDRESS *(Business Address Acceptable)*  
251 H St, NW

CITY AND STATE  
Washington DC, Washington DC 20001

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

---

DATE(S): 09/22/2023 - 09/24/2023 AMT: \$ 300  
*(If gift)*

▶ MUST CHECK ONE:  Gift - or -  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description Travel reimbursement for flight to Leadership Summit in Denver, Colorado

▶ If Gift, Provide Travel Destination Denver, Colorado

▶ 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: \_\_\_\_\_

**STATEMENT OF ECONOMIC INTERESTS**  
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*A Public Document*

**3/20/2024 9:34:29 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Santana Vicky**

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

Agency Name (Do not use acronyms)  
**Rio Hondo Community College**  
Division, Board, Department, District, if applicable Your Position  
Member of the Board of Trustees

► 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)**

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- Multi-County \_\_\_\_\_
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-or-

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**5. Verification**

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**3600 Workman Mill Road Whittier CA 90601**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(562) 500-9554 vicky.santana1@gmail.com**

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

Date Signed 3/20/2024 Signature E-Filed By Vicky Santana  
(month, day, year) (File the originally signed paper statement with your filing official.)