

## Callahan, Elizabeth Ann

---

**From:** Nelson, Carol  
**Sent:** Tuesday, February 15, 2022 6:14 PM  
**To:** Gary Chow (gchow@earthlink.net); Hidalgo, Peter; Jay Chen (jaychen@gmail.com); Haggerty, Judith; Laura L. Santos (laurasantos3454@gmail.com); Manuel Baca (mbaca@riohondo.edu); Robert F. Hidalgo (rfhidalgo@aol.com); Scroggins, Bill  
**Cc:** Hebert, Brigitte  
**Subject:** IMPORTANT! Form 700 Annual Filing - Due April 1, 2022

Hi All,

The Statement of Economic Interest (Form 700) annual filing period is upon us. As a position designated in the College's [Conflict of Interest Code](#), the Political Reform Act requires that you file an annual Statement of Economic Interests (Form 700). Your Form 700 for the period January 1, 2021, through December 31, 2021, is due **on or before April 1, 2022.**

**Within the week or so, you will receive an email and instructions from the Board of Supervisors on how to file electronically. Please follow those instructions to complete your Form 700 online.**

It is recommended that you complete the form electronically, but if you want to complete a paper copy, please use the links below.

- [2021-22 Form 700](#)
- [2021-2022 Reference Pamphlet](#)
- [Limitations and Restrictions Fact Sheet](#)

It is important to file your Form 700 by the deadline as the **FPPC may impose a late penalty of \$10 for each day a Form 700 is late, up to a maximum of \$100.**

As always, if you have any questions, please let me know.

Thanks,



### Carol Nelson

Executive Assistant to the President/CEO and Board of Trustees | President's Office

[cnelson@mtsac.edu](mailto:cnelson@mtsac.edu)

909.274.5431

909.274.2990

### Mt. San Antonio College

1100 N. Grand Ave.

Walnut CA 91789

[www.mtsac.edu](http://www.mtsac.edu)

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

Date Initial Filing Received  
*Filing Official Use Only*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
BACA JOSE MANUEL

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

Agency Name *(Do not use acronyms)*  
Mt. San Antonio Community College District

Division, Board, Department, District, if applicable Your Position  
Governing Board 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, Retired Judge, Pro Tem Judge, or Court Commissioner  
*(Statewide Jurisdiction)*

Multi-County \_\_\_\_\_  County of \_\_\_\_\_

City of \_\_\_\_\_  Other Community College District

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

**Annual:** The period covered is January 1, 2021, through December 31, 2021.

-or- The period covered is \_\_\_\_\_, through December 31, 2021.

**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, 2021, 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: 4**

**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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1100 North Grand Avenue	Walnut	CA	91789	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
( 909 ) 964-5281	jbaca@mtsac.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 03/22/2022  
*(month, day, year)*

Signature *Jose Manuel Baca*  
*(File the originally signed paper statement with your filing official.)*

**Print Clear**



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Jose Manuel Baca

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 California State University, Los Angeles

ADDRESS (Business Address Acceptable)  
 5151 State University Dr., Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 California State University

YOUR BUSINESS POSITION  
 Lecturer

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  
 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.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 Mt. San Antonio College

ADDRESS (Business Address Acceptable)  
 1100 North Grand Avenue, Walnut, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Community College District

YOUR BUSINESS POSITION  
 Governing Board Member (Trustee)

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  
 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.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other Trustee Stipend  
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
 NONE

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence

Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
 (Describe)

Comments: \_\_\_\_\_

**Print** **Clear**

**SCHEDULE D**  
**Income – Gifts**

Name  
 Jose Manuel Baca

▶ NAME OF SOURCE *(Not an Acronym)*  
 International Brotherhood of Electrical Workers (IBEW)

ADDRESS *(Business Address Acceptable)*  
 600 N. Diamond Bar Blvd., Diamond Bar, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 24 / 21	350.00	LA Club Soccer Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 NONE

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)*  
 NONE

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)*  
 NONE

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)*  
 NONE

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)*  
 NONE

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: \_\_\_\_\_

Print Clear

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

**3/29/2022 4:06:25 PM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Chow Gary**

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

Agency Name (Do not use acronyms)  
**Mt. San Antonio Community College District**  
Division, Board, Department, District, if applicable Your Position  
**Board Member**

► 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 **District**

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

**Annual:** The period covered is January 1, 2021, through December 31, 2021.  
**-or-** The period covered is \_\_\_\_\_, through December 31, 2021.  
 **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, 2021, 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: 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)  
**1100 North Grand Avenue Walnut CA 91789**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(909) 595-5833 gchow@earthlink.net**

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 3/29/2022 Signature \_\_\_\_\_ E-Filed By **Gary Chow**  
(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.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <p style="text-align: center;">Gary Chow</p>
---

➤ NAME OF BUSINESS ENTITY  
**TD Ameritrade Brokerage account**

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

**Brokerage account**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other Options \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_

ACQUIRED      DISPOSED

➤ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_

ACQUIRED      DISPOSED

➤ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_

ACQUIRED      DISPOSED

➤ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_

ACQUIRED      DISPOSED

➤ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_

ACQUIRED      DISPOSED

➤ NAME OF BUSINESS ENTITY  
 \_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
 \_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)

Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_

ACQUIRED      DISPOSED

Comments: \_\_\_\_\_



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

**4/1/2022 11:52:01 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Chen Jay**

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

Agency Name (Do not use acronyms)  
**Mt. San Antonio Community College District**  
Division, Board, Department, District, if applicable Your Position  
**Board Member**

► 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 **District**

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

**Annual:** The period covered is January 1, 2021, through December 31, 2021.  
**-or-** The period covered is \_\_\_\_\_, through December 31, 2021.  
 **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, 2021, 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: 8

**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)  
**1100 North Grand Avenue Walnut CA 91789**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(626) 534-3544 jaychen@gmail.com**

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 4/1/2022 Signature \_\_\_\_\_ E-Filed By **Jay Chen**  
(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.

Name

Jay Chen

NAME OF BUSINESS ENTITY  
Alphabet

GENERAL DESCRIPTION OF THIS BUSINESS  
Internet Search

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_  
ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
Adobe

GENERAL DESCRIPTION OF THIS BUSINESS  
Software

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_  
ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
Amazon

GENERAL DESCRIPTION OF THIS BUSINESS  
E-Commerce

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_  
ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
Airbnb

GENERAL DESCRIPTION OF THIS BUSINESS  
Homestays

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_  
ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
Apple

GENERAL DESCRIPTION OF THIS BUSINESS  
Consumer products

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_  
ACQUIRED                      DISPOSED

NAME OF BUSINESS ENTITY  
Chipotle

GENERAL DESCRIPTION OF THIS BUSINESS  
Restaurant

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
    Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_  
ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

# 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.

Name

Jay Chen

NAME OF BUSINESS ENTITY  
**Costco**

GENERAL DESCRIPTION OF THIS BUSINESS

**Retail**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**Humana**

GENERAL DESCRIPTION OF THIS BUSINESS

**Medicine**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**Domino's Pizza**

GENERAL DESCRIPTION OF THIS BUSINESS

**Restaurant**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**JP Morgan Chase**

GENERAL DESCRIPTION OF THIS BUSINESS

**Bank**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**Meta**

GENERAL DESCRIPTION OF THIS BUSINESS

**Social Network**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

ACQUIRED      DISPOSED

NAME OF BUSINESS ENTITY  
**Mastercard**

GENERAL DESCRIPTION OF THIS BUSINESS

**Credit Card**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

ACQUIRED      DISPOSED

Comments:

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
Jay Chen

Name of Business Entity: Microsoft
General Description: Software
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Name of Business Entity: Sherwin Williams
General Description: Paint
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock

Name of Business Entity: Netflix
General Description: Streaming video
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Name of Business Entity: Block
General Description: Payments
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Name of Business Entity: Paypal
General Description: Payments
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Name of Business Entity: Tesla
General Description: Automobiles
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Comments:

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
Jay Chen

Name of Business Entity: Verizon
General Description: Telecom
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock

Name of Business Entity: Zoom
General Description: Video conferencing
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Name of Business Entity: Visa
General Description: Payments
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Name of Business Entity: DaVita
General Description: Dialysis
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock

Name of Business Entity: Zillow
General Description: Home buying
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock

Name of Business Entity: Disney
General Description: Entertainment
Fair Market Value: \$10,001 - \$100,000
Nature of Investment: Stock

Comments:

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
Jay Chen

Home Depot
GENERAL DESCRIPTION OF THIS BUSINESS
Home improvement
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

Advanced Microdevices
GENERAL DESCRIPTION OF THIS BUSINESS
Computer chips
FAIR MARKET VALUE
[X] \$10,001 - \$100,000
NATURE OF INVESTMENT
[X] Stock

Target
GENERAL DESCRIPTION OF THIS BUSINESS
Home furnishings
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

American Express
GENERAL DESCRIPTION OF THIS BUSINESS
payments
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

Marriott
GENERAL DESCRIPTION OF THIS BUSINESS
Hotels
FAIR MARKET VALUE
[X] \$2,000 - \$10,000
NATURE OF INVESTMENT
[X] Stock

CVS
GENERAL DESCRIPTION OF THIS BUSINESS
Pharmacy
FAIR MARKET VALUE
[X] \$10,001 - \$100,000
NATURE OF INVESTMENT
[X] Stock

Comments:

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: Jay Chen

Name of Business Entity: Dollar General
Retail
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock

Name of Business Entity: Public Storage
Storage
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock

Name of Business Entity: Docusign
Online signing
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock
Date: 01/21/2021

Name of Business Entity: American Express
Financial services
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock

Name of Business Entity: Grub Hub
food delivery
Fair Market Value: \$2,000 - \$10,000
Nature of Investment: Stock

Name of Business Entity:
Fair Market Value:
Nature of Investment:

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <p align="center">Jay Chen</p>
--

**▶ 1. BUSINESS ENTITY OR TRUST**

Colegio Capital Inc

Name  
8205-004-037

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

---

GENERAL DESCRIPTION OF THIS BUSINESS  
**Real Estate Management**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____	_____
<input type="checkbox"/> \$2,000 - \$10,000	_____	_____
<input type="checkbox"/> \$10,001 - \$100,000	_____	_____
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

**S Corp**

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     \_\_\_\_\_  
Other

YOUR BUSINESS POSITION Owner

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

---

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	_____	_____
<input type="checkbox"/> \$2,000 - \$10,000	_____	_____
<input type="checkbox"/> \$10,001 - \$100,000	_____	_____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     \_\_\_\_\_  
Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

**▶ 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

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

\_\_\_\_\_

Description of Business Activity or  
City or Other Precise Location of Real Property

\_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____	_____
<input type="checkbox"/> \$10,001 - \$100,000	_____	_____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

\_\_\_\_\_

Description of Business Activity or  
City or Other Precise Location of Real Property

\_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000	_____	_____
<input type="checkbox"/> \$10,001 - \$100,000	_____	_____
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
HAGGERTY JUDITH CHEN

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

Agency Name (Do not use acronyms)  
Mt. San Antonio College District  
Division, Board, Department, District, if applicable Your Position  
Governing Board Board member (Area 6)  
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
Agency: N/A Position: N/A

**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, 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: 4**

**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)  
1100 North Grand Avenue Walnut CA 91789-1399  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(626 ) 912-5551 trusteehaggerty@mtsac.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 2/22/2021  
(month, day, year)

Signature *Judith C. Haggerty*  
(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.*

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Judith Chen Haggerty

▶ NAME OF BUSINESS ENTITY  
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS  
Banking Services

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 20      5 / 14 / 20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
SPIRIT REALTY CAPITAL INC

GENERAL DESCRIPTION OF THIS BUSINESS  
Residential/Commercial REIT

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 20      1 / 29 / 20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
AMERICAN AIRLINES GROUP INC

GENERAL DESCRIPTION OF THIS BUSINESS  
Transportation Services

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 20      3 / 24 / 20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
NEWELL BRANDS INC

GENERAL DESCRIPTION OF THIS BUSINESS  
Household Goods

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 20      1 / 28 / 20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 20             /        / 20  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
       /        / 20             /        / 20  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Judith Chen Haggerty

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Mt. San Antonio College District

ADDRESS (Business Address Acceptable)  
1100 N. Grand Ave., Walnut, CA 90601

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Education Institution

YOUR BUSINESS POSITION  
Board member (Area 6)

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

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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other Stipen  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
N/A

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE \_\_\_\_\_%  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN

None  Personal residence

Real Property \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_









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

Date Initial Filing Received  
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
HAGGERTY	JUDITH	CHEN

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

Agency Name (Do not use acronyms)  
Mt. San Antonio College District

Division, Board, Department, District, if applicable  
Governing Board

Your Position  
Board member (Area 6)

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

Agency: N/A Position: N/A

**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 Los Angeles

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: 4**

**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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1100 North Grand Avenue		Walnut	CA	91789-1399
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(626 ) 912-5551	trusteehaggerty@mtsac.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 2/22/2021  
(month, day, year)

Signature Judith C. Haggerty  
(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)
HAGGERTY	JUDITH	CHEN

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

Agency Name (Do not use acronyms)  
Mt. San Antonio College District

Division, Board, Department, District, if applicable  
Governing Board

Your Position  
Board member (Area 6)

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

Agency: N/A Position: N/A

**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, 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: 4**

**Schedules attached**

<input checked="" type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached	<input checked="" type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached
<input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached
<input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached	<input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached

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

**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1100 North Grand Avenue		Walnut	CA	91789-1399
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(626 ) 912-5551	trusteehaggerty@mtsac.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 2/22/2021 Signature Judith C. Haggerty  
(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  
**Judith Chen Haggerty**

▶ **NAME OF BUSINESS ENTITY**  
**Bank of America**

---

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Banking Services**

---

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
 \_\_\_\_\_/\_\_\_\_\_/20      5/14/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
**SPIRIT REALTY CAPITAL INC**

---

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Residential/Commercial REIT**

---

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
 \_\_\_\_\_/\_\_\_\_\_/20      1/29/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
**AMERICAN AIRLINES GROUP INC**

---

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Transportation Services**

---

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
 \_\_\_\_\_/\_\_\_\_\_/20      3/24/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**  
**NEWELL BRANDS INC**

---

**GENERAL DESCRIPTION OF THIS BUSINESS**  
**Household Goods**

---

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
 \_\_\_\_\_/\_\_\_\_\_/20      1/28/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**

---

**GENERAL DESCRIPTION OF THIS BUSINESS**

---

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

▶ **NAME OF BUSINESS ENTITY**

---

**GENERAL DESCRIPTION OF THIS BUSINESS**

---

**FAIR MARKET VALUE**  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

**NATURE OF INVESTMENT**  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

**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.*

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>Judith Chen Haggerty</b>
---

▶ NAME OF BUSINESS ENTITY  
**Bank of America**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Banking Services**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ /20      5 / 14 /20  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**SPIRIT REALTY CAPITAL INC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Residential/Commercial REIT**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ /20      1 / 29 /20  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**AMERICAN AIRLINES GROUP INC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Transportation Services**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ /20      3 / 24 /20  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
**NEWELL BRANDS INC**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Household Goods**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ /20      1 / 28 /20  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ /20      \_\_\_\_\_ / \_\_\_\_\_ /20  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ /20      \_\_\_\_\_ / \_\_\_\_\_ /20  
 ACQUIRED                                  DISPOSED

Comments: \_\_\_\_\_

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

**3/23/2022 6:44:44 PM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Santos Laura**

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

Agency Name (Do not use acronyms)  
**Mt. San Antonio Community College District**  
Division, Board, Department, District, if applicable Your Position  
**Board Member**

► 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 **District**

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

- Annual:** The period covered is January 1, 2021, through December 31, 2021.
- or-**
- The period covered is \_\_\_\_\_, through December 31, 2021.
- 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, 2021, 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: 3

**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)*  
**1100 North Grand Avenue Walnut CA 91789**

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(626) 261-9358 laurasantos3454@gmail.com**

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 3/23/2022 Signature \_\_\_\_\_  
*(month, day, year)* *(File the originally signed paper statement with your filing official.)*



**SCHEDULE D**  
**Income – Gifts**

Name  
 Laura Santos

▶ NAME OF SOURCE *(Not an Acronym)*  
 International Brotherhood Electrical Workers

ADDRESS *(Business Address Acceptable)*  
 6023 Garfield, Commerce 90040

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/28/2021	\$ 200	Tickets to ball game
_____	\$ _____	_____
_____	\$ _____	_____

▶ 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: \_\_\_\_\_

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

**3/21/2022 8:21:47 PM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Hidalgo Peter**

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

Agency Name (Do not use acronyms)  
**Mt. San Antonio Community College District**  
Division, Board, Department, District, if applicable Your Position  
**Board Member**

► 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 **District**

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

**Annual:** The period covered is January 1, 2021, through December 31, 2021.  
**-or-** The period covered is 12/16/2020, through December 31, 2021.  
 **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, 2021, 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: 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)  
**1100 North Grand Avenue Walnut CA 91789**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(213) 369-0016 trusteeepeterhidalgo@mtsac.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 3/21/2022 Signature \_\_\_\_\_  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name  
 Peter Hidalgo

▶ NAME OF SOURCE *(Not an Acronym)*  
 International Brotherhood of Electrical Workers, L

ADDRESS *(Business Address Acceptable)*  
 297 N. Marengo Ave., Pasadena, CA 9110105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/14/2021	\$ 200	Dodgers Game Ticket
11/07/2021	\$ 320	Rams Game Ticket
	\$	

▶ 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: \_\_\_\_\_

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

**3/22/2022 8:35:10 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Hidalgo Robert F**

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

Agency Name (Do not use acronyms)  
**Mt. San Antonio Community College District**

Division, Board, Department, District, if applicable Your Position  
**Board Member**

► 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 **District**

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

**Annual:** The period covered is January 1, 2021, through December 31, 2021.  
**-or-** The period covered is \_\_\_\_\_, through December 31, 2021.  
 **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, 2021, 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: 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)  
**1100 North Grand Avenue Walnut CA 91789**

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(626) 419-1929 rfhidalgo@aol.com**

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 3/22/2022 Signature \_\_\_\_\_ E-Filed By **Robert Hidalgo**  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name  
 Robert Hidalgo

▶ NAME OF SOURCE *(Not an Acronym)*  
 International Brotherhood of Electrical Workers

ADDRESS *(Business Address Acceptable)*  
 297 N. Marengo Ave. Pasadena, Ca. 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/14/2021	\$ 200	Baseball ticket
11/07/2021	\$ 320	Football ticket
	\$	

▶ 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: \_\_\_\_\_

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

**3/22/2022 9:44:52 AM**

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Scroggins William**

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

Agency Name (Do not use acronyms)  
**Mt. San Antonio Community College District**  
Division, Board, Department, District, if applicable Your Position  
**College President/Chief Executive Officer**

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)  
**LA County First District Consolidated Oversight**  
Agency: **Board** Position: **Oversight Board Member**

**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 **District**

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

**Annual:** The period covered is January 1, 2021, through December 31, 2021.  
**-or-** The period covered is \_\_\_\_\_, through December 31, 2021.  
 **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, 2021, 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: 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)  
**1100 North Grand Avenue Walnut CA 91789**  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**(909) 274-4250 bscroggins@mtsac.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 3/22/2022 Signature E-Filed By William Scroggins  
(month, day, year) (File the originally signed paper statement with your filing official.)