

COVER PAGE

Filed Date: 03/11/2014 01:46 PM
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Didion John M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Rancho Santiago Community College District
Division, Board, Department, District, if applicable Your Position
Executive Vice Chancellor, Human Resources and Educational

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Orange
- City of _____ Other _____

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

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
-or- The period covered is ____/____/____, through December 31, 2013.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2013, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 7
- 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)
2323 N. Broadway, Suite 404-1-B Santa Ana CA 92706-1640
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(714) 480-7341 Didion_John@rscdd.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 03/11/2014 01:46 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

John Didion

▶ NAME OF BUSINESS ENTITY
Alcoa Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Materials

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:
03 / 28 / 13 / / 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Canadian Natural Resources

GENERAL DESCRIPTION OF THIS BUSINESS
Oil and Natural Gas

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:
01 / 28 / 13 / / 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS
Technology Equipment

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:
 / / 13 / / 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CSX

GENERAL DESCRIPTION OF THIS BUSINESS
Transportation

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:
 / / 13 / / 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Duke Energy

GENERAL DESCRIPTION OF THIS BUSINESS
Utility

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:
 / / 13 / / 13
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
First American Financial Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Financial 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:
 / / 13 / / 13
ACQUIRED DISPOSED

Comments: _____

**SCHEDULE A-1
Investments**

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

Do not attach brokerage or financial statements.

Name
John Didion

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
Diversified Products and 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:
 / / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Mills

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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:
 / / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Arcelor Mittal

GENERAL DESCRIPTION OF THIS BUSINESS
Steel

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:
03 / 28 / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Plaza Bank

GENERAL DESCRIPTION OF THIS BUSINESS
Financial 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:
 / / 13 / / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Wells Fargo

GENERAL DESCRIPTION OF THIS BUSINESS
Financial 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:
 / / 13 / / 13
 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:
 / / 13 / / 13
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Didion

▶ NAME OF SOURCE *(Not an Acronym)*
Artex
 ADDRESS *(Business Address Acceptable)*
1357 Kapiolani Blvd., Suite 1430, Honolulu, HI
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 05 / 13</u>	\$ <u>75.00</u>	<u>Meal</u>
<u>11 / 07 / 13</u>	\$ <u>150.00</u>	<u>Golf</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Arthur J. Gallagher
 ADDRESS *(Business Address Acceptable)*
18201 Von Karmen Ave., Suite 200, Irvine, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 07 / 13</u>	\$ <u>75.00</u>	<u>Meal</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Declues Burkett & Thompson LLP
 ADDRESS *(Business Address Acceptable)*
17001 Beach Blvd., Huntington Beach, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 11 / 13</u>	\$ <u>125.00</u>	<u>Golf</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Guy Carpenter
 ADDRESS *(Business Address Acceptable)*
1166 Avenue of the Americas, New York, NY
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 10 / 13</u>	\$ <u>81.00</u>	<u>Golf</u>
<u>09 / 12 / 13</u>	\$ <u>100.00</u>	<u>Golf</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Munich Reinsurance
 ADDRESS *(Business Address Acceptable)*
1 Front Street, San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 12 / 13</u>	\$ <u>100.00</u>	<u>Golf</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
SchoolsFirst Federal Credit Union
 ADDRESS *(Business Address Acceptable)*
2115 N. Broadway, Santa Ana, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 14 / 13</u>	\$ <u>250.00</u>	<u>Gift Certificate</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Didion

▶ NAME OF SOURCE *(Not an Acronym)*
Townsend Public Affairs
 ADDRESS *(Business Address Acceptable)*
2699 White Road, Irvine, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 27 / 13</u>	<u>\$ 60.00</u>	<u>Meal</u>
<u>02 / 28 / 13</u>	<u>\$ 75.00</u>	<u>Transportation</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

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

Name
 John Didion

- 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Association of Calif. Community College Administrators
 ADDRESS (Business Address Acceptable)
1531 "I" Street, Suite 200
 CITY AND STATE
Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Professional Association
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 479.21
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Travel Reimbursement for association meetings

▶ NAME OF SOURCE (Not an Acronym)
SchoolsFirst Federal Credit Union
 ADDRESS (Business Address Acceptable)
2115 N. Broadway
 CITY AND STATE
Santa Ana, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Financial Services
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 3025.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Reimbursement for mileage, meeting and technology expenses

▶ NAME OF SOURCE (Not an Acronym)
SchoolsFirst Federal Credit Union
 ADDRESS (Business Address Acceptable)
2115 N. Broadway
 CITY AND STATE
Santa Ana, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Financial Services
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 8893.69
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Conference Reimbursement

▶ NAME OF SOURCE (Not an Acronym)
SchoolsFirst Insurance Services, LLC
 ADDRESS (Business Address Acceptable)
2115 N. Broadway
 CITY AND STATE
Santa Ana, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Insurance Services
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 625.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Mileage and meeting expenses

Comments: _____

COVER PAGE

Filed Date: 03/20/2015 12:32 PM
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Didion John M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Rancho Santiago Community College District
Division, Board, Department, District, if applicable Your Position
Executive Vice Chancellor, Human Resources and Educational

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Orange
- City of _____ Other _____

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
-or- The period covered is ____/____/____, through December 31, 2014.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2014, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 8
- 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)
2323 N. Broadway, Suite 404-1-B Santa Ana CA 92706-1640
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(714) 480-7341 Didion_John@rscdd.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 03/20/2015 12:32 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

John Didion

▶ NAME OF BUSINESS ENTITY
Alcoa Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Materials

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS
Technology Equipment

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Arcelor Mittal

GENERAL DESCRIPTION OF THIS BUSINESS
Steel

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CSX

GENERAL DESCRIPTION OF THIS BUSINESS
Transportation

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Canadian Natural Resources

GENERAL DESCRIPTION OF THIS BUSINESS
Oil and Natural Gas

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Duke Energy

GENERAL DESCRIPTION OF THIS BUSINESS
Utility

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

John Didion

▶ NAME OF BUSINESS ENTITY
First American Financial Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Financial 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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Plaza Bank

GENERAL DESCRIPTION OF THIS BUSINESS
Financial 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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
Diversified Products and 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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Wells Fargo

GENERAL DESCRIPTION OF THIS BUSINESS
Financial 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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Mills

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Applied Materials

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

John Didion

▶ NAME OF BUSINESS ENTITY
Southwest Airlines

GENERAL DESCRIPTION OF THIS BUSINESS
Airline

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:
 / / 14 / / 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intermune

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
 / / 14 04 / 15 / 14
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:
 / / 14 / / 14
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:
 / / 14 / / 14
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:
 / / 14 / / 14
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:
 / / 14 / / 14
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Didion

▶ NAME OF SOURCE *(Not an Acronym)*
A. J. Gallagher & Company
 ADDRESS *(Business Address Acceptable)*
18201 Von Karmen, Ste. 200, Irvine, CA 92612
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Brokerage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 23 / 14</u>	<u>\$ 50.00</u>	<u>Meal</u>
<u>04 / 24 / 14</u>	<u>\$ 50.00</u>	<u>Meal</u>
<u>07 / 17 / 14</u>	<u>\$ 50.00</u>	<u>Meal</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Aon
 ADDRESS *(Business Address Acceptable)*
1901 Main St., Irvine, CA 92614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Brokerage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 14</u>	<u>\$ 22.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Brit Insurance
 ADDRESS *(Business Address Acceptable)*
161 N. Clark St., Ste. 2900, Chicago, IL 60601
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 14</u>	<u>\$ 50.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Declues, Burkett & Thompson LLP
 ADDRESS *(Business Address Acceptable)*
17001 Beach Blvd., Huntington Beach, CA 92647
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 17 / 14</u>	<u>\$ 125.00</u>	<u>Golf</u>
<u>12 / 05 / 14</u>	<u>\$ 200.00</u>	<u>Gift Basket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Feldhake Law Firm
 ADDRESS *(Business Address Acceptable)*
690 Town Center Dr., Costa Mesa, CA 92626
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 14</u>	<u>\$ 50.00</u>	<u>Entertainment</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Guy Carpenter
 ADDRESS *(Business Address Acceptable)*
1166 Ave. of the Americas, New York, NY 10036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Brokerage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 26 / 14</u>	<u>\$ 65.00</u>	<u>Golf</u>
<u>09 / 16 / 14</u>	<u>\$ 60.00</u>	<u>Meal</u>
<u>09 / 17 / 14</u>	<u>\$ 50.00</u>	<u>Meal</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Didion

▶ NAME OF SOURCE *(Not an Acronym)*
Guy Carpenter, continued
 ADDRESS *(Business Address Acceptable)*
1166 Ave. of the Americas, New York, NY 10036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Brokerage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 18 / 14</u>	<u>\$ 125.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
McCune & Harber
 ADDRESS *(Business Address Acceptable)*
515 S. Figueroa St., Los Angeles, CA 90071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 18 / 14</u>	<u>\$ 50.00</u>	<u>Meal</u>
<u>12 / 06 / 14</u>	<u>\$ 10.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Poms & Associates
 ADDRESS *(Business Address Acceptable)*
5700 Canoga Ave., Woodland Hills, CA 91367
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Risk Management Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 29 / 14</u>	<u>\$ 50.00</u>	<u>Meal</u>
<u>12 / 06 / 14</u>	<u>\$ 25.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
SchoolsFirst Federal Credit Union
 ADDRESS *(Business Address Acceptable)*
2115 N. Broadway, Santa Ana, CA 92706
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 13 / 14</u>	<u>\$ 400.00</u>	<u>Cuff Links, Champagne</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Townsend Public Affairs
 ADDRESS *(Business Address Acceptable)*
2699 White Rd., Irvine, CA 92614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 12 / 14</u>	<u>\$ 200.00</u>	<u>Sporting Event</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

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

Name

 John Didion

- 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Association of Calif. Community College Administrators
 ADDRESS (Business Address Acceptable)
 1531 I Street, Sacramento, CA 95814
 CITY AND STATE
 Professional Association

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 372.96
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Travel reimbursement for association meetings

▶ NAME OF SOURCE (Not an Acronym)
 SchoolsFirst Federal Credit Union
 ADDRESS (Business Address Acceptable)
 2115 N. Broadway, Santa Ana, CA 92706
 CITY AND STATE
 Financial Services

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1433
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Conference expense reimbursement

▶ NAME OF SOURCE (Not an Acronym)
 SchoolsFirst Federal Credit Union
 ADDRESS (Business Address Acceptable)
 2115 N. Broadway, Santa Ana, CA 92706
 CITY AND STATE
 Financial Services

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 2275
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Reimbursement for mileage, technology & meeting expenses

▶ 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)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

COVER PAGE

Filed Date: 03/03/2016 10:20 AM
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Didion John M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Rancho Santiago Community College District
Division, Board, Department, District, if applicable Your Position
Executive Vice Chancellor - HR & Educational Services

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of Orange
- City of _____ Other _____

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is ____/____/____, through December 31, 2015.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2015, 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)
2323 N. Broadway, Suite 404-1-B Santa Ana CA 92706-1640
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(714) 480-7341 Didion_John@rscdd.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 03/03/2016 10:20 AM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

John Didion

▶ NAME OF BUSINESS ENTITY
Alcoa Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Materials

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:
 / / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Canadian Natural Resources

GENERAL DESCRIPTION OF THIS BUSINESS
Oil and Natural Gas

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:
 / / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Colgate Palmolive

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:
08 / 31 / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS
Technology Equipment

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:
 / / 15 08 / 24 / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CSX

GENERAL DESCRIPTION OF THIS BUSINESS
Transportation

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:
 / / 15 / / 15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Duke Energy

GENERAL DESCRIPTION OF THIS BUSINESS
Utilities

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:
 / / 15 / / 15
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.

Name
John Didion

▶ NAME OF BUSINESS ENTITY
Express Scripts

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmacy Distribution

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:
 / / 15 08 / 24 / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Mills

GENERAL DESCRIPTION OF THIS BUSINESS
Food

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:
 / / 15 08 / 24 / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
First American Financial Corporation

GENERAL DESCRIPTION OF THIS BUSINESS
Financial 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:
 / / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
NTT Docomo

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunication

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:
 / / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
Diversified Products and 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:
 / / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Plaza Bancorp

GENERAL DESCRIPTION OF THIS BUSINESS
Banking

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:
 / / 15 / / 15
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1 Investments

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <p style="text-align: center; margin: 0;">John Didion</p>

▶ NAME OF BUSINESS ENTITY
Merck & Co

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
08 / 31 / 15 / / 15
 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:
 / / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Wells Fargo

GENERAL DESCRIPTION OF THIS BUSINESS
Banking

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:
 / / 15 08 / 24 / 15
 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:
 / / 15 / / 15
 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:
 / / 15 / / 15
 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:
 / / 15 / / 15
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Didion

▶ NAME OF SOURCE *(Not an Acronym)*
Bickmore Risk Services
 ADDRESS *(Business Address Acceptable)*
1750 Creekside Oaks Dr., Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Actuary and Risk Management Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 25 / 15</u>	<u>\$ 79.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Guy Carpenter
 ADDRESS *(Business Address Acceptable)*
1166 Ave. of the Americas, New York, NY
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Brokerage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 15</u>	<u>\$ 30.00</u>	<u>Lunch</u>
<u>01 / 26 / 15</u>	<u>\$ 59.00</u>	<u>Dinner</u>
<u>09 / 15 / 15</u>	<u>\$ 75.00</u>	<u>Dinner</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Guy Carpenter, continued
 ADDRESS *(Business Address Acceptable)*
1166 Ave. of the Americas, New York, NY
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Brokerage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 15</u>	<u>\$ 65.00</u>	<u>Dinner</u>
<u>09 / 17 / 15</u>	<u>\$ 200.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Munich Reinsurance
 ADDRESS *(Business Address Acceptable)*
1 Front Street, San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reinsurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 14 / 15</u>	<u>\$ 80.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
McCune & Harber, LLP
 ADDRESS *(Business Address Acceptable)*
515 S. Figueroa, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 17 / 15</u>	<u>\$ 80.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Hazelrigg Claims Management
 ADDRESS *(Business Address Acceptable)*
15345 Fairfield Ranch Rd, Chino Hills, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Claims Administration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 29 / 15</u>	<u>\$ 125.00</u>	<u>Golf & Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Didion

▶ NAME OF SOURCE *(Not an Acronym)*
DeClues, Burkett & Thompson LLP
 ADDRESS *(Business Address Acceptable)*
17001 Beach Blvd., Huntington Beach, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 15</u>	<u>\$ 200.00</u>	<u>Gift Basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
SchoolsFirst FCU
 ADDRESS *(Business Address Acceptable)*
2115 N. Broadway, Santa Ana, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 17 / 15</u>	<u>\$ 150.00</u>	<u>Headphones</u>
<u>07 / 10 / 15</u>	<u>\$ 129.00</u>	<u>Wireless Speaker</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Student Insurance
 ADDRESS *(Business Address Acceptable)*
10801 National Blvd., Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 03 / 15</u>	<u>\$ 295.00</u>	<u>Golf</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

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

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 SchoolsFirst FCU
 ADDRESS (Business Address Acceptable)
 2115 N. Broadway
 CITY AND STATE
 Santa Ana, CA

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ 6338.75
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Conference Expense Reimbursement

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
 SchoolsFirst FCU
 ADDRESS (Business Address Acceptable)
 2115 N. Broadway
 CITY AND STATE
 Santa Ana, CA

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

DATE(S): ___/___/___ - ___/___/___ AMT: \$ 2246.88
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Mileage, technology & meeting expense reimbursement

▶ 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: _____