

COVER PAGE

Filed Date: 03/12/2014 03:52 PM
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hardash Peter J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Rancho Santiago Community College District
Division, Board, Department, District, if applicable Your Position
Vice Chancellor, Business Operators/Fiscal 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, 2013, through December 31, 2013.
- 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.
- Assuming Office:** Date assumed ____/____/_____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 3
- 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 hardash_peter@rscsd.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 03/12/2014 03:52 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Peter Hardash

▶ NAME OF SOURCE *(Not an Acronym)*
Bergman Dacey Goldsmith
ADDRESS *(Business Address Acceptable)*
10880 Wilshire Blvd L.A. 90024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 22 / 13</u>	\$ <u>75</u>	<u>golf/lunch meeting</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
BCA Architects
ADDRESS *(Business Address Acceptable)*
505 S Main St. San Jose
BUSINESS ACTIVITY, IF ANY, OF SOURCE
architect

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 22 / 13</u>	\$ <u>75</u>	<u>golf/lunch meeting</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 Suite 603 L.A. 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Student Accident Insurance Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 16 / 13</u>	\$ <u>300</u>	<u>baseball tickets</u>
<u>03 / 08 / 13</u>	\$ <u>100</u>	<u>golf</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
HMC Architects
ADDRESS *(Business Address Acceptable)*
2601 Main St. Irvine, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 31 / 13</u>	\$ <u>150</u>	<u>charity golf tournament</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Westberg+White, Inc.
ADDRESS *(Business Address Acceptable)*
14471 Chambers Rd. Suite 210, Irvine, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 29 / 13</u>	\$ <u>25</u>	<u>lunch meeting</u>
<u>03 / 16 / 13</u>	\$ <u>180</u>	<u>tournament tickets</u>
<u>10 / 07 / 13</u>	\$ <u>150</u>	<u>charity golf tournament</u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 12 / 13</u>	\$ <u>100</u>	<u>golf/lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Peter Hardash

▶ NAME OF SOURCE *(Not an Acronym)*
Kinsell, Newcomb & DeDios, Inc.
 ADDRESS *(Business Address Acceptable)*
2776 Gateway Rd. Carlsbad, CA 92009
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
bond underwriters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 10 / 13</u>	\$ <u>150</u>	<u>golf</u>
<u>05 / 21 / 13</u>	\$ <u>65</u>	<u>conference dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Facilities Planning and Program Services, Inc.
 ADDRESS *(Business Address Acceptable)*
22067 LaPalma Ave. Yorba Linda, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
construction management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 16 / 13</u>	\$ <u>125</u>	<u>charity golf tournament</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>175</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 broker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 12 / 13</u>	\$ <u>100</u>	<u>golf/lunch</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: _____

COVER PAGE

Filed Date: 03/30/2015 11:35 AM
SAN: 041100024-STL-0024

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hardash Peter J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Rancho Santiago Community College District
Division, Board, Department, District, if applicable Your Position
Vice Chancellor, Business Operations/Fiscal 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, 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: 3

- 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 hardash_peter@rsccd.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 03/30/2015 11:35 AM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Peter Hardash

▶ 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 broker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 26 / 14</u>	<u>\$ 65.00</u>	<u>golf</u>
<u>09 / 18 / 14</u>	<u>\$ 200.00</u>	<u>golf</u>
<u>09 / 17 / 14</u>	<u>\$ 50.00</u>	<u>meal sponsor</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Piper Jaffray & Co.
 ADDRESS *(Business Address Acceptable)*
2321 Rosecrans Ave. Suite 3200 El Segundo, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
bond underwriters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 23 / 14</u>	<u>\$ 12.42</u>	<u>lunch</u>
<u>05 / 19 / 14</u>	<u>\$ 53.00</u>	<u>golf</u>
<u>09 / 24 / 14</u>	<u>\$ 42.47</u>	<u>credit agency lunch</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Declues, Burkett & Thompson
 ADDRESS *(Business Address Acceptable)*
17011 Beach Blvd. #400 Huntington Beach, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 17 / 14</u>	<u>\$ 200.00</u>	<u>golf</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 17 / 14</u>	<u>\$ 60.00</u>	<u>meal sponsor</u>
<u>09 / 18 / 14</u>	<u>\$ 60.00</u>	<u>meal sponsor</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE *(Not an Acronym)*
Westberg + White Architects
 ADDRESS *(Business Address Acceptable)*
14471 Chambers Road Suite 210 Tustin, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 15 / 14</u>	<u>\$ 180.00</u>	<u>golf event tickets</u>
<u>05 / 05 / 14</u>	<u>\$ 150.00</u>	<u>golf charity tournament</u>
<u>09 / 30 / 14</u>	<u>\$ 20.00</u>	<u>lunch</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Facilities Planning and Program Services, Inc.
 ADDRESS *(Business Address Acceptable)*
22067 LaPalma Ave. Yorba Linda, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
construction services firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 15 / 14</u>	<u>\$ 150.00</u>	<u>golf charity tournament</u>
<u>05 / 18 / 14</u>	<u>\$ 60.00</u>	<u>golf</u>
<u>10 / 26 / 14</u>	<u>\$ 60.00</u>	<u>golf</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Peter Hardash

▶ NAME OF SOURCE *(Not an Acronym)*
HMC Architects
 ADDRESS *(Business Address Acceptable)*
2601 Main St. Irvine, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 30 / 14</u>	<u>\$ 150.00</u>	<u>golf charity tournament</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
P2S Engineering, Inc.
 ADDRESS *(Business Address Acceptable)*
5000 E. Spring Street, 8th Floor, Long Beach, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
engineering firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 26 / 14</u>	<u>\$ 75.00</u>	<u>golf charity tournament</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Piper Jaffray & Co. (continued)
 ADDRESS *(Business Address Acceptable)*
2321 Rosecrans Ave. Suite 3200 El Segundo, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
bond underwriters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 14</u>	<u>\$ 100.00</u>	<u>golf charity tournament</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: _____

COVER PAGE

Filed Date: 03/31/2016 12:39 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hardash Peter J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Rancho Santiago Community College District
Division, Board, Department, District, if applicable Your Position
Vice Chancellor - Business Operations/Fiscal Services

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

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- City of _____ Other _____

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- 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: 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)
2323 N. Broadway Santa Ana CA 92706-1640
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(714) 480-7300 hardash_peter@rsccd.edu

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

Date Signed 03/31/2016 12:39 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Peter Hardash

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 21 / 15</u>	\$ <u>25.00</u>	<u>ASCIP Meal</u>
<u>07 / 23 / 15</u>	\$ <u>88.00</u>	<u>ASCIP Meal</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ 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
SELF Actuarial/Risk Management Services

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

▶ NAME OF SOURCE *(Not an Acronym)*
Westberg+White
 ADDRESS *(Business Address Acceptable)*
14471 Chambers Rd. #210, Tustin, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 10 / 15</u>	\$ <u>20.00</u>	<u>Lunch Meeting</u>
<u>05 / 04 / 15</u>	\$ <u>250.00</u>	<u>Santa Ana College Foundation Golf Tournament</u>
<u>09 / 24 / 15</u>	\$ <u>20.00</u>	<u>Lunch Meeting</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Westberg+White (continued)
 ADDRESS *(Business Address Acceptable)*
14471 Chambers Rd. #210, Tustin, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 31 / 15</u>	\$ <u>120.00</u>	<u>2 Event Tickets - Toshiba Golf Classic</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Piper Jaffray & Co.
 ADDRESS *(Business Address Acceptable)*
2321 Rosecrans Ave. Suite 3200, El Segundo, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Underwriters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 13 / 15</u>	\$ <u>143.78</u>	<u>Golf and Lunch</u>
<u>05 / 22 / 15</u>	\$ <u>73.20</u>	<u>Golf and Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
HMC Architects
 ADDRESS *(Business Address Acceptable)*
633 W. 5th St. 3rd Floor, Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Architects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 29 / 15</u>	\$ <u>250.00</u>	<u>Mt. SAC Foundation Golf Tournament</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Peter Hardash

▶ 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
SELF Insurance Broker

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 18 / 15</u>	\$ <u>46.19</u>	<u>SELF Dinner</u>
<u>09 / 17 / 15</u>	\$ <u>200.00</u>	<u>SELF Golf and Lunch</u>
<u>10 / 08 / 15</u>	\$ <u>49.99</u>	<u>SELF Dinner</u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 15</u>	\$ <u>64.25</u>	<u>SELF Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
CCC/IOU - Chancellor's Office (CA Community College Investor Owned Utility Partnership)
 ADDRESS *(Business Address Acceptable)*
1102 Q Street, Sacramento, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
California Community College Investor Owned Utility Partnership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 17 / 15</u>	\$ <u>65.00</u>	<u>ACBO Golf Tournament</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Declues, Burkett & Thompson
 ADDRESS *(Business Address Acceptable)*
17011 Beach Blvd, Suite 400, Huntington Beach, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ASCIP Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 15</u>	\$ <u>160.00</u>	<u>Golf</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Facilities Planning and Program Services, Inc.
 ADDRESS *(Business Address Acceptable)*
22067 LaPalma Ave. Yorba Linda, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction Consulting Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 15</u>	\$ <u>60.00</u>	<u>ACBO Golf Tournament</u>
<u>10 / 25 / 15</u>	\$ <u>75.00</u>	<u>ACBO Golf Tournament</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 05 / 15</u>	\$ <u>240.00</u>	<u>Cypress College Foundation Golf Tournament</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____