

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)

Rodriguez

(FIRST)

Refugio

 2018 APR -2 PM 4:30W
 (MIDDLE)

 GEN. CNSL. OFF.
 LEGAL SERVICES

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles Unified School District

Division, Board, Department, District, if applicable

Board District 5

Your Position

Board Member

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

Agency: CA Commission on Teacher Credentialing

Position: Commissioner

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

☐ 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, 2017, through December 31, 2017.

-or-

The period covered is / / , through December 31, 2017.

☐ **Leaving Office:** Date Left / /
 (Check one)

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ The period covered is / / , through the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 6
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)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

ref.rodriquez@lausd.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 4/2/18

(month, day, year)

Signature

(Filing official)

Form 700 (2017/2018)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Ref Rodriguez

1. BUSINESS ENTITY OR TRUST

Organic Education Solutions

Name

2904 Sagamore Way, Los Angeles, CA 90065

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Educational consulting services

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☒ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/17
ACQUIRED

____/____/17
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ S Corp

Other _____

YOUR BUSINESS POSITION

President

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

☒ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

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

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

2904 Sagamore Way, Los Angeles, CA 90065

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

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/17
ACQUIRED

____/____/17
DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

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:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/17
ACQUIRED

____/____/17
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION

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

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

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:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/17
ACQUIRED

____/____/17
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Ref Rodriguez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2904 Sagamore Way

CITY
Los Angeles

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

IF APPLICABLE, LIST DATE:
____/____/17 ____/____/17
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining ☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1993 Jade Canyon Circle

CITY
Las Vegas

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

IF APPLICABLE, LIST DATE:
____/____/17 ____/____/17
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining ☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Jorge Robles

* You are not required to report loans from commercial lending institutions 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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Ref Rodriguez

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Organic Education Solutions

ADDRESS (Business Address Acceptable)
2904 Sagamore Way, Los Angeles, CA 90065

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational consulting services

YOUR BUSINESS POSITION
President

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 Position only - no income received in 2017

(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
University of Southern California

ADDRESS (Business Address Acceptable)
3551 Trousdale Pkwy, Los Angeles, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Higher education

YOUR BUSINESS POSITION
Media Relations Specialist

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 commercial lending institutions, 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* _____

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: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Ref Rodriguez

► NAME OF SOURCE (Not an Acronym)

SkillsUSA

ADDRESS (Business Address Acceptable)

14001 SkillsUSA Way, Leesburg, VA 20176-5494

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Training program

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 27 17	77	Skills USA Jacket
/ /	\$	
/ /	\$	
/ /	\$	

► 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:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Ref Rodriguez

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Queen's University Belfast

ADDRESS (Business Address Acceptable)
University Road Belfast BT7 1NN

CITY AND STATE
Belfast, Northern Ireland

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

DATE(S): 1/14/17 - 1/23/17 AMT: \$ 1,670.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Participated in an exchanged to study collaboration

▶ If Gift, Provide Travel Destination
Belfast, Northern Ireland

▶ NAME OF SOURCE (Not an Acronym)
The Education Bureau of Yanqing District

ADDRESS (Business Address Acceptable)
No. 51 Gaota Street

CITY AND STATE
Yanqing District, Beijing

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign government - school district

DATE(S): 4/8/17 - 4/16/17 AMT: \$ 1,780.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Exchange of best practices with sister school district

▶ If Gift, Provide Travel Destination
Beijing, China

▶ NAME OF SOURCE (Not an Acronym)
Aspen Institute

ADDRESS (Business Address Acceptable)
1 Dupont Circle, NW, Suite 700

CITY AND STATE
Washington, DC

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

DATE(S): 7/26/17 - 7/31/17 AMT: \$ 2,600.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Participated in workshops and seminars

▶ If Gift, Provide Travel Destination
Aspen, Colorado

▶ NAME OF SOURCE (Not an Acronym)
CA Commission on Teacher Credentialing

ADDRESS (Business Address Acceptable)
1900 Capitol Avenue

CITY AND STATE
Sacramento, CA

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

DATE(S): 6/11/17 - 6/12/17 AMT: \$ 570.00
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Participated in a conference for CTC business

▶ If Gift, Provide Travel Destination

Comments: