

AMENDMENT

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rodriguez Ref 2017 JUL 11 PM 12:24

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

GEN. CNLS. OFF.
LEGAL 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 _____
☐ City of _____ ☒ Other Los Angeles County

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

- ☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.
-or- The period covered is ____/____/____ through December 31, 2016.
☐ **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, 2016, 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: 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.rodriguez@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 6/29/17
(month, day, year)

Signature _____
(Filing official.)

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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

☐ \$0 - \$1,999

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED

____/____/16
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

☒ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$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

Real Journey Academies

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

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED

____/____/16
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:

Filer's Verification

Print Name Ref Rodriguez

Office, Agency or Court Los Angeles Unified School District

Statement Type ☒ 2016/2017 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☐ Candidate
(yr)

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

Date Signed 06/29/2017

(month, day, year)

Filer's Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

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

CITY
Los Angeles

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____/_____/16
☐ \$10,001 - \$100,000 _____/_____/16
☒ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

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

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____/_____/16
☐ \$10,001 - \$100,000 _____/_____/16
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

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

* 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

Filer's Verification

Print Name Ref Rodriguez


Office, Agency or Court Los Angeles Unified School District

Statement Type ☒ 2016/2017 Annual ☐ Assuming ☐ Leaving
 ☐ _____ Annual ☐ Candidate
 (yr)

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Date Signed 06/29/2017

Filer's Signa 

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

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Loyola Marymount University

ADDRESS (Business Address Acceptable)

1 LMU Drive, Los Angeles, CA 90045

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

YOUR BUSINESS POSITION

Adjunct Faculty

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

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 Payments received for services
(Describe)

Comments:

► **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*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

BUSINESS ACTIVITY, IF ANY, OF LENDER

☐ Real Property _____
Street address

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

City

☐ Guarantor _____

☐ Other _____
(Describe)

Filer's Verification

Print Name Ref Rodriguez

Office, Agency or Court Los Angeles Unified School District

Statement Type ☒ 2016/2017 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☐ Candidate
(yr)

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Date Signed 06/29/2017

(month, day, year)

Filer's Signature

SCHEDULE D Income – Gifts

► NAME OF SOURCE (Not an Acronym)
Para Los Ninos

ADDRESS (Business Address Acceptable)
5000 Hollywood Blvd., Los Angeles, CA 90027

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Anniversary Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 05 16	150	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
Inner City Struggle

ADDRESS (Business Address Acceptable)
124 North Townsend Ave., Los Angeles, CA 90063

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Awards Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 05 16	150	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
Woodcraft Rangers

ADDRESS (Business Address Acceptable)
340 E. 2nd St., Suite 200, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 03 16	150	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)
Mexican American Legal Defense & Education Fund

ADDRESS (Business Address Acceptable)
634 S. Spring Street, Los Angeles, CA 90014

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LA Awards Gala of MALDEF

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 10 16	150	Dinner
/ /	\$	
/ /	\$	

► 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)
/ /	\$	
/ /	\$	
/ /	\$	

Filer's Verification

Ref Rodriguez
Print Name

Office, Agency or Court Los Angeles Unified School District

Statement Type ☒ 2016/2017 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

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6/29/17
Date Signed

Filer's Signa

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 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)
Aspen Institute

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

CITY AND STATE
Washington, DC 20036

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

DATE(S): 07/17/16 - 07/22/16 AMT: \$ 3,000
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description Participated in seminars and workshops

▶ If Gift, Provide Travel Destination Aspen, Colorado

▶ NAME OF SOURCE (Not an Acronym)
National Campaign to Stop Violence

ADDRESS (Business Address Acceptable)
2021 Massachusetts Ave, NW

CITY AND STATE
Washington, DC 20036

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Do the Write Thing

DATE(S): 07/24/16 - 07/27/16 AMT: \$ 1,400
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description Supported LAUSD students participating in the national competition.

▶ If Gift, Provide Travel Destination Baltimore, MD

▶ NAME OF SOURCE (Not an Acronym)
NALEO Education Fund

ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd., Third Floor

CITY AND STATE
Los Angeles, California 90015

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
National Institute for Newly Elected Officials

DATE(S): 11/17/16 - 11/20/16 AMT: \$ 1,300
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description Participated in a leadership training for new elected officials.

▶ If Gift, Provide Travel Destination Washington, DC

Filer's Verification

Print Name Ref Rodriguez

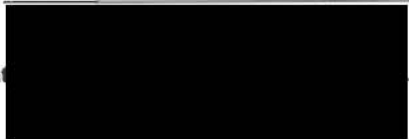
Office, Agency Los Angeles Unified School District or Court

Statement Type ☒ 2016/2017 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate
(yr)

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Date Signed 6/29/17

Filer's Signature 

Comments: _____