Official Use Only

## CALIFORNIA FORM / U U FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT.

Plea	se type or print in ink.			
NAME	E OF FILER (LAST)		(FIRST)	(MDDLE)
Vau	ighan		Beverly	Lynne
1. (	Office, Agency, or Court			
Ĩ	Agency Name			
I	Mare Island Technology Academy			
Ī	Division, Board, Department, District, if applicable		Your Position	
E	Board of Directors		Chairperson	
Þ	If filing for multiple positions, list below or on an attachment.			
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)	************		
[	State		☐ Judge (Statewide Jurisdiction)	
[	Multi-County		County of Solano	
[	City of		Other Charter school	· · · · · · · · · · · · · · · · · · ·
3	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2010, through Dece 2010.	mber 31,	Leaving Office: Date Left (Check one)	and assessment entirement
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	Assuming Office: Date		O The period covered is of leaving office.	_/, through the date
[	Candidate: Election Year Office soug	ht, if differe	ent than Part 1:	
4. (	Schedule Summary	aucono estado de la como		
(	Check applicable schedules or "None."	► Tof	tal number of pages including this co	over page:
	Schedule A-1 - Investments - schedule attached	П	Schedule C - Income, Loans, & Busin	ness Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - sched	
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel	
	-or- ✓ None - <i>No reportab</i>	le interests	on any schedule	
e i		NA DOSTONO POR PORTO DE LA CONTRACTOR DE L		
_	<b>Verification</b> MAILING ADDRESS STREET (	NTV	ATT TO	700 AADE
	Business or Agency Address Recommended - Public Documenti	CITY	STATE	ZIP CODE
-		/allejo	CA	94589
L.	PAYTIME TELEPHONE NUMBER	E-1	MAIL ADDRESS	
<u>`</u>	707 )552.6482 have used all reasonable diligence in preparing this statement. I have	L rouious	if this statement and to the host of my le	soudades the information contained
	erein and in any attached schedules is true and complete. I ackno			nomeage the information comained
A	certify under penalty of perjury under the laws of the State of	California	that the foregoing is true and correc	<u>t</u>
D	late Signed <u>3/23///</u>	Sian	ature <u>Severly</u> LVX	reghen
-	(month, day, year)	~:9,,	(File the originally signed stater	nent with your filing official.)

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
Official Use Only

Please type or print in ink. (MIDDLE) (FIRST) NAME OF FILER (LAST) Bonnie Katz 1. Office, Agency, or Court Agency Name Mare Island Technology Academy Your Position Division, Board, Department, District, if applicable Board Member ▶ If filing for multiple positions, list below or on an attachment. Agency: . 2. Jurisdiction of Office (Check at least one box) Judge (Statewide Jurisdiction) State County of Sclans Multi-County \_\_ ☐ Other 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ Annual: The period covered is January 1, 2010, through December 31, (Check one) O The period covered is January 1, 2010, through the date of The period covered is \_\_\_\_\_\_\_, through December 31, leaving office. 2010. O The period covered is \_\_\_\_\_\_, through the date Assuming Office: Date \_\_\_\_\_\_\_\_ of leaving office. Office sought, if different than Part 1: \_\_\_ Candidate: Election Year \_\_\_ 4. Schedule Summary ▶ Total number of pages including this cover page: -Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule 5. Verification ZIP CODE CITY MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) Valleio CA 94589 2 Positive Place E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER bkatz@mitacademy.org (707)552-6482 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. Signature . 1 / Ja . 46 Date Signed . h, your filing official.) (month, day, year)

(MIDDLE)

Andrew

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

Haze Hine Cody

1.	Office, Agency, or Court	
	Agency Name	Λ .
		Academy
	Division, Board, Department, District, if applicable	Your Position
		Board member
	▶ If filing for multiple positions, list below or on an attachment.	
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	☐ Judge (Statewide Jurisdiction)
	Multi-County	**County of Solano
	City of	Other
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2010, through December 3 2010.	1, Leaving Office: Date Left//(Check one)
	The period covered is/, through December 31 2010.	, O The period covered is January 1, 2010, through the date of leaving office.
	Assuming Office: Date	The period covered is/, through the date of leaving office.
	Candidate: Election Year Office sought, if dif	fferent than Part 1:
4	Schedule Summary	2
	•	Total number of pages including this cover page:
	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
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	None - No reportable intere	esis on any schedule
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
		llejo CA 94589
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS COOV. hazeltine@ gmail. Clom
	(707) 315-7090	
	have used all reasonable diligence in preparing this statement. I have reviewherein and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of the State of Californ	·
	Date Signed 3/17/11 (month, day, year)	Signature (Fledie originally signed statement with your filing official.)
e more to		

Date Received
Official Use Only

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print	t in ink.				
NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)	
Peterman			Kent	C.	
1. Office, Agen	cy, or Court				
Agency Name					
Mare Island	Technology Academy				
Division, Board, D	Department, District, if applicable		Your Position		
Governing B	oard		Secretary		
▶ If filing for mult	tiple positions, list below or on an attachme	nt.			
Agency:			Position:		
2. Jurisdiction	of Office (Check at least one box)	A STATE OF THE PARTY OF T			
State		ſ	Judge (Statewide Jurisdiction)		
Multi-County			N County of Soland		
City of			Other Charter School		
2 Type of Stat	ANANT IN THE RESERVE				
~ `	ement (Check at least one box)	E Daniel Da F			
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Assuming O	ffice: Date/		The period covered is     of leaving office.	, through the date	
Candidate:	Election YearOffi	ce sought, if different t	han Part 1:		
4. Schedule Su	ımmary				
Check applicable	e schedules or "None."	► Total r	number of pages including this co	ver page:	
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Schedule A-2	2 - Investments - schedule attached		hedule D - Income - Gifts - schedu		
Schedule B	- Real Property – schedule attached	☐ Sc	hedule E - Income – Gifts – Travel	Payments - schedule attached	
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None - No reportable interests on any schedule					
5. Verification				ikkista airan maran majanka paran saman piningan katalah katalah katalah katalah saman manan sa	
MAILING ADDRESS (Business or Agency A	STREET Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
2 Positive Pla	'	Vallejo	CA	94589	
DAYTIME TELEPHON	E NUMBER	······	ADDRESS		
( 707 ) 552-	6482	kpet	terman@mitacademy.org		
	asonable diligence in preparing this stateme attached schedules is true and complete.			nowledge the information contained	
I certify under pe	enalty of perjury under the laws of the S	tate of California that	the foregoing is true and correct	t.	
Date Signed	3/17/2011	Cinnatur			
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Date Received

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.					
NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Guzman			Jaime		L
1. Office, Agency, or Court					
Agency Name					
MIT Academy					
Division, Board, Department, District, if	applicable		Your Position	***************************************	
School Board Member			Treasurer		
▶ If filing for multiple positions, list bel	ow or on an attachment.				
Agency:		***************************************	Position:		
2. Jurisdiction of Office (Check	at least one box)				
State	•		☐ Judge (Statewide	Jurisdiction)	
Multi-County			⊠ County of Sola	no.	
City of			•		
3. Type of Statement (Check at I			Name of the last o		
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Candidate: Election Year	Office s	ought, if differer	t than Part 1:		
I. Schedule Summary					
Check applicable schedules or "None	l. "	▶ Tota	I number of pages in	cluding this cov	er page:1
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MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	lic Document)	CITY		STATE	ZIP CODE
2 Positive Place	,	Vallejo		CA	94589
DAYTIME TELEPHONE NUMBER			NIL ADDRESS		71000
( 707 ) 362-0353			uzma@sbcglobal		
I have used all reasonable diligence in pro- herein and in any attached schedules is	eparing this statement. I true and complete. I acl	have reviewed t knowledge this i	his statement and to th s a public document.	e best of my know	wledge the information contained
I certify under penalty of perjury unde				ue and correct.	
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Date Signed 03-2/-/	)	Signat	ure Fain	idinally signed elatemen	Who was filing official )

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See .	Office, Agency, or Court	,	
	Agency Name  Mare Island Techno  Division, Board, Department, District, if applicable	lay Academy	
	Division, Board, Department, District, if applicable	Your Position Member	
	► If filing for multiple positions/ list below or on an attachmen		
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2.	Jurisdiction of Office (Check at least one box)		
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bessiese	Candidate: Election Year Office	ce sought, if different than Part 1:	
4.	Schedule Summary		
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	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 B - Real Property – schedule attached	Schedule E - Income - Giffs -	- Travel Payments - schedule attached
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	2 Positive Place	Valleju C.	A 94589
	DAYTIME TELEPHONE NUMBER	YE-MAIL ADDRESS	4 4
	(707) 330-3649	ganaboyzec	
	I have used all reasonable diligence in preparing this statemen herein and in any attached schedules is true and complete. I		of my knowledge the information contained
	I certify under penalty of perjury under the laws of the St	ate of California that the foregoing is true and	correct.
	Date Signed March 23, 2011 (month, day, year)	Signature Art Signature	Sele carno of gned statement with your filing official.)

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)  JONES  1. Office, Agency, or Court  Agency Name  WIT ACADEMY  Division, Board, Department, District, if applicable  BOARD OF DIRECTORS  TRUSTEE	AMARIA MARIA
1. Office, Agency, or Court  Agency Name  WIT ACADEMY  Division, Board, Department, District, if applicable  Your Position	Molecules (Miles Popular America Sanciara annua.
1. Office, Agency, or Court  Agency Name  WIT ACADEMY  Division, Board, Department, District, if applicable  Your Position	ANTO-TAXION FARITION
MIT ACADEMY Division, Board, Department, District, if applicable  Your Position	
Division, Board, Department, District, if applicable Your Position	
	arrangement of the contract of
1SOARD OF DIRECTORS TRUSTEE	
▶ If filing for multiple positions, list below or on an attachment.	
Agency: Position:	
2. Jurisdiction of Office (Check at least one box)	
State Judge (Statewide Jurisdiction)	
Multi-County of Solano	
City of Other	
3. Type of Statement (Check at least one box)	
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Candidate: Election Year Office sought, if different than Part 1:	***************************************
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☐ 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	ittached
-or- None - No reportable interests on any schedule	
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(Business or Agency Address Recommended - Public Document)  2 POSITIVE PLACE VALLESO CA. 94589	
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS	***************************************
(707) 207.0519 jiones @mitacademy	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.	ı contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed 3/24/1\ Signature Signature	
Date Signed Signature (niorith, day, year)  Signature (File the originally signed stategrent with your filing official.)	

(month, day, year)

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (MIDDLE) 1. Office, Agency, or Court Agency Name Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. Position: Agency: . 2. Jurisdiction of Office (Check at least one box) ☐ Judge (Statewide Jurisdiction) State County of \_\_\_\_ Multi-County ..... Other City of \_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left \_\_\_\_/\_\_\_ (Check one) O The period covered is January 1, 2010, through the date of The period covered is \_\_\_\_\_\_, through December 31, leaving office. 2010, O The period covered is \_\_\_\_/\_\_\_, through the date Assuming Office: Date \_\_\_\_/\_\_\_ of leaving office. Candidate: Election Year \_\_ Office sought, if different than Part 1: \_\_\_\_ 4. Schedule Summary Check applicable schedules or "None." ➤ Total number of pages including this cover page: 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 None - No reportable interests on any schedule 5. Verification MAILING ADDRESS ZIP CODE STATE 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 sorrect. Date Signed . Signature:

Fig the enginality signed statement with

Please type or print in ink.	
NAME OF FILER (LAST). INSQUERA de	(FIRST) (MIDDLE) Alex
1. Office, Agency, or Court	
Agency Name  Mare Island Technology  Division, Board, Department, District, if applicable	Academy Assistant Director Your Position
► If filing for multiple positions, list below or on an attachment.	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge (Statewide Jurisdiction)
Multi-County	
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2010, through Decembe 2010.	er 31, Leaving Office: Date Left//(Check one)
The period covered is/, through December 2010.	leaving office.
Assuming Office: Date/	The period covered is/, through the date of leaving office.
Candidate: Election Year Office sought, i	if different than Part 1:
4. Schedule Summary	'g
Check applicable schedules or "None."	▶ Total number of pages including this cover page:
□ Schedule A-1 - Investments – schedule attached □ Schedule A-2 - Investments – schedule attached □ Schedule B - Real Property – schedule attached  -or- None - No reportable in	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Interests on any schedule
5. Verification	
MAILING ADDRESS STREET CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)  2 Positive Place  DAYTIME TELEPHONE NUMBER	cleis CA 94589
(707) 552-6482	ainsaurralde @ mitacademy.or
I have used all reasonable diligence in preparing this statement. I have referein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
I certify under penalty of perjury under the laws of the State of Cal	lifornia that the foregoing is true and correct.
Date Signed 3 (month, day, year)	Signature (File the originally signed statement with your filing official.)

Date Received
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## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in	ink.			
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)
Franks		Brenda		Α
1. Office, Agency,	or Court			
Agency Name			*****	
Mare Island Te	chnology (MIT) Academy			
Division, Board, Dep	artment, District, if applicable	Your Position		
		Human Resou	rces Coordinat	.or
► If filing for multiple	e positions, list below or on an attachment.			
Agency:		Position:		
2. Jurisdiction of	Office (Check at least one box)			
State		☐ Judge (Statewide		
Multi-County		Solan	io (Vallejo)	
City of		Other		
3. Type of Staten	nent (Check at least one box)			
Annual: The p	eriod covered is January 1, 2010, through E	December 31, Leaving Office: (Check one)	Date Left/_	
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Assuming Office	ce: Date/	<ul><li>The period co of leaving office</li></ul>		/, through the date
Candidate: Ele	ection Year Office s	sought, if different than Part 1:		
4. Schedule Sum	mary			
Check applicable s	chedules or "None."	➤ Total number of pages inc	luding this cover	page:1
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 a	uttached
Schedule B - R	leal Property - schedule attached	Schedule E - Income -	- Gifts – Travel Pay	ments - schedule attached
	-O	ortable interests on any schedule		
	✓ Noue - No Teho	mable interests on any schedule		
5. Verification				
MAILING ADDRESS (Business or Agency Addr	STREET ess Recommended - Public Document)	CITY	STATE	ZIP CODE
2 Positive Place		Vallejo	CA	94589
DAYTIME TELEPHONE N		E-MAIL ADDRESS		
( 707 ) 552-64		bfranks@mitacaden		adve the information contained
	nable diligence in preparing this statement. tached schedules is true and complete. I a		e best of my knowle	age the information contained
I certify under pena	alty of perjury under the laws of the State	of California that the foregoing is tr	ue and correct.	
Data Circums	03/17/2011	Signatura Bre-	la a-	71
Date Signed	(month, day, year)	Signature(File the or	riginally signed statement w	vith your filing official.)

Date Received

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Ple	ease type or print in ink.			
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
L	opez	Diana		
1.	Office, Agency, or Court			
	Agency Name			
	MIT Academy/Mare Island Technology Acade	my		
	Division, Board, Department, District, if applicable	Your Position		
		Senior Accou	ntant	
	► If filing for multiple positions, list below or on an attachme	ent.		
	Agency:	Position:		
2.	Jurisdiction of Office (Check at least one box)			
	State	☐ Judge (Statewide	Jurisdiction)	
	Multi-County			
		0.1		
	City of	X Other Starts		
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2010, through 2010.	ph December 31, Leaving Office: (Check one)	Date Left	/
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	Assuming Office: Date/	<ul><li>The period of leaving of</li></ul>		, through the date
	Candidate: Election Year Off	ce sought, if different than Part 1:		
4.	Schedule Summary			
	Check applicable schedules or "None."	► Total number of pages in	ncluding this cove	er page:1
	Schedule A-1 - Investments – schedule attached			s Positions – schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income		
	Schedule B - Real Property – schedule attached	<b></b>		ayments - schedule attached
		-or-		,
	None - No	reportable interests on any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	2 Positive Place	Vallejo	CA	94589
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
	( 707 ) 552-6482 x102	dlopez@mitacader		
	I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.	I acknowledge this is a public document.		wledge the information contained
	I certify under penalty of perjury under the laws of the	State of California that the foregoing is	true and correct.	
	Date Signed	Signature Dear	1a Jay originally signed statemen	Markith your filing official.)