CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)	
Barniske	en er en	Susan		Giller	
1. Office, Agency, o	or Court	· · · · · · · · · · · · · · · · · · ·			
Agency Name					
Southwestern Co	ommunity College District	;			
Division, Board, Depar	tment, District, if applicable		Your Position		
Public Information	on Office	·	Consultant		
► If filing for multiple	positions, list below or on an attachment.				
Agency:			Position:		
2. Jurisdiction of (Office (Check at least one box)	<u> </u>			
State	·		Judge or Court Commission	er (Statewide Jurisdiction)	
_		:	County of		
	•		Southwestern C	ommunity College District	
City of			Ottier		
3. Type of Stateme	Type of Statement (Check at least one box)				
Decembe	od covered is January 1, 2011, through er 31, 2011.		Leaving Office: Date Left (Check one)	3 , 31 , 12	
	od covered is/ er 31, 2011.	_, through	The period covered is a leaving office.	lanuary 1, 2011, through the date of	
★ Assuming Office:	Date assumed1	2	 The period covered is the date of leaving office 	, through e.	
Candidate: Electi	on Year Office	sought, if diffe	rent than Part 1:		
4. Schedule Summ	narv			^	
Check applicable sch	-	➤ Total ı	number of pages including	this cover page:	
Schedule A-1 - In	vestments - schedule attached	Г	Schedule C - Income, Loans, &	Business Positions – schedule attached	
=	vestments - schedule attached	F	Schedule D - Income - Gifts - s		
Schedule B - Rea	l Property - schedule attached	Ē	Schedule E - Income - Gifts - 7	ravel Payments - schedule attached	
	·	o r- ortable interesi	ts on any schedule		
5. Verification					
MAILING ADDRESS	STREET Street	CITY	STATE	ZIP CODE	
1430 Broadway	Recommended - Public Document)	El Centr	o CA	92227	
DAYTIME TELEPHONE NUM	MBER		E-MAIL ADDRESS (OPTIONAL)		
(760) 960-482	21		Valley Solutions Group Inc		
I have used all reasona herein and in any attac	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.				
•	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	0/07/40		C 1, L Z	-le	
Date Signed	3/27/12 (month, day, year)	Sig	nature (File the originally signed	d 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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Susan Giller Barniske

▶	NAME OF BUSINESS ENTITY	П	NAME OF BUSINESS ENTITY
	Agic Convertible Income Fund	П	Apple Inc.
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
		П	
		П	
	FAIR MARKET VALUE	П	FAIR MARKET VALUE
	32,000 - \$10,000 310,001 - \$100,000	П	☐ \$2,000 - \$10,000
•	\$100,001 - \$1,000,000 Over \$1,000,000	П	\$100,001 - \$1,000,000 Over \$1,000,000
		П	MATURE OF INITECTMENT
	NATURE OF INVESTMENT	П	NATURE OF INVESTMENT Stock Other
	Stock Other (Describe)	П	(Describe)
	Partnership O Income Received of \$0 - \$499	Н	Partnership O Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	П	O Income Received of \$500 or More (Report on Schedule C)
		П	IE ADDITION DIE LICT DATE.
	IF APPLICABLE, LIST DATE:	П	IF APPLICABLE, LIST DATE:
		П	
	ACQUIRED DISPOSED	П	ACQUIRED DISPOSED
_	NAME OF BUSINESS ENTITY	Н	► NAME OF BUSINESS ENTITY
	.,		International Business Machines Corp.
	Ford Motor Company		
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	П	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
		П	
		П	
	FAIR MARKET VALUE	П	FAIR MARKET VALUE
	 \$2,000 - \$10,000	П	☐ \$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	П	S100,001 - \$1,000,000 Over \$1,000,000
		П	NATURE OF INVESTMENT
	NATURE OF INVESTMENT	П	X Stock Other
	X Stock Other (Describe)	П	(Describe)
	Partnership O Income Received of \$0 - \$499	П	Partnership O Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	П	O Income Received of \$500 or More (Report on Schedule C)
		П	,
	IF APPLICABLE, LIST DATE:	Н	IF APPLICABLE, LIST DATE:
		П	, , 44 , , 44
		П	
	ACQUIRED DISPOSED	П	AOQUINED DIGI GOLD
▶	NAME OF BUSINESS ENTITY	П	► NAME OF BUSINESS ENTITY
		П	
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	П	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
		П	
		Н	
	FAIR MARKET VALUE	П	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	Н	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	П	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	H	NATURE OF INVESTMENT
	Stock Other	П	Stock Other(Describe)
	(Describe)	П	Partnership O Income Received of \$0 - \$499
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	$\ \ $	O Income Received of \$500 or More (Report on Schedule C)
	G Water Control of the Control of th	П	·
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 44 , , , 44		/ / 11 / / 11
	J 11 J 11		ACQUIRED DISPOSED
	ACQUIRED DISPOSED		NOROWED DID! OOLD
Co	mments:		

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
Susan Giller Barniske

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name Valley Solutions Group, Inc	Name Vision Care Center of Southeastern California Address (Business Address Acceptable)
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Public Relations Firm	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999
NATURE OF INVESTMENT Sole Proprietorship Partnership Corporation Other YOUR BUSINESS POSITION Vice President/Principal	NATURE OF INVESTMENT Sole Proprietorship Partnership Corporation Other YOUR BUSINESS POSITION Assistant Secretary
▶ 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	DENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) \$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
Sanitation District of Los Angeles County; Ormat Nevada; Reliance Public Relations Inc.; Imperial Valley Economic Development Corp.	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location 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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Commenter	FPPC Form 700 (2011/2012) Sch. A-2