CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER

Gonzalez

17050

Mario

1.	Office, Agency, or Court	•			
	Agency Name	\\ \C =	1		,
٠	Division, Board, Department, District, if applicable Your Position 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 or (Court Commissioner (Sta	tewide Jurisdiction)
	Multi-County		County of	Son Di	298
	City of		Other St	with western	ego Community coll
3.	Type of Statement (Check at least one box)				
1	Annual: The period covered is January 1, 2011, through December 31, 2011.		Leaving (Check of	Office: Date Left ne)	<i></i>
	The period covered is//	, through		eriod covered is January g office.	1, 2011, through the date of
	Assuming Office: Date assumed/			eriod covered is/. ate of leaving office.	, through
	Candidate: Election Year Office so	ought, if differe	ent than Part 1: _		
4.	Schedule Summary				a
	Check applicable schedules or "None."	► Total n	umber of pag	es including this c	over 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 - //	ncome – Gifts – Travel F	ayments - schedule attached
	None - No repor		s on any schedule)	
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	900 Otay Lakes Rd.	Chu1a	Vista	CA	91910
	DAYTIME TELEPHONE NUMBER	E	-MAIL ADDRESS (OP	TIONAL)	
	(619) 482-6562				
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein 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.				
	Date Signed 03 14 (knonth, day, year) Signature (File the drighnelly signed/statement with your filing official.)				