

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
McClellan	Mia	Celia	

1. Office, Agency, or Court

Agency Name
Southwestern Community College District

Division, Board, Department, District, if applicable
Your Position
Dean of Student Services

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input checked="" type="checkbox"/> Other Southwestern Community College District

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2012, through December 31, 2012.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one)
-or- The period covered is ____/____/____, through December 31, 2012.	<input type="checkbox"/> The period covered is January 1, 2012, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____	<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____	

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

<input type="checkbox"/> Schedule A-1 - Investments - schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A-2 - Investments - schedule attached	<input type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> 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)				
900 Otay Lakes Road		Chula Vista	CA	91910
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
(619) 421-6700				

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 4/2/13
(month, day, year)

Signature Mia McClellan
(File the originally signed statement with your filing official)