CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

| Please type or print in ink. | | | | | |
|--|---|----------|---|---|---------------|
| NA | ME OF FILER (LAST) | | (FIRST) | (MIDDLE |) |
| | Ninez | | Ling | Ant | OING |
| 1. | Office, Agency, or Court | | COR SECURIO | | |
| | Agency Name | | 4 | | |
| | Southwestern Community College District | 4 | | | 1040 |
| | Division, Board, Department, District, if applicable | | Your Position | | 1 |
| | **** | | TILT and nedo | of Programs C | recter |
| | ► If filing for multiple positions, list below or on an attachment. | | | | |
| | | | | | |
| | Agency: | | Position: | - 10 | |
| 2. Jurisdiction of Office (Check at least one box) | | | | | |
| | State | -4 | ☐ Judge or Court Commission | ner (Statewide Jurisdiction) | |
| | Multi-County | | County of | | |
| | | | Other Southwestern | | |
| | City of | | Other Odditivestern | Continuinty Conege L | ristrict |
| 3. | 3. Type of Statement (Check at least one box) | | | | |
| | ✓ Annual: The period covered is January 1, 2012, through | | ☐ Leaving Office: Date Le | ft | |
| | December 31, 2012. | | (Check one) | | _ |
| | The period covered is/ | through | The period covered is leaving office. | January 1, 2012, through th | e date of |
| | Assuming Office: Date assumed | | The period covered is the date of leaving offi | | ., through |
| | 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: | | | | |
| | 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 | | | | and antagniou |
| | Schedule B - Real Property - schedule attached Schedule E - Income - Giffs - Travel Payments - schedule attached | | | | attached |
| | -or- | | | | |
| None - No reportable interests on any schedule | | | | | |
| 5. | Verification | | | | 2.35 |
| | MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) | CITY | STATE | ZIP CODE | |
| | 900 Otay Lakes Road Chu | la Vista | CA | 91915 | |
| | DAYTIME TELEPHONE NUMBER | E | E-MAIL ADDRESS (OPTIONAL) | | |
| | 619) 421-6700 | | | | |
| | 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. | | | | |
| | The water | | | | |
| | Date Signed Te broan 12 2013 | Sign | nature | a statement with your filing official.) | |
| - | 1 11111 | | p are apparatus organic | 1 | 100 |