

STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only

COVER PAGE

Please type or print in Ink.

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Southwestern Community College District

Division, Board, Department, District, if applicable

Dean

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

☐ State

☐ Multi-County \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of \_\_\_\_\_

☒ Other Southwestern Community College District

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

☒ Annual: The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is \_\_\_\_\_, through December 31, 2013.

☐ Assuming Office: Date assumed \_\_\_\_\_

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2013, through the date of leaving office.

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET  
(Business or Agency Address Recommended - Public Document)

900 Otay Lakes Road

CITY

Chula Vista

STATE

CA

ZIP CODE

91910

DAYTIME TELEPHONE NUMBER

( 619 ) 421-6700

E-MAIL ADDRESS (OPTIONAL)

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.

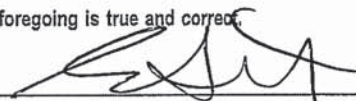
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3-10-2014

(month, day, year)

Signature



(File the originally signed statement with your filing official.)

FPPC Form 700 (2013/2014)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov