## 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

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1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	O ( (O )
	Southwestern Community College District	DISTRICT BUYER
	Division, Board, Department, District, if applicable	Your Position
	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	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	☐ Multi-County	Z County of San Diego
	City 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.	Leaving Office: Date Left
	The period covered is, through December 31, 2013.	<ul> <li>The period covered is January 1, 2013, through the date of leaving office,</li> </ul>
	Assuming Office: Date assumed/	O The period covered is
	☐ Candidate: Election year and office sought, if d	ifferent 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
	Schedule B - Real Property – 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)	STATE ZIP CODE
	900 Otay Lakes Road Chula Vista	CA 91910
	DAYTIME TELEPHONE NUMBER	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 are 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 18 14 Signath, day year)	nature / File the originally staned 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