## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Nader Tim	Joseph
1. Office, Agency, or Court	• • •
Agency Name .	
Dept of Justice	
Division, Board, Department, District, if applicable	Your Position
	Deputy Áttorney General
▶ If filing for multiple positions, list below or on an attachment.	
Agency: Southwestern Community College District	Position: Board Member
2. Jurisdiction of Office (Check at least one box)	
✓ State	Judge or Court Commissioner (Statewice Jurisdiction)
Multi-County	County of
City_of	✓ Other Southwestern Community College District
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2012, through December 31, 2012.	Leaving Office: Date Left/(Check one)
The period covered is, through December 31, 2012.	<ul> <li>The period covered is January 1, 2012, through the date of leaving office.</li> </ul>
Assuming Office: Date assumed	The period covered is
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
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	
✓ None - No reportable intere	sts on any schedule
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
110 West A St., San Diego, CA 92101	E-MAIL ADDRESS (OPTIONAL)
. ( 619 ) 645-2210	E-MAIL AUDITION (OF FIGURE)
	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of the State of Californ	•
02/13/2013	ignature Talen
(month, day, year)	(File the originally signed statement with your filing official.)