

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

Date Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Seaberry Benny J

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Southwestern Community College District

Division, Board, Department, District, if applicable

Your Position

Director of Institutional Technology & CIO

► 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

☐ Judge or Court Commissioner (Statewide 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, 2013, through December 31, 2013.

-or-

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

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

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

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

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

☐ 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

☐ 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 CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

900 Otay Lakes Road

Chula Vista

CA

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 02/20/2014  
(month, day, year)

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