

STATEMENT OF ECONOMIC INTERESTS

 Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Tadlock	Stephen	L.	

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Southwestern Community College District

Division, Board, Department, District, if applicable

School of Continuing Education

Your Position

Director of Continuing Education and Spec. Projects

► 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 Calif. Community College Chancellor's Office |

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 ____/____/____
(Check one) |
| -or-
The period covered is ____/____/____, through December 31, 2013. | ☐ 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) 482-6376

E-MAIL ADDRESS (OPTIONAL)

stadlock@swccd.edu

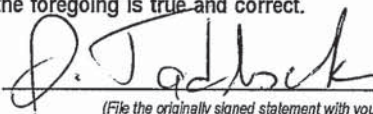
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

 Date Signed 02/11/2014

(month, day, year)

Signature



(File the originally signed statement with your filing official)