

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cornojo-Darcy Silvia L.

1. Office, Agency, or Court

Agency Name

Southwestern Community College District, Dean

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

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, 2011, through December 31, 2011.
-or-
The period covered is / / , through December 31, 2011.
Assuming Office: Date assumed 9, 15, 2011
☐ Leaving Office: Date Left / /
(Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Election Year 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 Rd.		Chula Vista	CA	91910
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
(619) 216-6755				

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

3-14-12
(month, day, year)

Signature

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