

STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE

 Date Received  
 Official Use Only  
 2014 APR 2 AM 9 39

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

 CLERK OF THE BOARD  
 OF SUPERVISORS

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms).

Southwestern Community College District

Division, Board, Department, District, if applicable

Your Position

Governing Board Member

► 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☐ Multi-County \_\_\_\_\_☐ City of \_\_\_\_\_☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ County 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.☐ The period covered is \_\_\_\_\_, through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_\_☐ 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 A-2 - Investments - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule D - Income - Gifts - 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)

CITY

STATE

ZIP CODE

900 Olay 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

April 1 2014  
(month, day, year)

Signature

Terri Valladolid

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