

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Date Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
HERNANDEZ NORMA L.

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

Agency Name

SOUTHWESTERN COMMUNITY COLLEGE DISTRICT GOVERNING BOARD MEMBER  
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, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2012.  
☐ Assuming Office: Date assumed \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2012, through the date of leaving office.  
☐ 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 E-MAIL ADDRESS (OPTIONAL)  
(619) 482-6700

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 02/11/2013 Signature Norma L. Hernandez  
(month, day, year) (File the originally signed statement with your filing official)