STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
Allen Michael Anthony

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Principal

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: Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left__/__/____
☐ Assuming Office: Date assumed__/__/____ (Choice one)
☐ The period covered is__/__/____, through December 31, 2016.
☐ The period covered is__/__/____, through the date of leaving office.
☐ Candidate: Election year __________ and office sought, if different than Part 1:

4. Schedule Summary (must complete)
Total number of pages including this cover page: _______

Schedules attached
☐ 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

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(For additional space recommended - Public Document)
1071 East 16th Street
Chico CA 95926

DAYTIME TELEPHONE NUMBER
(530) 891-3100

E-MAIL ADDRESS
mallen@chicousd.org

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 03/02/2017 Signature ___________________________
(month, day, year)

For the original signed statement with your filing official.
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) Beel (FIRST) Mark (MIDDLE) H.

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable

   ▶ 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 Public School District

3. Type of Statement (Check at least one box)
   ▲ Annual: The period covered is January 1, 2016, through December 31, 2016.
     -or-
     The period covered is ___________ / ______ / ______, through December 31, 2016.
   □ Leaving Office: Date Left ______ / ______ / ______
     (Check one)
     ○ The period covered is January 1, 2016, through the date of leaving office.
     -or-
     ○ 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 (must complete) ▶ Total number of pages including this cover page: ___________
   Schedules attached
   □ 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
   (Address or Agency Address Reconsidered - Public Document)
   197 Ca Nesset Lane H C  Chico  CA  95926
   DAYTIME TELEPHONE NUMBER
   (530) 520 - 4941
   E-MAIL ADDRESS
   Wildcat 88 @ Yahoo.com

   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 2/8/17 (month, day, year)
   Signature

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

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Benz Mele Lea

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Sierra View Elementary
Your Position
Principal

► 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
☐ County of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Other Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left / /
☐ The period covered is / / / , through December 31, 2016.
☐ 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:

☐ Other

4. Schedule Summary (must complete) ► Total number of pages including this cover page: __________

Schedules attached

☐ 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

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
1163 East 7th St.
CITY
Chico
STATE
CA
ZIP CODE
95928

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3117
E-MAIL ADDRESS
mbernz@chicousd.org

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 02/07/2017 (month, day, year)
Signature _

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

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST)  BRUCE
 (FIRST)  (MIDDLE)

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Principal
Your Position

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
☐ County of
☐ City of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Other
Public School District

3. Type of Statement (Check at least one box)
☑ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or -
The period covered is ________/_______/_______, through December 31, 2016.
☐ Leaving Office: Date Left ________/_______/_______
(Click one)
☐ The period covered is January 1, 2016, through the date of leaving office.
- or -
☐ 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 (must complete)  Total number of pages including this cover page: ________

Schedules attached
☐ 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: 169 LEORA CT
STREET: Chico
CITY: CA
STATE: 95923
ZIP CODE:

DAYTIME TELEPHONE NUMBER: (530) 891-3141
E-MAIL ADDRESS: bbesnand@chicoisd.org

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: 2/22/17
Signature: __________________________

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Statement of Economic Interests

Cover Page

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bettencourt Jo Ann F

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Kosendale Elementary School
Your Position
Principal

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 
☐ County of 
☐ Other Public School District

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ______/______/______ (Check one)
☐ The period covered is ______/______/______, through December 31, 2015.
☐ 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 (must complete) ▶ Total number of pages including this cover page: ______

Schedules attached

☐ 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
☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1163 E. 7th Street
Chico, CA 95928

STREET
CITY STATE ZIP CODE
1163 E. 7th Street
Chico, CA 95928

DAYTIME TELEPHONE NUMBER (530) 891-3104
E-MAIL ADDRESS

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 2-7-17 Signature

(If the originally signed statement is with your filing official)
### SCHEDULE A-2
**Investments, Income, and Assets of Business Entities/Trusts**
(Ownership Interest is 10% or Greater)

#### 1. BUSINESS ENTITY OR TRUST

**Chico Turf Plus, LLC**

**Name**

3030 Thorntree Dr. #3

**Address (Business Address Acceptable)**

Check one:

- Trust, go to 2
- Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Chemical Lawn Care**

**FAIR MARKET VALUE**

- $0 - $1,999
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**IF APPLICABLE, LIST DATE:**

- 08/12/16

**NATURE OF INVESTMENT**

- Partnership
- Sole Proprietorship
- Other

**YOUR BUSINESS POSITION**

Vice President

#### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

#### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

- None
- Names listed below

#### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT
- REAL PROPERTY

**Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property**

**Description of Business Activity or City or Other Precise Location of Real Property**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**IF APPLICABLE, LIST DATE:**

- 08/12/16

**NATURE OF INTEREST**

- Property Ownership/Deed of Trust
- Stock
- Partnership
- Leasehold
- Other

- Yrs. remaining
- Check box if additional schedules reporting investments or real property are attached

**Comments:**
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) John
(FIRST) Bohannon
(MIDDLE)

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Educational Services
Your Position: Director

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 ____________________________________________
☐ County of ____________________________________________
☐ Other Public School District

☐ Judge or Court Commissioner (Statewide Jurisdiction)

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left __/___/_____
☐ or-
☐ The period covered is __/___/_____ through
December 31, 2016.
☐ The period covered is __/___/_____ through
December 31, 2016.
☐ Assuming Office: Date assumed __/___/_____
☐ Candidate: Election year __________ and office sought, if different than Part 1:

☐ Candidate: Election year __________ and office sought, if different than Part 1:

☐ Candidate: Election year __________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _______

Schedules attached

☐ Schedule A-1 - 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
1163 East Seventh Street
CITY Chico
STATE CA
ZIP CODE 95928

DAYTIME TELEPHONE NUMBER (530) 891-3000 E-MAIL ADDRESS jbohannon@chicousd.org

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 03/20/2017 (month, day, year)

Signature

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

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
LAST: Boyev
FIRST: Brian
MIDDLE: 

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Asst. Principal
Your Position

► 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 ___________________________

3. Type of Statement (Check at least one box)
☑ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or -
The period covered is ____/____/2016, through December 31, 2016.
☐ Leaving Office: Date Left ____/____/2016
- or -
The period covered is ____/____/2016, through the date of leaving office.
☐ Assuming Office: Date assumed ____/____/2016
☐ Candidate: Election year _______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _______
Schedules attached
☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
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☐ 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
CELESTE Valloobossa
STREET 
CITY Chico
STATE CA
ZIP CODE 95928
DAYTIME TELEPHONE NUMBER (530) 674-9967
E-MAIL ADDRESS

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 2-7-17 (month, day, year)

Signature [Signature]

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)           (FIRST)           (MIDDLE)
Buitema                      Kevin                James

1. Office, Agency, or Court

   Agency Name (Do not use acronyms)
   Chico Unified School District

   Division, Board, Department, District, if applicable
   Business Services

   Your Position
   Assistant Superintendent, Business Services

   ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

   Agency: See Attached                                       Position: See Attached

2. Jurisdiction of Office (Check at least one box)

   □ State
   □ Multi-County
   □ City
   □ Other

   County of

3. Type of Statement (Check at least one box)

   □ Annual: The period covered is January 1, 2016, through December 31, 2016.
   The period covered is / / , through December 31, 2016.

   □ Leaving Office: Date Left / / / (Check one)
   The period covered is January 1, 2016, 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 (must complete) ▶ Total number of pages including this cover page: __________

   Schedules attached

   □ 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                        CITY                        STATE                        ZIP CODE:
   (Business or Agency Address Recommended - Public Document)
   1163 East Seventh Street
   Chico, CA 95928

   DAYTIME TELEPHONE NUMBER
   (530) 891-3000

   E-MAIL ADDRESS
   kbultema@chicosd.org

   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  3-24-17  (month, day, year)

   Signature  

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE B**

Interests in Real Property
(Including Rental Income)

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>548 W, 4th Avenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chico</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 16  / / 16</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>Easement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leasehold</th>
<th>Yes, remaining</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

<table>
<thead>
<tr>
<th>$0 - $499</th>
<th>$500 - $1,000</th>
<th>$1,001 - $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

**SOURCES OF RENTAL INCOME**: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

<table>
<thead>
<tr>
<th>None</th>
</tr>
</thead>
</table>

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**

<table>
<thead>
<tr>
<th>$500 - $1,000</th>
<th>$1,001 - $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$0 - $499</th>
<th>$500 - $1,000</th>
<th>$1,001 - $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>%</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**

<table>
<thead>
<tr>
<th>$500 - $1,000</th>
<th>$1,001 - $10,000</th>
</tr>
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<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>%</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

#### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>Bultema Piano Lessons</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>49E 3rd Avenue, Chico CA 95926</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>Piano Lessons</td>
</tr>
<tr>
<td>YOUR BUSINESS POSITION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th>No Income - Business Position Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
<td></td>
</tr>
<tr>
<td>Sale of</td>
<td>(Real property, car, boat, etc.)</td>
</tr>
<tr>
<td>Loan repayment</td>
<td></td>
</tr>
<tr>
<td>Commission or</td>
<td>Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td>Other</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

#### 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td></td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMENTS</th>
<th></th>
</tr>
</thead>
</table>

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

**Name**

Kevin J. Bultema

**FPFC Form 700 (2016/2017) Sch. C**
FPFC Advice Email: advice@fpcc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov
<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butte Schools Self-Funded Programs</td>
<td>Board Member</td>
</tr>
<tr>
<td>North Valley Self Insurance Group</td>
<td>Board Member</td>
</tr>
<tr>
<td>Northern California Schools Insurance Group</td>
<td>Board Member</td>
</tr>
<tr>
<td>Oversight Board of the Successor Agency of the</td>
<td>Board Member</td>
</tr>
<tr>
<td>Former Redevelopment Agency, Chico CA</td>
<td></td>
</tr>
<tr>
<td>Oversight Board of the Successor Agency of the</td>
<td>Board Member</td>
</tr>
<tr>
<td>Former Redevelopment Agency, Paradise CA</td>
<td></td>
</tr>
</tbody>
</table>
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Caldiera  Pedro  A

1. Office, Agency, or Court
   Agency Name  (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Chico Junior High School
   Your Position
   Principal
   ▶ 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
   □ County of
   □ City of Chico
   □ Other Public School District
   □ Judge or Court Commissioner (Statewide Jurisdiction)

3. Type of Statement  (Check at least one box)
   □ Annual:  The period covered is January 1, 2016, through December 31, 2016.
   □ Leaving Office:  Date Left ___/___/_______
   □ The period covered is ___/___/_______, through December 31, 2016.
   □ Assuming Office:  Date assumed ___/___/_______
   □ Candidate:  Election year ___________ and office sought, if different than Part 1:

4. Schedule Summary (must complete)  ▶ Total number of pages including this cover page:  2
   Schedules attached
   □ 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
   □ Schedule None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS  CITY  STATE  ZIP CODE
   280 Memorial  Chico  CA  95926
   (Business or Agency Address Recommended - Public Document)
   DAYTIME TELEPHONE NUMBER  E-MAIL ADDRESS
   (530) 891-3066 ext. 208  pcaldiera@chicosd.org
   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  03/19/2017
   (month, day, year)
   Signature

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE B
**Interests in Real Property**
(Including Rental Income)

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2272 Holly Avenue

### CITY

Chico

### FAIR MARKET VALUE

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

### IF APPLICABLE, LIST DATE:

<table>
<thead>
<tr>
<th>Date</th>
<th>Acquired</th>
<th>Disposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/16</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NATURE OF INTEREST

- [X] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold

#### Yrs. remaining

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

### IF RENTAL PROPERTY, GROSS INCOME RECEIVED

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

### SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- [ ] None

### *You are not required to report loans from commercial lending institutions made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

<table>
<thead>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>OVER $100,000</td>
</tr>
</tbody>
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<td>$1,001 - $10,000</td>
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<tr>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>[ ] Guarantor, if applicable</th>
</tr>
</thead>
</table>

### Comments:

---

FPPC Form 700 (2016/2017) Sch. B
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink:

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carver John Wayne

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Maintenance/Operations/Transportation
Your Position
Director

► 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 Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or -
The period covered is _______ / _______ / _______ , through December 31, 2016.

☐ Leaving Office: Date Left _______ / _______ / _______
(Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.
- or -
☐ 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 (must complete)  ► Total number of pages including this cover page: __________

Schedules attached

☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached
- or -
☒ None - No reportable interests on any schedule

☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income - Gifts – schedule attached
☐ Schedule E - Income - Gifts - Travel Payments – schedule attached

5. Verification
MAILING ADDRESS
2455 Carmichael Dr.
Chico, CA 95928

STREET
(Business or Agency Address Recommended - Public Document)

CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
( 530 ) 391-3095

E-MAIL ADDRESS
jcarver@chicousd.org

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 02/08/2017
(signature) (If the originally signed statement with your filing official.)
Copper  Dustin

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Maintenance/Operation
   Your Position

   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 Public School District

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2016, through December 31, 2016.
   □ Leaving Office: Date Left / / (Check one)
     □ The period covered is January 1, 2016, 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 (must complete) ▶ Total number of pages including this cover page: _______

   Schedules attached
   □ 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
   2455 Carmichael Dr.
   Chico
   CA 95928

   CITY
   STATE
   ZIP CODE

   DAYTIME TELEPHONE NUMBER
   (530) 891-3095

   E-MAIL ADDRESS
   dcopper@chicousd.org

   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 02/08/2017
   (month, day, year)

   Signature ____________________________
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DeBock Laurie English

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Bidwell Jr. High School
Your Position
Assistant Principal

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 Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left

☐ The period covered is , through December 31, 2016.

☐ Assuming Office: Date assumed

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete)  Total number of pages including this cover page: 3

Schedules attached

☐ 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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)
2376 North Ave. Chico

CITY STATE ZIP CODE

CA 95926

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 530 ) 891-3080 idebock@chicousd.org

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 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 03/23/2017 (month, day, year)

Signature (Type the originally signed statement with your filing officials)
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS
1030 Broadway
CITY
Chico
FAIR MARKET VALUE
☐ $20,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
☐ 1/16
☐ 1/16
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ Other
☐ Yrs. remaining
☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499
☐ $500 - $1,000
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None

Joe Tierno, Jim Tierno, Jordan Hutton

* You are not required to report loans from commercial lending institutions made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
☐ % ☐ None
HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ [ ] OVER $100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
☐ % ☐ None
HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

Comments:
# SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

<table>
<thead>
<tr>
<th>1. INCOME RECEIVED</th>
<th>1. INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME OF SOURCE OF INCOME</strong></td>
<td><strong>NAME OF SOURCE OF INCOME</strong></td>
</tr>
<tr>
<td>Enloe Medical Center</td>
<td></td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td></td>
</tr>
<tr>
<td>1531 Esplanade</td>
<td></td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>YOUR BUSINESS POSITION</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
</tr>
<tr>
<td><strong>GROSS INCOME RECEIVED</strong></td>
<td><strong>GROSS INCOME RECEIVED</strong></td>
</tr>
<tr>
<td>[ ] No Income - Business Position Only</td>
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</tr>
<tr>
<td>[ ] $500 - $1,000</td>
<td>[ ] $500 - $1,000</td>
</tr>
<tr>
<td>[ ] $1,001 - $10,000</td>
<td>[ ] $1,001 - $10,000</td>
</tr>
<tr>
<td>[X] OVER $100,000</td>
<td>[ ] OVER $100,000</td>
</tr>
<tr>
<td><strong>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</strong></td>
<td><strong>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</strong></td>
</tr>
<tr>
<td>[X] Salary</td>
<td>[ ] Salary</td>
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<td>[ ] Spouse's or registered domestic partner's income</td>
<td>[ ] Spouse's or registered domestic partner's income</td>
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<tr>
<td>(For self-employed use Schedule A-2.)</td>
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</tr>
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<td>[ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
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<tr>
<td>[ ] Sale of (Real property, car, boat, etc.)</td>
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<tr>
<td>[ ] Loan repayment</td>
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<td>[ ] Commission or [ ] Rental Income, list each source of $10,000 or more</td>
<td>[ ] Commission or [ ] Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td>(Describe)</td>
<td>(Describe)</td>
</tr>
<tr>
<td>[ ] Other (Describe)</td>
<td>[ ] Other (Describe)</td>
</tr>
</tbody>
</table>

## 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

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<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>[ ] None</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>[ ] $500 - $1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] $1,001 - $10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] $10,001 - $100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] OVER $100,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dolan Jane

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Personnel Commission
Your Position
Commissioner

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
☐ County of
☒ Other School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left __/__/________
☐ The period covered is __/__/________, through December 31, 2016.
☐ Asssuming Office: Date assumed __/__/________
☐ Candidate: Election year __________ and office sought, if different than Part 1:

☐ Leaving Office: Date Left __/__/________
☐ The period covered is __/__/________, through the date of leaving office.
☐ Asssuming Office: Date assumed __/__/________
☐ Candidate: Election year __________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 7

Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Leans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1051 Adinar Court
Chico CA 95926

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 342-4295 jdolan@sbcglobal.net

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: March 19, 2017
Signature: ____________________________

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 888/275-3772 www.fppc.ca.gov
# SCHEDULE A-2

**Investments, Income, and Assets of Business Entities/Trusts**

*(Ownership Interest is 10% or Greater)*

## 1. Business Entity or Trust

<table>
<thead>
<tr>
<th>Name</th>
<th>Jane Dolan, Probate Referee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Jane Dolan, Probate Referee</td>
</tr>
<tr>
<td>Address</td>
<td>389 Connors Ct. Ste A Chico CA 95926</td>
</tr>
<tr>
<td>Check one</td>
<td>□ Trust, go to 2 □ Business Entity, complete the box, then go to 2</td>
</tr>
</tbody>
</table>

### General Description of This Business

**Appraisal Services for Probate & Trusts**

<table>
<thead>
<tr>
<th>Fair Market Value</th>
<th>If Applicable, List Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>/ / 16</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 16</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 16</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/ / 16</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>/ / 16</td>
</tr>
</tbody>
</table>

**Nature of Investment**

- □ Partnership
- □ Sole Proprietorship
- □ Other

**Your Business Position**

- □ Owner

## 2. Identify the Gross Income Received (Include Your Pro Rata Share of the Gross Income to the Entity/Trust)

| $0 - $499       | $10,001 - $100,000 |
| $500 - $1,000   | Over $100,000     |
| $1,001 - $10,000| / / 16            |

## 3. List the Name of Each Reportable Single Source of Income of $10,000 or More (Attach a separate sheet if necessary)

- □ None
- □ Names listed below

Elton J. Garner, Attorney at Law

## 4. Investments and Interests in Real Property Held or Leased by the Business Entity or Trust

| Check one box: | □ Investment □ Real Property |

**Name of Business Entity, If Investment, or Assessor’s Parcel Number or Street Address of Real Property**

**Description of Business Activity or City or Other Precise Location of Real Property**

<table>
<thead>
<tr>
<th>Fair Market Value</th>
<th>If Applicable, List Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 16</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 16</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/ / 16</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>/ / 16</td>
</tr>
</tbody>
</table>

**Nature of Interest**

- □ Property Ownership/Deed of Trust
- □ Stock
- □ Partnership

**Leasing Information**

- □ Leasehold
- □ Yrs. remaining: 0
- □ Other

**Check box if additional schedules reporting investments or real property are attached**

Comments: Ownership is of office equipment & office furniture

---

**FFPC Form 700 (2016/2017) Sch. A-2**

**FFPC Advice Email:** advice@fppc.ca.gov

**FFPC Toll-Free Helpline:** 866/275-3772  www.fppc.ca.gov
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1814 Broadway Street

CITY
Chico CA

FAIR MARKET VALUE
☒ $100,001 - $1,000,000
☐ $10,001 - $100,000
☐ $2,000 - $10,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
16 / 16

ACQUIRED
DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Leasehold
☐ Easement

Other

Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☒ $10,001 - $100,000
☐ $500 - $1,000
☐ $0 - $499
☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None
Scott & Amanda Chambless

ASSSESSOR'S PARCEL NUMBER OR STREET ADDRESS
706 Bidwell Drive

CITY
Chico CA

FAIR MARKET VALUE
☒ $100,001 - $1,000,000
☐ $10,001 - $100,000
☐ $2,000 - $10,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
16 / 16

ACQUIRED
DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Leasehold
☐ Easement

Other

Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☒ $1,001 - $10,000
☐ $10,001 - $100,000
☐ $0 - $499
☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☒ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

% None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

% None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

Comments:
### SCHEDULE B
**Interests in Real Property**
*(Including Rental Income)*

#### ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS
- 1355 East 10th Street
- **City**: Chico CA

**Fair Market Value**
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**If Applicable, List Date:**
- 16

**Acquired**

**Disposed**

**Nature of Interest**
- Ownership
- Deed of Trust
- Leasehold
- Spouse Ownership

**Sources of Rental Income:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- None

---

#### ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS
- 2732 Revere Lane
- **City**: Chico CA

**Fair Market Value**
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**If Applicable, List Date:**
- 16

**Acquired**

**Disposed**

**Nature of Interest**
- Ownership
- Deed of Trust
- Leasehold

**Sources of Rental Income:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- None

---

*You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows.*

#### Name of Lender*

**Address (Business Address Acceptable)**

**Business Activity, If Any, Of Lender**

**Interest Rate**
- %

**Term (Months/Years)**

**Highest Balance During Reporting Period**
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- Over $100,000
- Guarantor, if applicable

---

#### Name of Lender*

**Address (Business Address Acceptable)**

**Business Activity, If Any, Of Lender**

**Interest Rate**
- %

**Term (Months/Years)**

**Highest Balance During Reporting Period**
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- Over $100,000
- Guarantor, if applicable

---

**Comments:**
### SCHEDULE C
#### Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

#### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSU, Chico Research Foundation</td>
<td>Bob Mulholland</td>
</tr>
<tr>
<td>25 Main Street CSU, Chico, Chico CA 95929</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>non-profit corporation</td>
<td>1051 Adlar Court Chico CA 95626</td>
</tr>
<tr>
<td>Project Co-Director</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>GROSS INCOME RECEIVED</td>
<td>Political Consultant</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>YOUR BUSINESS POSITION</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>NA</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</td>
</tr>
<tr>
<td>OVER $100,000</td>
<td>Salary</td>
</tr>
<tr>
<td>Partnership (Less than 10% ownership)</td>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>No Income - Business Position Only</td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>Spouse's or registered domestic partner's income</td>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>(For self-employed use Schedule A-2.)</td>
<td>OVER $100,000</td>
</tr>
<tr>
<td>Sale of</td>
<td>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</td>
</tr>
<tr>
<td>Loan repayment</td>
<td>Salary</td>
</tr>
<tr>
<td>Commission or</td>
<td>Spouse's or registered domestic partner's income</td>
</tr>
<tr>
<td>Rental Income, list each source of $10,000 or more</td>
<td>(For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td>Other</td>
<td>Partnership (Less than 10% ownership)</td>
</tr>
<tr>
<td>(Describe)</td>
<td>For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td>(Describe)</td>
<td>Sale of</td>
</tr>
<tr>
<td>(Real property, car, boat, etc.)</td>
<td>Loan repayment</td>
</tr>
<tr>
<td>(Describe)</td>
<td>Commission or</td>
</tr>
<tr>
<td>(Describe)</td>
<td>Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td>Other</td>
<td>(Describe)</td>
</tr>
<tr>
<td>(Describe)</td>
<td></td>
</tr>
</tbody>
</table>

#### 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
<th>TERN (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>%</td>
<td>None</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY OF LENDER</td>
<td>SECURITY FOR LOAN</td>
<td></td>
</tr>
<tr>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
<td>None</td>
<td>Personal residence</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>Real Property</td>
<td>Street address</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>City</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>Guarantor</td>
<td></td>
</tr>
<tr>
<td>OVER $100,000</td>
<td>Other</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

Comments: 

[FPFF Form 700 (2016/2017) Sch. C]
FPFF Advice Email: advice@fpff.ca.gov
FPFF Toll-Free Helpline: 866/275-3772 www.fpff.ca.gov
### SCHEDULE C

**Income, Loans, & Business Positions**

(Other than Gifts and Travel Payments)

#### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrick Feaster</td>
</tr>
</tbody>
</table>

**ADDRESS (Business Address Acceptable)**

2732 Revere Lane Chico CA 95926

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Deed of Trust

**YOUR BUSINESS POSITION**

lender

**GROSS INCOME RECEIVED**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- No Income - Business Position Only
- Salary
- Spouse's or registered domestic partner's income
  (For self-employed use Schedule A-2.)
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- Sale of
  (Real property, car, boat, etc.)
- Loan repayment
- Commission or Rental Income, list each source of $10,000 or more
  (Describe)
- Other
  (Describe)

#### 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**HIGHEST BALANCE DURING REPORTING PERIOD**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**INTEREST RATE**

<table>
<thead>
<tr>
<th>%</th>
<th>None</th>
</tr>
</thead>
</table>

**TERM (Months/Years)**

- None

**SECURITY FOR LOAN**

- None
- Personal residence
- Real Property
  (Describe)
- Street address
- Guarantor
  (Describe)
- Other
  (Describe)

**Comments:**
Attachment to Form 700  
Jane Dolan  
2016 Annual Statement  

I am employed by the Research Foundation as an employee to direct the Co-Project Director activities of a grant of the Sacramento River Conservation Area Forum (Forum). A contract for services was executed between the CSU, Chico Research Foundation and DWR FloodSAFE Environmental Stewardship & Statewide Resources Office (FESSRO). Services began November 1, 2012 and any interest in this contract ended May 15, 2016.

Contract number: 4600009729  
Department program manager:  
  Stacy Cepello, DWR  
Name of contract consultant and company:  
  Jane Dolan  
  CSU, Research Foundation  
  Sacramento River Conservation Area Forum  

Brief statement of scope of work: There were 3 tasks of the contract: 1.) coordinate outreach and information for members of the Forum and interested parties on consideration of future activity of corridor management planning for an unspecified reach of the Sacramento river; 2.) outreach and coordination and information of activities of interest throughout the region; 3.) implementation of a Voluntary Programmatic Safe Harbor for private agricultural lands.
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
EDGECOMB MELINDA M

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
BUYER

► 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 ___________________________

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or -
The period covered is __________ / __________, through December 31, 2016.
☐ Leaving Office: Date Left __________ / __________
☐ The period covered is January 1, 2016, through the date of leaving office.
- or -
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 (must complete) ► Total number of pages including this cover page: 1
Schedules attached
☐ 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
1163 EAST SEVENTH STREET Chico CA 95928
(Please provide Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (530) 891-3000
E-MAIL ADDRESS

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 02/07/2017 (month, day year) Signature ___________________________

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

**A PUBLIC DOCUMENT**

---

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

**NAME OF FILER**

Enserro

**(LAST) (FIRST) (MIDDLE)**

Joseph P.

---

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

   - **Agency Name** *(Do not use acronyms)*
     Chico Unified School District

   - **Director of Nutrition**
     Division, Board, Department, District, if applicable

   - Your Position

   - 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

3. **Type of Statement** *(Check at least one box)*

   - [x] Annual: The period covered is January 1, 2016, through December 31, 2016.

   - [x] Leaving Office: Date Left / / 

     (Check one)

     - [ ] The period covered is January 1, 2016, 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** *(must complete)*

   - [ ] Total number of pages including this cover page:

   - [ ] Schedules attached
     - [ ] 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

   - [x] None - No reportable interests on any schedule

5. **Verification**

   - [ ] Mailing Address
     - (Business or Agency Address Recommended - Public Document)
     - 2455 Carmichael Dr.
     - Chico, CA 95928

   - [ ] Daytime Telephone Number
     - (530) 891-3021

   - [ ] E-mail Address
     - venserro@chicozd.org

   - [ ] 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: 2/7/17

   - [ ] Signature
**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

**NAME OF FILER**  
(last)  
(Middle)  
German  
Eric

1. **Office, Agency, or Court**  
 Agency Name (Do not use acronyms)  
Chico Unified School District
Division, Board, Department, District, if applicable  
Maintenance/Operation  
Your Position  
Supervisor  
- 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 Public School District

3. **Type of Statement (Check at least one box)**  
- Annual: The period covered is January 1, 2016, through December 31, 2016.  
-or-  
The period covered is ______/_____/______ through December 31, 2016.

- Assuming Office: Date assumed ______/_____/______

- Leaving Office: Date Left ______/_____/______  
(Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- or-  
The period covered is ______/_____/______ through the date of leaving office.

- Candidate: Election year ______/_____/______ and office sought, if different than Part 1:

4. **Schedule Summary (must complete)**  
- Total number of pages including this cover page: __________

   **Schedules attached**
   - 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**  
   (Business or Agency Address Recommended - Public Document)  
   2455 Carmichael Dr.  
   Chico  
   CA  
   95928

   **DAYTIME TELEPHONE NUMBER**  
   (530) 891-3095  
   e germ an@chicousd.org

   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 02/08/2017  
   Signature  

   (File the original signed statement with your filing officer)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

Last Name: Govern
First Name: Reginald
Middle Name: Bruce

1. Office, Agency, or Court
Agency Name: Chico Unified School District
Division, Board, Department, District, if applicable: Assistant Principal
Your Position:

► 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 Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left / / (Check one)
- or -
☐ The period covered is , through December 31, 2016.
☐ 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 (must complete)
Total number of pages including this cover page:

Schedules attached
☐ 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

☐ None - No reportable interests on any schedule

5. Verification
Mailing Address: 3505 Bell Rd, Chico, CA 95925

Daytime Telephone Number: (530) 341-8990
E-mail Address: thegovanranch@att.net

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: 2-7-17
Signature:

(Fill the originally signed statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GRAULICH JULIE ANNE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CHICO UNIFIED SCHOOL DISTRICT
Division, Board, Department, District, if applicable
Your Position
CLASSIFIED H.R. COORDINATOR

► 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 ____________________________
☐ County of ____________________________
☒ Other PUBLIC SCHOOL DISTRICT

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or -
The period covered is ______/_____/______, through December 31, 2016.

☐ Leaving Office: Date Left ______/_____/______
(Leave blank below)

☐ Assuming Office: Date assumed ______/_____/______

☐ Candidate: Election year ______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ______

Schedules attached

☐ 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: 1163 E. 7TH STREET
(City or Agency Address Recommended - Public Document)
CHICO, CA 95928

DAYTIME TELEPHONE NUMBER: 930-391-3000
E-MAIL ADDRESS: jgraulich@chicousd.org

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: 02/09/2017 (month, day, year)
Signature: ____________________________

(Fill in the originally signed statement with your filing official.)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
### SCHEDULE E
**Income – Gifts**
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City and State</th>
<th>501(c)(3) or Describe Business Activity</th>
<th>Date(s)</th>
<th>AMT</th>
<th>Must Check One</th>
<th>Gift or Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULIE ANNE GRAULICH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City and State</th>
<th>501(c)(3) or Describe Business Activity</th>
<th>Date(s)</th>
<th>AMT</th>
<th>Must Check One</th>
<th>Gift or Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEENAN &amp; ASSOCIATES</td>
<td>2868 PROSPECT DRIVE, SUITE #600</td>
<td>RANCHO, CORDOVA, CA 95670</td>
<td>CAJPA CONFERENCE - NVSIGN RISK MGMT CMTE</td>
<td>09/13/16 - 09/16/16</td>
<td>$215.12</td>
<td>Gift or Income</td>
<td>Gift</td>
</tr>
<tr>
<td>HANNA &amp; BROPHY</td>
<td>2868 PROSPECT PARK DRIVE, SUITE #200</td>
<td>RANCHO CORDOVA, CA 95670</td>
<td>CAJPA CONFERENCE - NVSIGN RISK MGMT CMTE</td>
<td>09/13/16 - 09/16/16</td>
<td>$100.00</td>
<td>Gift or Income</td>
<td>Gift</td>
</tr>
<tr>
<td>NORTH VALLEY SCHOOLS INSURANCE GROUP</td>
<td>2868 PROSPECT DRIVE, SUITE #600</td>
<td>RANCHO, CORDOVA, CA 95670</td>
<td>CAJPA CONFERENCE - NVSIGN RISK MGMT CMTE</td>
<td>09/13/16 - 09/16/16</td>
<td>$210.60</td>
<td>Gift or Income</td>
<td>Gift</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

---

**FPPC Form 700 (2016/2017) Sch. E**
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

NAME OF FILER (LAST) Griffin (FIRST) Elizabeth (MIDDLE) A

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable Trustee
Your Position

► 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 Public School District

3. Type of Statement (Check at least one box)
□ Annual: The period covered is January 1, 2016, through December 31, 2016.
□ Leaving Office: Date Left __/__/____ (Check one)
- or- The period covered is __/__/____, through December 31, 2016.
□ 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 (must complete) ► Total number of pages including this cover page: □
Schedules attached
□ 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 605 Sycamore St.
(Business or Agency Address Recommended - Public Document)
CITY Chico
STATE CA
ZIP CODE 95928
DAYTIME TELEPHONE NUMBER 864-0549
( 530 )
E-MAIL ADDRESS egriffin@chicschools.org
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 2-14-17
Signature ___________________________
(For the originally signed statement with your filing officer)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE B
**Interests in Real Property**
*(Including Rental Income)*

### ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS

<table>
<thead>
<tr>
<th>605 Sycamore St.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Chico, CA</td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

**IF APPLICABLE, LIST DATE:**
- [ ] / / 16
- [ ] / / 16

**ACQUIRED**
- [ ] DISPOSED

**NATURE OF INTEREST**
- [x] Ownership/Deed of Trust
- [ ] Easement

- [ ] Leasehold
- [ ] Yrs. remaining
- [ ] Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] Over $100,000

**SOURCES OF RENTAL INCOME:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- [ ] None

---

### ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS

<table>
<thead>
<tr>
<th>620 Sycamore St.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Chico, CA</td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

**IF APPLICABLE, LIST DATE:**
- [ ] / / 16
- [ ] / / 16

**ACQUIRED**
- [ ] DISPOSED

**NATURE OF INTEREST**
- [ ] Ownership/Deed of Trust
- [ ] Easement

- [ ] Leasehold
- [ ] Yrs. remaining
- [ ] Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] Over $100,000

**SOURCES OF RENTAL INCOME:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- [ ] None

---

*You are not required to report loans from commercial lending institutions made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:*

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
</tbody>
</table>

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**
- [ ] %
- [ ] None

**TERM (Months/Year)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] Over $100,000
- [ ] Guarantor, if applicable

---

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
</tbody>
</table>

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**
- [ ] %
- [ ] None

**TERM (Months/Year)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] Over $100,000
- [ ] Guarantor, if applicable

---

**Comments:**
**SCHEDULE B**

**Interests in Real Property**

*(Including Rental Income)*

### ASSessor's Parcel Number or Street Address
- **Address**: 1427 Sunset Ave.
- **City**: Chico, CA

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

### FAIR MARKET VALUE
- **$2,000 - $10,000**
- **$10,001 - $100,000**
- **$100,001 - $1,000,000**
- **Over $1,000,000**

### IF APPLICABLE, LIST DATE
- **1/16**
- **1/16**
  - Acquired
  - Disposed

### NATURE OF INTEREST
- **Ownership/Deed of Trust**
- **Easement**
- **Leasehold**
  - Yrs. remaining
- **Other**

### IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- **$0 - $499**
- **$500 - $1,000**
- **$1,001 - $10,000**
- **Over $10,000**

### SOURCES OF RENTAL INCOME: If you own a 10% or greater
- If each tenant is a single source of
- Income of $10,000 or more.

- **None**

---

**Glenn Rush**

**Madelin Cox**

---

*You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:*

### NAME OF LENDER*

### ADDRESS (Business Address Acceptable)

### BUSINESS ACTIVITY, IF ANY, OF LENDER

### INTEREST RATE
- **%**
- **None**

### TERM (Months/Years)

### HIGHEST BALANCE DURING REPORTING PERIOD
- **$500 - $1,000**
- **$1,001 - $10,000**
- **$10,001 - $100,000**
- **Over $100,000**
- **Guarantor, if applicable**

---

Comments:

---

**FPPC Form 700 (2016/2017) Sch. B**

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER

(LAST) Hanlon III

(FIRST) James

(MIDDLE) T

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Assistant Superintendent - Human Resources

► 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 Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left __/__/______

- or -

☐ The period covered is __/__/______, through December 31, 2016.

☐ 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 (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ 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

1163 East Seventh Street

(City or Agency Address Recommended - Public Document)

CITY Chico

STATE CA

ZIP CODE 95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000 Ext. 143

E-MAIL ADDRESS

jhanlon@chicousd.org

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 02/14/2017

(month, day, year)

Signature 

(Fill the originally signed statement with your filing officials)
# STATEMENT OF ECONOMIC INTERESTS
## COVER PAGE

**Please type or print in ink.**

<table>
<thead>
<tr>
<th>NAME OF FILER (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartman</td>
<td>Marie</td>
<td>W</td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**
   - **Agency Name (Do not use acronyms):** Chico Unified School District
   - **Division, Board, Department, District, if applicable:**
   - **Your Position:** Director
   - **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
   - [x] Other
     - **Public School District**

3. **Type of Statement (Check at least one box)**
   - [x] Annual: The period covered is January 1, 2016, through December 31, 2016.
   - [ ] The period covered is / / , through December 31, 2016.
   - [ ] Assuming Office: Date assumed / / 
   - [ ] Leaving Office: Date Left / / (Check one)
     - [ ] The period covered is January 1, 2016, 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 (must complete)**
   - **Total number of pages including this cover page:** __________
   - **Schedules attached**
     - [ ] Schedule A-1 - Investments - schedule attached
     - [ ] Schedule A-2 - Investments - schedule attached
     - [ ] Schedule B - Real Property - schedule attached
     - [x] Schedule C - Income, Loans, & Business Positions - schedule attached
     - [ ] Schedule D - Income - Gifts - schedule attached
     - [ ] Schedule E - Income - Gifts - Travel Payments - schedule attached
   - - [ ] None - No reportable interests on any schedule

5. **Verification**
   - **MAKING ADDRESS**
     - (Business or Agency Address Recommended - Public Document)
     - 1163 East 7th St.
     - Chico, CA 95927
   - **STREET**
   - **CITY**
   - **STATE**
   - **ZIP CODE**
     - (530) 891-3000 ext 141
   - **DAILY TELEPHONE NUMBER**
   - **E-MAIL ADDRESS**
     - mhartman@chicousd.org

   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: 2/17/17
   Signature: [Signature]

---

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE C
### Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

**1. INCOME RECEIVED**

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Action Agency of Butte County</td>
<td></td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>181 East Shasta Ave, Chico, CA 95973</td>
<td></td>
</tr>
<tr>
<td>Nonprofit</td>
<td>Business Activity, If Any, Of Source</td>
</tr>
<tr>
<td>Your Business Position</td>
<td>Your Business Position</td>
</tr>
<tr>
<td>Controller</td>
<td></td>
</tr>
<tr>
<td>Gross Income Received</td>
<td>Gross Income Received</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>$10,001 - $100,000</td>
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<td>$1,001 - $10,000</td>
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<tr>
<td>Over $100,000</td>
<td>Over $100,000</td>
</tr>
<tr>
<td>Consideration For Which Income Was Received</td>
<td>Consideration For Which Income Was Received</td>
</tr>
<tr>
<td>Salary</td>
<td>Salary</td>
</tr>
<tr>
<td>Spouse's or registered domestic partner's income</td>
<td>Spouse's or registered domestic partner's income</td>
</tr>
<tr>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td>Sale of</td>
<td>Sale of</td>
</tr>
<tr>
<td>(Real property, car, boat, etc.)</td>
<td>(Real property, car, boat, etc.)</td>
</tr>
<tr>
<td>Loan repayment</td>
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<tr>
<td>Commission or</td>
<td>Commission or</td>
</tr>
<tr>
<td>Rental Income, list each source of $10,000 or more</td>
<td>Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>(Describe)</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

*You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>SECURITY FOR LOAN</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Personal residence</td>
</tr>
<tr>
<td></td>
<td>Real Property</td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Guarantor</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

Comments:  

---  

FPPC Form 700 (2016/2017) Sch. C  
FPPC Advice Email: advice@fppc.ca.gov  
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Heath Shawneeese C

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Elementary Principal

► 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 ___________________________
☐ County of ___________________________
☐ Other Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

- or -

☒ Leaving Office: Date Left __/__/______ (Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.
- or -
☐ 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 (must complete) ► Total number of pages including this cover page: 2

Schedules attached
☒ 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 CITY STATE ZIP CODE
2446 Marigold Avenue Chico CA 95926

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3121 sheath@chicosd.org

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 C/08/2017 Signature _______________________
(month, day, year)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Holderman Brian S.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable

Your Position
Principal

► 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 ______________________________
☐ County of ______________________________
☐ City of ______________________________
☐ Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left __________/________/________
☐ The period covered is __________/________/________, through December 31, 2016.
☐ 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 (must complete) ► Total number of pages including this cover page: ______

Schedules attached

☐ 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 CITY STATE ZIP CODE
1238 Arbutus Ave Chico CA 95926

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3119 bholderman@chicousd.org

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 2/14/17
(month, day, year)

Signature ________________________________
(File the originally signed statement with your filing official)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
### 1. Office, Agency, or Court

- **Agency Name**: Chico Unified School District  
- **Division, Board, Department, District, if applicable**: Pleasant Valley High School  
- **Your Position**: Assistant Principal  

> 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  
- [ ] County of  
- [ ] Other Public School District

### 3. Type of Statement (Check at least one box)

- [x] Annual: The period covered is January 1, 2016, through December 31, 2016.  
- [ ] Leaving Office: Date Left / /  
  - [ ] The period covered is / / through December 31, 2016.  
- [ ] 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 (must complete)

**Total number of pages including this cover page:** 

**Schedules attached**

- [ ] 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

- [x] None - No reportable interests on any schedule

### 5. Verification

- **MAILING ADDRESS**: 1475 East Avenue, Chico, CA 95926  
- **STREET**:  
- **CITY**: Chico  
- **STATE**: CA  
- **ZIP CODE**: 95926  
- **DAYTIME TELEPHONE NUMBER**: (530) 891-3050  
- **E-MAIL ADDRESS**: dholen@chicoisd.org

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**: 03/20/2017  
**Signature**: (Print the originally signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HOVEY LINDA A

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
BOARD TRUSTEE
Your Position

► 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 ____________________________
☐ County of ____________________________
☒ Other: Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left ______/_____/______
☐ The period covered is ______/_____/______, through December 31, 2016.
☐ Assumed 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 (must complete) ► Total number of pages including this cover page: _______
Schedules attached
☒ 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
1163 E. 7th St.
CITY Chico
STATE CA
ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 891-3000
E-MAIL ADDRESS lhovey@chicousd.org

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 03/01/2017 (month, day, year)
Signature ____________________________

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) Howell
(First) Julian
(Middle) Smith

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Murch Jr. High School
Your Position
Assistant Principal

➤ 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

☐ Candidate: Election year _________ and office sought, if different than Part 1:

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left ______/_____/______

☐ The period covered is ______/_____/______, through December 31, 2016.

☐ 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 (must complete) ➤ Total number of pages including this cover page: _______

Schedules attached

☐ 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
415 Silver Lake Dr.
CHICOS, CA 95926

STREET
CHICO
CITY
STATE
ZIP CODE
CA 95926

DAYTIME TELEPHONE NUMBER
(530) 521-4734

E-MAIL ADDRESS
Jhowell@chicousd.org

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 3-10-17 (month, day, year)
Signature

(Fill the originally signed statement with your filing official)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Kamph
Jessica
Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable
Your Position

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 Chico
☐ County of __________
☐ Other Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left __________
-OR-
The period covered is __________, through December 31, 2016.
☐ The period covered is __________, through the date of leaving office.
☐ Assuming Office: Date assumed __________
☐ Other

☐ Candidate: Election year __________ and office sought, if different than Part 1: __________

4. Schedule Summary (must complete)  Total number of pages including this cover page: _________

Schedules attached

☐ 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS: 280 Memorial Way, Chico, CA 95926

DAYTIME TELEPHONE NUMBER: 530-897-3046 X705

E-MAIL ADDRESS: jkamph@chico.ucsd.org

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: ________________
Signature: ________________________

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

Kaiser
Kathleen
Elizabeth

1. Office, Agency, or Court

Agency Name: Chico Unified School District
Division, Board, Department, District, if applicable: Vice President
Your Position:

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
☐ County of Butte
☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left
☐ The period covered is January 1, 2015, through the date of leaving office.
☐ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Assuming Office: Date assumed
☐ Other

4. Schedule Summary (must complete)

☒ Total number of pages including this cover page: __________

Schedules attached

☐ Schedule A-1 - 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

☐ None - No reportable interests on any schedule

5. Verification

Address: 1338 Marian Ave, Chico CA 95928 (Home)

1163 E 7th St, Chico, CA 95928 (District)

Telephone Number: (530) 228-0150
E-Mail Address: Kaiser@chico.sisd.org

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: Feb. 8, 2016
Signature: Kathleen Kaiser

(If the original signed statement with your filing official)
# SCHEDULE B
**Interests in Real Property**  
(Including Rental Income)

## ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1838 Palm Ave

**CITY:** Chico

### FAIR MARKET VALUE
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

### IF APPLICABLE, LIST DATE:
- 1/15
- DISPOSED

### NATURE OF INTEREST
- Ownership/Deed of Trust
- Easement
- Leasehold
- Yrs. remaining
- Other

### IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

### SOURCES OF RENTAL INCOME:
If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- None

## ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1338 Marlin Ave

**CITY:** Chico

### FAIR MARKET VALUE
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

### IF APPLICABLE, LIST DATE:
- 1/15
- DISPOSED

### NATURE OF INTEREST
- Ownership/Deed of Trust
- Easement
- Leasehold
- Yrs. remaining
- Other

### IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

### SOURCES OF RENTAL INCOME:
If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- None

---

*You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
</tr>
<tr>
<td>INTEREST RATE</td>
<td>INTEREST RATE</td>
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<tr>
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<td>%</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
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<tr>
<td>OVER $100,000</td>
<td>OVER $100,000</td>
</tr>
<tr>
<td>Guarantor, if applicable</td>
<td>Guarantor, if applicable</td>
</tr>
</tbody>
</table>

Comments:
MEMORANDUM

CONFIDENTIAL ATTORNEY-CLIENT PRIVILEGE INFORMATION

TO: Kathy Kaiser, Ph.D.
   Board of Education
   Chico Unified School District

   cc: Kelly Staley, Superintendent
       Chico Unified School District

FROM: Paul R. Gant
      Kingsley Bogard LLP

DATE: December 20, 2016

RE: Gift Reporting Under California’s Political Reform Act

Under California’s Political Reform Act, gifts from a single source that aggregate $50.00 or more must be disclosed on your annual Form 700. (Gov. Code, § 87103, subd. (e).)

You have two options for reporting the receipt of gifts, including meals, aggregating $50.00 or more:

1. You can report receipt of the gift on your annual Form 700; or

2. You can reimburse the giftor for the value of the gift which exceeds $50.00 within 30 days of receipt – e.g., if the gift has a fair market value of $75.00, you can reimburse $25.01 to the giftor, bringing the actual value of the gift received to $49.99. Where the value of the actual gift received is under $50.00, you are not required to report the gift on your annual Form 700. (Gov. Code, § 82028, subd. (b)(2); Cal. Code Regs., tit. 2, § 18941.)

These options, however, are not applicable to the meal I enjoyed with you at the CSBA conference on November 30, 2016. Your pro-rata share of the meal purchased for you by Kingsley Bogard LLP was $35.97.
It was a pleasure meeting with you in San Francisco. If you have any questions regarding the contents of this memorandum, please feel free to contact this office.
Kassel
Jean
M

1. Office, Agency, or Court

Agency Name: Chico Unified School District
Division, Board, Department, District, if applicable: 
Your Position: Principal

- If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
  Agency: CUSD
  Position: Principal

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County
- City of ___
- County of ___
- Other Public School District

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2016, through December 31, 2016.
- Leaving Office: Date Left ___/___/______
  (Check one)
  - The period covered is January 1, 2016, 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 (must complete)

- Total number of pages including this cover page: ___

Schedules attached

- Schedule A1 - Investments - schedule attached
- Schedule A2 - Investment - 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 (Business or Agency Address Recommended - Public Document)
2404 Marigold Av
Chico, CA

Daytime Telephone Number
(530) 829-7400

E-mail Address
jkassel@chicousd.org

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: 2/13/17
Signature

(For the originally signed statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Keene Kristine Diane

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Your Position
   Principal
   ▶ 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 __________________________
   □ County of __________________________
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ Other Public School District

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2016, through December 31, 2016.
   □ Leaving Office: Date Left / / (Check one)
   □ The period covered is / / , through December 31, 2016.
   □ 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 (must complete)  ▶ Total number of pages including this cover page: ______
   Schedules attached
   □ Schedule A-1 - Investments – schedule attached
   □ Schedule A-2 - Investments – schedule attached
   □ Schedule B - Real Property – schedule attached
   -or-
   □ Schedule C - Income, Loans, & Business Positions – schedule attached
   □ Schedule D - Income - Gifts – schedule attached
   □ Schedule E - Income - Gifts - Travel Payments – schedule attached
   □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS STREET CITY STATE ZIP CODE
   (Business or Agency Address Recommended - Public Document)
   1163 E 7th Street Chico CA 95928
   DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
   (530) 891-3000 kkeene@chicousd.org

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 02/09/2017 Signature ______________________
(month, day, year) (Fill in the originally signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER
(LAST) Kess1
(FIRST) Brandon
(MIDDLE) Kyle

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Assistant Principal
Your Position

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 Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ The period covered is ______/_____/______, through December 31, 2016.
☐ Leaving Office: Date Left ______/_____/_____
☐ 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 (must complete)  ▶ Total number of pages including this cover page: __________

Schedules attached

☐ 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
141B Scottsdale CT
City Chico
State CA
ZIP CODE __________

DAYTIME TELEPHONE NUMBER (530) 945-2174
E-MAIL ADDRESS Kess1@chico.usd.org

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 March 24, 2017
(month, day, year)
Signature ________________________
(Put the original signed statement with your filing official.)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kistle Julia Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Facilities Department
Your Position
Director
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 Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or -
The period covered is ______/_____/______ through December 31, 2016.
☐ Leaving Office: Date Left ______/_____/______
(Choose one)
☐ The period covered is January 1, 2016, through the date of leaving office.
- or -
☐ 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 (must complete) ▶ Total number of pages including this cover page: 2

Schedules attached

☐ 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
(Disable or Agency Address Recommended - Public Document)
2455 Carmichael Drive
Chico CA 95928

DAYTIME TELEPHONE NUMBER
(530) 891-3140

E-MAIL ADDRESS
JKistle@chicousd.org

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 02/23/2017 Signature

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

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
# SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Modular Systems</td>
<td>787 Spreckels Avenue, Manteca, CA 95336</td>
<td>Modular Building Manufacturer</td>
<td>11/06/17</td>
<td>$100.00</td>
<td>Football Game Ticket</td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Comments:  

---

FPPC Form 700 (2015/2017) Sch. D
FPPC Advice Email: advice@fpc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772  www.fpc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Koll David

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Executive Director of Human Resources

► 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 ________________
☐ County of ________________
☐ Other Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left __________/________/________
☐ The period covered is __________/________/________ through December 31, 2016.
☐ 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 (must complete) ► Total number of pages including this cover page: 2
Schedules attached
☐ 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
1163 E. 7th Street
Chico, CA 95928

STREET
(City or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000

(30) E-MAIL ADDRESS
dkoll@chicousd.org

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 02/09/2017

(month, day, year)

Signature ________________________________

(Fill in the original signed statement with your filing official.)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE E
Income - Gifts
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City and State</th>
<th>Date(s)</th>
<th>Amount</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keenan &amp; Associates</td>
<td>2868 Prospect Drive, Suite 600</td>
<td>Ranccho Cordova, CA 95970</td>
<td>09/13/16 - 09/16/17</td>
<td>$400</td>
<td>Gift</td>
<td></td>
</tr>
<tr>
<td>Hanna &amp; Brophy</td>
<td>2868 Prospect Park Drive, Suite 200</td>
<td>Ranccho Cordova, CA 95970</td>
<td>09/13/16 - 09/16/17</td>
<td>$100</td>
<td>Gift</td>
<td></td>
</tr>
</tbody>
</table>

- MUST CHECK ONE: Gift -or- Income

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City and State</th>
<th>Date(s)</th>
<th>Amount</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keenan &amp; Associates</td>
<td>2868 Prospect Drive, Suite 600</td>
<td>Ranccho Cordova, CA 95970</td>
<td>11/1/16 - 11/2/16</td>
<td>$75</td>
<td>Gift</td>
<td></td>
</tr>
</tbody>
</table>

- MUST CHECK ONE: Gift -or- Income

Comments:
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kruger Jaclyn

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Director, Fiscal Services

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
☐ County of
☐ Other
Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left ___/___/_____
☐ The period covered is ____/____/_____, through December 31, 2016.
☐ 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 (must complete)  ► Total number of pages including this cover page: ______
Schedules attached
☐ 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
(If business or agency address recommended - public document)
1163 E. Seventh Street Chico CA 95928
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3000 jkruger@chicousd.org

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 02/24/2017 (month, day, year)
Signature

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lindstrom Scott Curtis

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Educational Services
Your Position
Student Support Coordinator
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 Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left / / 2016
☐ Annual: The period covered is / / 2016, through December 31, 2016.
☐ Leaving Office: Date Left / / 2016
☐ Assuming Office: Date assumed / / 2016
☐ Leaving Office: Date Left / / 2016
☐ Candidate: Election year ___________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

Schedules attached
☐ 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
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
(Street or Agency Address Recommended - Public Document)
1163 E. Seventh St.
Chico CA 95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000 x 162
E-MAIL ADDRESS
slindstr@chicousd.org

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 02/07/2017
(month, day, year)
Signature ____________________________
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Loustale Gary M

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Board
Your Position
Trustee

► 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 Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left __/__/____ (Check one)

☐ The period covered is January 1, 2016, 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 (must complete) ► Total number of pages including this cover page: ______

Schedules attached

☐ 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

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
14014 Limousin Dr.

STREET
Chico

CITY

STATE
CA

ZIP CODE
95973

DAYTIME TELEPHONE NUMBER
( 530 ) 893-3310

E-MAIL ADDRESS
gloustale@gmail.com

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 ___________ (month, day, year) Signature ______________________

FPCC Form 700 (2016/2017)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER

(LAST) Marchant

(FIRST) Jay

(MIDDLE) Christopher

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable

Your Position
Principal

► 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 ____________________________

☐ County of ____________________________

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or -

☐ The period covered is _______ / _______ / _______ , through December 31, 2016.

☐ Leaving Office: Date Left _______ / _______ / _______

☐ 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 (must complete) ► Total number of pages including this cover page: ______

Schedules attached

☐ 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
8053 Humboldt Rd
Chico, CA 95928

STREET
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER (530) _______

E-MAIL ADDRESS
JayMarchant@ChicoUsd.org

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 3/10/2017

Signature __________________________________________

(File the originally signed statement with your local official.)
NAME OF FILER (LAST) (FIRST) (MIDDLE)
McKay David Stephen

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Educational Service
Your Position
Director

► 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 __________________________
☐ County of __________________________
☑ Other School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left / / (Check one)
- or -
The period covered is / / , through December 31, 2015.
☐ 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 (must complete)
► Total number of pages including this cover page: 1

Schedules attached
☐ Schedule A-1 - 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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
4100 Nord Hwy Chico CA 95973
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 521-9228 dmcKay@chicousd.org

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 02/07/2017 Signature __________________________
(month, day, year) (For the originally signed statement with your filing official)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
McLaughlin

(FORENAME) Holly
(MIDDLENAME)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Principal, Parkview St.

Position

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 Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left ______/_____/_____

☐ The period covered is ______/_____/_____, through December 31, 2016.

☐ Assuring Office: Date assumed ______/_____/_____

☐ The period covered is ______/_____/_____, through the date of leaving office.

☐ Candidate: Election year _______ and office sought, if different than Part 1:

☐ None - No reportable interests on any schedule

☐ 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-

☐ Total number of pages including this cover page: _______

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1770 S. 8th St.
Chico, CA 95928

STREET
CITY
STATE ZIP CODE

BUSINESS OR AGENCY ADDRESS RECOMMENDED - PUBLIC DOCUMENT

DAYTIME TELEPHONE NUMBER (530) 964-0997

E-MAIL ADDRESS
hmclaughlin@chicousd.org

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 2/1/2017

(month, day, year)

Signature

(File the original, signed statement with your filing official.)
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink:

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>(LAST)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Andrew</td>
<td>James</td>
<td>Moll</td>
</tr>
</tbody>
</table>

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

Agency Name *Do not use acronyms*

Chico Unified School District

Division, Board, Department, District, if applicable

Alternative Education

Your Position

Principal

> 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 ____________________________
- [x] Other Public School District

**3. Type of Statement (Check at least one box)**

- [x] Annual: The period covered is January 1, 2016, through December 31, 2016.
- [ ] Leaving Office: Date Left ______/_____/______

*Check one*

- [ ] The period covered is ______/_____/______ through December 31, 2016.
- [ ] 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 (must complete)**

> Total number of pages including this cover page: 1

**Schedules attached**

- [ ] Schedule A1 - Investments - schedule attached
- [ ] Schedule A2 - 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

- [ ] None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS

290 East Ave

Chico, CA 95926

DAYTIME TELEPHONE NUMBER

(530) 891-3092

E-MAIL ADDRESS

amoll@chicosd.org

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: 03/20/2017

Signature: ____________________________

(Fill in the correctly signed statement with your filing official.)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

**NAME OF FILER**

<table>
<thead>
<tr>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morris</td>
<td>Michael</td>
<td>Joseph</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>(Do not use acronyms)</th>
<th>Your Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chico Unified School District</td>
<td>Educational Services</td>
<td>Director</td>
</tr>
</tbody>
</table>

*If filing for multiple positions, list below or on an attachment. (Do not use acronyms)*

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Position:</th>
</tr>
</thead>
</table>

**2. Jurisdiction of Office (Check at least one box)**

- [ ] State
- [ ] Multi-County
- [ ] City of
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of
- [ ] Other

**Public School District**

**3. Type of Statement (Check at least one box)**

- [x] Annual: The period covered is January 1, 2016, through December 31, 2016.

- [ ] Leaving Office: Date Left __/__/____

  *Check one*

  - [ ] The period covered is January 1, 2016, 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 (must complete)**

*Total number of pages including this cover page: ________*

**Schedules attached**

- [ ] 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

- [ ] None - No reportable interests on any schedule

**5. Verification**

**MAILING ADDRESS**
(Business or Agency Address Recommended - Public Document)

1163 E. 7th Street  
Chico, CA 95928

**STREET**

**CITY**

**STATE**

**ZIP CODE**

**DAYTIME TELEPHONE NUMBER**

( 530 ) 891-3000

**E-MAIL ADDRESS**

mmorris@chicousd.org

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 02/22/2017

Signature

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

FPCC Form 700 (2016/2017)
FPCC Advice Email: advice@fpcc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER  

LAST: Murga | FIRST: David | MIDDLE:  

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Neal Dow
Position: Principal

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ City of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ or-
☐ The period covered is _____/_____/_____, through December 31, 2016.
☐ Assumed Office: Date assumed _____/_____/_____
☐ Leaving Office: Date Left _____/_____/_____
☐ or-
☐ The period covered is _____/_____/_____, through the date of leaving office.
☐ Candidate: Election year _____/_____/_____

4. Schedule Summary (must complete)
Total number of pages including this cover page: ________
Schedules attached
☐ 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
1420 Neal Dow Avenue
CITY Chico
STATE CA
ZIP CODE 95926
STREET (Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER ( 530 ) 891-3110
E-MAIL ADDRESS dmurga@chicousd.org

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 02/08/2017
Signature

(Include original signed statement with your filing affidavit.)
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink:

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontiveros</td>
<td>Richard</td>
<td>Robert</td>
<td></td>
</tr>
</tbody>
</table>

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

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Transportation
Your Position
Supervisor

- 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 Public School District

**3. Type of Statement (Check at least one box)**

- Annual: The period covered is January 1, 2016, through December 31, 2016.
  - or-
  The period covered is / / through December 31, 2016.

- Leaving Office: Date Left / / / (Check one)
  - or-
  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 (must complete) ▶ Total number of pages including this cover page: ____________

**Schedules attached**

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- 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
(Business or Agency Address Recommended - Public Document)
2455 Carmichael Dr
Chico, CA 95928

DAYTIME TELEPHONE NUMBER: (530) 891-3097
E-MAIL ADDRESS: bontiveros@chicousd.org

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: 2/16/17
Signature: __________________________

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

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Parsley

Joanne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable
District

Your Position
Assistant Superintendent

► 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

☐ County of

☒ Other
Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left __/__/_____

☐ The period covered is __/__/_____, through December 31, 2016.

☐ 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 (must complete) ► Total number of pages including this cover page: _______

Schedules attached

☐ 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
1163 East Seventh Street
Chico
CA 95928

STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000

E-MAIL ADDRESS
jparsley@chicosd.org

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 ________________ (month, day, year)

Signature ______________________________________

(Attach original signed statement with your first official.)

FFPC Form 700 (2016/2017)
FFPC Advice Email: advice@ffpc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
**SCHEDULE A-2**
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. **BUSINESS ENTITY OR TRUST**
   - **Parsley Farms**
   - **Name:** 6280 Bennett Road, Chico, CA 95926
   - **Address (Business Address Acceptable):**
   - **Check one:**
     - ☐ Trust, go to 2
     - ☐ Business Entity, complete the box, then go to 2
   - **GENERAL DESCRIPTION OF THIS BUSINESS**
     - **FAIR MARKET VALUE:**
       - ☐ $0 - $1,999
       - ☐ $2,000 - $10,000
       - ☒ $10,001 - $100,000
       - ☐ $100,001 - $1,000,000
       - ☐ Over $1,000,000
     - **IF APPLICABLE, LIST DATE:**
       - / / 16
     - **ACQUIRED**
     - **DISPOSED**
   - **NATURE OF INVESTMENT:**
     - ☒ Partnership
   - **YOUR BUSINESS POSITION:** Partner with Husband

2. **IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**
   - ☐ $0 - $499
   - ☒ $500 - $1,000
   - ☒ OVER $1,000

3. **LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)**
   - ☐ None
   - ☐ Names listed below
   - **Anderson Shelling $1,600,000**

4. **INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**
   - **Check one box:**
     - ☐ INVESTMENT
     - ☒ REAL PROPERTY
   - **Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property:** 6280 Bennett Road
   - **Description of Business Activity or City or Other Precise Location of Real Property**
   - **FAIR MARKET VALUE:**
     - ☐ $2,000 - $10,000
     - ☒ $10,001 - $100,000
     - ☒ $100,001 - $1,000,000
     - ☐ Over $1,000,000
   - **IF APPLICABLE, LIST DATE:**
     - / / 16
     - **ACQUIRED**
     - **DISPOSED**
   - **NATURE OF INTEREST:**
     - ☐ Property Ownership/Deed of Trust
     - ☐ Stock
     - ☐ Partnership
     - ☐ Leasehold
       - ☐ Yrs. remaining
       - ☐ Other
     - ☐ Check box if additional schedules reporting investments or real property are attached

Comments:

---

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
Name

**1. BUSINESS ENTITY OR TRUST**

- **Name:**
- **Address (Business Address Acceptable):**
- **Check one:**
  - ☐ Trust, go to 2
  - ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

- **FAIR MARKET VALUE:**
  - ☐ $0 - $1,999
  - ☒ $2,000 - $10,000
  - ☒ $10,001 - $100,000
  - ☒ $100,001 - $1,000,000
  - ☐ Over $1,000,000
- **IF APPLICABLE, LIST DATE:**
  - / / 16
  - **ACQUIRED**
  - **DISPOSED**

**NATURE OF INVESTMENT:**

- ☒ Partnership

**YOUR BUSINESS POSITION:**

---

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ $0 - $499
- ☒ $500 - $1,000
- ☒ OVER $1,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)**

- ☐ None
- ☐ Names listed below

**Anderson Shelling $1,600,000**

---

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

- **Check one box:**
  - ☐ INVESTMENT
  - ☒ REAL PROPERTY

**Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property**

**Description of Business Activity or City or Other Precise Location of Real Property**

- **FAIR MARKET VALUE:**
  - ☒ $2,000 - $10,000
  - ☒ $10,001 - $100,000
  - ☒ $100,001 - $1,000,000
  - ☐ Over $1,000,000
- **IF APPLICABLE, LIST DATE:**
  - / / 16
  - **ACQUIRED**
  - **DISPOSED**

**NATURE OF INTEREST:**

- ☐ Property Ownership/Deed of Trust
- ☐ Stock
- ☐ Partnership
- ☐ Leasehold
  - ☐ Yrs. remaining
  - ☐ Other
- ☐ Check box if additional schedules reporting investments or real property are attached

FPSC Advice Email: advice@fpcc.ca.gov
FPSC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov
**SCHEDULE B**

**Interests in Real Property**

*(Including Rental Income)*

<table>
<thead>
<tr>
<th>CITY</th>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chico, CA 95926</td>
<td>6280 Bennett Road</td>
</tr>
<tr>
<td>Chico, CA 95926</td>
<td>5928 Anita Road</td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**IF APPLICABLE, LIST DATE:**
- 16
- 16

**NATURE OF INTEREST**
- Ownership/Deed of Trust
- Easement
- Leasehold
- Yrs. remaining
- Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**
- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**SOURCES OF RENTAL INCOME:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- None

**NAME OF LENDER***

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000
- Guarantor, if applicable

**NAME OF LENDER***

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000
- Guarantor, if applicable

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

Comments:

FPPC Form 700 (2016/2017) Sch. B
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE C**

**Income, Loans, & Business Positions**

(Other than Gifts and Travel Payments)

---

**1. INCOME RECEIVED**

**NAME OF SOURCE OF INCOME**

Darrel Parsley - Farming

**ADDRESS (Business Address Acceptable)**

Parsley Farms

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Partner

**YOUR BUSINESS POSITION**

---

**GROSS INCOME RECEIVED**

- [ ] No Income - Business Position Only
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- [ ] Salary
- [ ] Spouse’s or registered domestic partner’s income
  (For self-employed use Schedule A-2.)

- [X] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

- [ ] Sale of ___________________________ (Real property, car, boat, etc.)

- [ ] Loan repayment

- [ ] Commission or [ ] Rental Income, list each source of $10,000 or more

- [ ] Other ___________________________ (Describe)

---

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

*You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:*

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**HIGHEST BALANCE DURING REPORTING PERIOD**

- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

**Comments:**

---

**INTEREST RATE**

---

**TERM (Months/Years)**

---

**SECURITY FOR LOAN**

- [ ] None
- [ ] Personal residence

- [ ] Real Property ___________________________
  (Street address)

- [ ] Guarantor ___________________________
  (City)

- [ ] Other ___________________________ (Describe)

---

FPPC Form 700 (2016/2017) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER: Robinson

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
BOARD of Education
Your Position
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: Chico School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left __/__/____ (Check one)
☐ The period covered is January 1, 2016, 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 (must complete) ▶ Total number of pages including this cover page: 2

Schedules attached
☐ 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 (NA)
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
☐ None - No reportable interests on any schedule

5. Verification

Mailing Address
1163 E 7th Street
Chico, CA 95928

Daytime Telephone Number
(530) 891-3000

E-mail Address
erobinson@chicousd.org

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 2/24/2017
Signature: Eileen L. Robinson

(If you originally signed statement with your filing official.)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable
Emma Wilson Elementary School Administrator/Principal

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 ________________

Public School District

3. Type of Statement (Check at least one box)

☑ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left ______/_____/______

☐ The period covered is ______/_____/______, through December 31, 2016.

☐ 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 (must complete) ▶ Total number of pages including this cover page: ______

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☐ Schedule A-1 - Investments – schedule attached
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☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

5. Verification

Address: 1530 W. Eighth Ave, Chico CA 95924
E-mail: krodgers@chico.usd.org

Date Signed 3/24/17
Signature Kimberly Rodgers

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.

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SAUBERAN AARON THAYER

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable

AST. PRINCIPAL, SPECIAL EDUCATION
Your Position

► 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 Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
-OR-
The period covered is __________ / __________ , through December 31, 2016.
☐ Leaving Office: Date Left __________ / __________ (Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.
-OR-
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:

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☐ 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 CITY STATE ZIP CODE
892 NADMI AVE Chico CA 95926
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-1337 aarons7@sacmail.com
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 ____________ Signature __________________________
(month, day, year) (File the originally signed statement with your filing officer)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE A-2

**Investments, Income, and Assets of Business Entities/Trusts**

(Ownership Interest is 10% or Greater)

### 1. BUSINESS ENTITY OR TRUST

**Name:** Mahnaz Me / John Dalal

**Address (Business Address Acceptable):**

812 Naomi Ave, Chico CA 95926

**Check one:**
- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Importing Textiles/ Fabrics**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>/</th>
<th>/ 16</th>
<th>ACQUIRED</th>
<th>DISPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
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<tr>
<td>$100,001 - $1,000,000</td>
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<tr>
<td>Over $1,000,000</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**
- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION:** Spouse

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

- [ ] None
- [ ] Names listed below

- Gaksa Makel, Texas
- bunkhouse, Texas
- mira hotel group, Mexico

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

**Check one box:**
- [ ] INVESTMENT
- [ ] REAL PROPERTY

**Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property**

**Description of Business Activity or City or Other Precise Location of Real Property**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>/</th>
<th>/ 16</th>
<th>ACQUIRED</th>
<th>DISPOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**
- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership
- [ ] Leasehold
  - Yrs. remaining
- [ ] Other
- [ ] Check box if additional schedules reporting investments or real property are attached

**Comments:**

---

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.
NAME OF FILER
(SURNAME) (FIRST) (MIDDLE)
Schrock Kristen Joelle

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Little Chico Creek Elementary School
Your Position
Principal
➤ 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 Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or-
The period covered is __________/________/________, through December 31, 2016.
☐ Leaving Office: Date Left __________/________/________
(Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.
- or-
☐ 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 (must complete) ➤ Total number of pages including this cover page: __________

Schedules attached
☐ 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
(Business or Agency Address Recommended - Public Document)
2090 Amanda Way
Chico CA 95926

DAYTIME TELEPHONE NUMBER
(530) 891-3285

E-MAIL ADDRESS
kschrock@chicousd.org

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 __________ (month, day, year)
Signature ____________________________

Date Initial Filing Received
Official Use Only

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

**NAME OF FILER** (LAST) **Shepherd** (FIRST) **John** (MIDDLE) **Raymond**

1. **Office, Agency, or Court**
   - Agency Name (Do not use acronyms)
     Chico Unified School District
   - Your Position
     Principal
   - 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: Public School District

3. **Type of Statement** (Check at least one box)
   - Annual: The period covered is January 1, 2016, through December 31, 2016.
   - The period covered is __/__/______ through December 31, 2016.
   - Leaving Office: Date Left __/__/______
     (Check one)
     - The period covered is January 1, 2016, 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 (must complete)**
   - Total number of pages including this cover page: _______
   - Schedules attached
     - 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**
   - MA/ ADDRESS: 195 Delaney Dr., Chico, CA
   - CITY: Chico
   - STATE: CA
   - ZIP CODE: _______
   - DAYTIME TELEPHONE NUMBER: (530) 644-5489
   - E-MAIL ADDRESS: jshepherd@chicomic.org
   - 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: 3/27/17
   - Signature: ________________________

**FPPC Form 700 (2016/2017)**
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/775-3772 www.fppc.ca.gov
**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

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

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheridan</td>
<td>Enica</td>
<td>Lorraine</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agency Name (Do not use acronyms)</th>
<th>Assistant Principal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chico Unified School District</td>
<td>Your Position</td>
</tr>
</tbody>
</table>

- If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Position:</th>
</tr>
</thead>
</table>

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County
- City
- Judge or Court Commissioner (Statewide Jurisdiction)
- County
- Other

**3. Type of Statement (Check at least one box)**

- **Annual:** The period covered is January 1, 2016, through December 31, 2016.
- **Leaving Office:** Date Left _/__/____ (Check one)
  - The period covered is _/__/____, through December 31, 2016.
- **Assuming Office:** Date assumed _/__/____
- **Candidate:** Election year _/__/____ and office sought, if different than Part 1:

**4. Schedule Summary (must complete)**

- **Total number of pages including this cover page:**

  **Schedules attached**

- **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

- **None - No reportable interests on any schedule**

**5. Verification**

- **MAILING ADDRESS**
  - 779 Brindledwood Ct.
  - Chico, CA 95926

- **DAILY TELEPHONE NUMBER**
  - (530) 891-3026 x115
  - esherida@chicousd.org

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** _2/1/2017_  
**Signature**

(Fill the originally signed statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Snedeker Eric W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable
Your Position
Director of Special Education - Administrator

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Chico Unified School District
Position: Director of Special Education - Administrator

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ Multi-County Butte County
☐ City of Chico

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of

☐ Other Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left / / 

(Choice one)

☐ The period covered is January 1, 2016, 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 (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
STREET
(City or Agency Address Recommended - Public Document)
1143 East Seventh Street Chico CA

CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000 ext 135

E-MAIL ADDRESS
esnedeker@chicousd.org

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 03/05/2017
Signature
(Fill in only signatures on your filing official)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Spaggiari Renee Camile

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Administration

► 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 Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐-or-

The period covered is______/______/______, through December 31, 2016.

☐ Assuming Office: Date assumed______/______/______

☐ Candidate: Election year_______ and office sought, if different than Part 1:

☐ Leaving Office: Date Left______/______/______

(Check one)

☐ The period covered is January 1, 2016, through the date of leaving office.

☐-or-

The period covered is______/______/______, through the date of leaving office.

☐-or-

☐ None - No reportable interests on any schedule

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _______

Schedules attached

☐ 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
1475 East Ave
Chico, CA 95926

STREET
(Suffix or Address Number Required - Public Document)

DAYTIME TELEPHONE NUMBER
(530) 891-3050 x 105

E-MAIL ADDRESS
rspaggiari@chico-isd.org

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 2/27/17

Signature

(Fire the originally signed statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Staley Kelly Jan

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Superintendent
   Division, Board, Department, District, if applicable
   Your Position
   ➤ 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 Public School District

3. Type of Statement (Check at least one box)
   ☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
     -or-
     The period covered is / / , through December 31, 2016.
   □ Leaving Office: Date Left / / (Check one)
     □ The period covered is January 1, 2016, through the date of leaving office.
     -or-
     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 (must complete) ➤ Total number of pages including this cover page: 
   Schedules attached
   □ 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
   1163 East Seventh Street
   Chico, CA 95928
   City State Zip Code
   Business or Agency Address Recommended - Public Document
   Daytime Telephone Number
   (530) 891-3000x134
   E-Mail Address
   ketalley@chicousd.org

   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 03/21/2017 (month, day, year)
   Signature

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

**Interests in Real Property**

(Including Rental Income)

**Name**

Staley, Kelly

---

**ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

277 Saint Augustine

**CITY**

Chico, CA 95926

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**IF APPLICABLE, LIST DATE:**

- / / 16
- / / 16

**ACQUIRED**

**DISPOSED**

**NATURE OF INTEREST**

- Ownership/Deed of Trust
- Easement

<table>
<thead>
<tr>
<th>Leasehold</th>
<th>Yrs. remaining</th>
<th>Other</th>
</tr>
</thead>
</table>

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**SOURCES OF RENTAL INCOME:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- None

**Brian & Kelly Parsons**

---

*You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:*

---

**NAME OF LENDER***

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**

- %
- None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000
- Guarantor, if applicable
**Schedule C**
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

<table>
<thead>
<tr>
<th>1. Income Received</th>
</tr>
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<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>Staley, Kelly</td>
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<table>
<thead>
<tr>
<th>Name of Source of Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri Counties Bank</td>
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</table>

<table>
<thead>
<tr>
<th>Address (Business Address Acceptable)</th>
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<tbody>
<tr>
<td>780 Mangrove Avenue, Chico, CA</td>
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<table>
<thead>
<tr>
<th>Business Activity, If Any, of Source</th>
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<table>
<thead>
<tr>
<th>Husband's Employment</th>
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<td>None</td>
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<th>GROSS INCOME RECEIVED</th>
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<tbody>
<tr>
<td>$500 - $1,000</td>
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<tr>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consideration for Which Income was Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
</tr>
<tr>
<td>Spouse's or registered domestic partner's income</td>
</tr>
<tr>
<td>Partnership (Less than 10% ownership, for 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td>Sale of (Real property, car, boat, etc.)</td>
</tr>
<tr>
<td>Loan repayment</td>
</tr>
<tr>
<td>Commission or Rental Income, list each source of $10,000 or more</td>
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<table>
<thead>
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<th>Other (Describe)</th>
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<table>
<thead>
<tr>
<th>2. Loans Received or Outstanding During the Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Lender*</th>
</tr>
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</table>

<table>
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<tr>
<th>Address (Business Address Acceptable)</th>
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<tr>
<th>Business Activity, If Any, of Lender</th>
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<table>
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<th>Highest Balance During Reporting Period</th>
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<tr>
<td>$500 - $1,000</td>
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<tr>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
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<tr>
<td>OVER $100,000</td>
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<th>Comments:</th>
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<th>Interest Rate</th>
<th>Term (Months/Years)</th>
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<thead>
<tr>
<th>Security for Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Personal residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Real Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guarantor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other (Describe)</th>
</tr>
</thead>
</table>

---

FPPC Form 700 (2016/2017) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
### Schedule D
Income – Gifts

<table>
<thead>
<tr>
<th>Name</th>
<th>Staley, Kelly</th>
</tr>
</thead>
</table>

| NAME OF SOURCE (Not an Acronym) | Stutz Artiano Shinoff Holtz |
| ADDRESS (Business Address Acceptable) | 2488 Historic Decatur Road # 200, San Diego |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | Legal Firm |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| 12/13/16 | $30.00 | Boxed Candy |

| NAME OF SOURCE (Not an Acronym) |  |
| ADDRESS (Business Address Acceptable) |  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE |  |
| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
| | $ |  |
| | $ |  |

Comments: This unsolicited holiday gift arrives annually, even though CUSD no longer conducts business with this law firm. The candy is placed in the staff room for all to enjoy.
Mark either the gift or income box.
Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
For gifts of travel, provide the travel destination.

NAME OF SOURCE (Not an Acronym)
Association of California School Administrators
ADDRESS (Business Address Acceptable)
1029 J Street, Suite 500
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01/01/16 - 12/31/16 AMT: $300.00
(If gift)
MUST CHECK ONE: ☐ Gift -or- ☑ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description Superintendent's Council member. Travel expenses reimbursed.
If Gift, Provide Travel Destination

NAME OF SOURCE (Not an Acronym)
Association of California School Administrators
ADDRESS (Business Address Acceptable)
1029 J Street, Suite 500
CITY AND STATE
Sacramento, CA 95814
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01/01/16 - 12/31/16 AMT: $450.00
(If gift)
MUST CHECK ONE: ☐ Gift -or- ☑ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description ACSA Superintendent's Symposium Chair. Travel expenses reimbursed.
If Gift, Provide Travel Destination

Comments:
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Sullivan  Theodore

1. Office, Agency, or Court

Agency Name  (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Director of Elementary Education

► 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  Butte
☐ Other  Public School District

3. Type of Statement  (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or -
The period covered is / / , through December 31, 2016.
☐ Leaving Office: Date Left / / 
(Choose one)
☐ The period covered is January 1, 2016, 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 (must complete)  ► Total number of pages including this cover page: __________

Schedules attached

☐ 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
(Business or Agency Address Recommended - Public Document)
1163 East Seventh Street  Chico  CA  95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000 ext. 137  tsulliva@chicousd.org

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 03/18/2017  Signature 

(File the original signed statement with your filing officer.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Tadeo Rachel Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable
Citrus Avenue Elementary School

Your Position
Principal

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
☐ County of
☒ Other, Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.

☐ Leaving Office: Date Left __/__/______ (Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.

☐ Assuming Office: Date assumed __/__/______

☐ Candidate: Election year _________ and office sought, if different than Part 1:

☐ Candidate: Election year _________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ______

Schedules attached

☐ 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. 7th St. Chico CA 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3107

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 02/07/2017 (month, day, year)

Signature

(Fill in originally signed statement with your filing official)

FPPC Form 700 (2016/2017)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) (FIRST) (MIDDLE)

Vincent John E

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Information Services
   Your Position
   Director
   ▶ 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 Public School District

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2016, through December 31, 2016.
   □ Leaving Office: Date Left / / (Check one)
      The period covered is / / , through December 31, 2016.
      □ 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 (must complete)  ▶ Total number of pages including this cover page: 
   Schedules attached
   □ 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
   □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   STREET
   CITY
   STATE
   ZIP CODE
   (Business or Agency Address Recommended - Public Document)
   1163 East Seventh Street
   Chico
   CA
   95928
   DAYTIME TELEPHONE NUMBER
   (330) 891-3000
   E-MAIL ADDRESS
   jvincent@chicousd.org
   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 02/08/2017
   (month day year)
   Signature

   (By the originally signed statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Whittaker Damon Andrew

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable

Your Position
Assistant Principal

► 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 ____________________________
☐ County of __________________________
☐ Other ____________________________

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ -or-

☐ The period covered is ________/______/_______, through December 31, 2016.
☐ Assuming Office: Date assumed ________/______/_______
☐ Leaving Office: Date Left ________/______/_______

☐ (Check one)
☐ The period covered is January 1, 2016, through the date of leaving office.
☐ -or-

☐ The period covered is ________/______/_______, through the date of leaving office.

☐ Candidate: Election year ________________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ________

Schedules attached

☐ 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
1475 East Ave
Chico, CA 95926

STREET
CITY
STATE
ZIP CODE

(Check or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
(530) 891-3050

E-MAIL ADDRESS

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 ____________________________

Signature ____________________________

(File the originally signed statement with your filing official)

FFPC Form 700 (2016/2017)
FFPC Advice Email: advice@fpcc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov