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

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Date Received
*Official Use Only*

*Please type or print in ink.*

NAME OF FILER (LAST) SEVERE (FIRST) LAWRENCE (MIDDLE) RHYS

## 1. Office, Agency, or Court

Agency Name
CHICO UNIFIED SCHOOL DISTRICT PRNCIPAL
Division, Board, Department, District, if applicable — Your Position
MARIGOLD ELEMENTARY SCHOOL

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

Agency: _____ Position: _____

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

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

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

- [X] **Annual:** The period covered is January 1, 2011, through December 31, 2011.
  -or-
  The period covered is ____/____/____, through December 31, 2011.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [ ] **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ____/____/____ *(Check one)*
  - ○ The period covered is January 1, 2011, through the date of leaving office.
  - ○ The period covered is ____/____/____, through the date of leaving office.

## 4. Schedule Summary

*Check applicable schedules or "None."*

► *Total number of pages including this cover page:* 1

- [ ] **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)*
2440 MARIGOLD AVE CHICO CA 95926

DAYTIME TELEPHONE NUMBER: (530) 891-3121
E-MAIL ADDRESS (OPTIONAL): lsevere@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 02/29/2012 *(month, day, year)*

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