NAME OF FILER
Kistle

(LAST) Julia
(FIRST) Marie
(MIDDLE)

1. Office, Agency, or Court

Agency Name
Chico Unified School District
Division, Board, Department, District, if applicable

Your Position
Construction Manager

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

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 Butte County

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

-OR-
The period covered is ______/_____/_______, through December 31, 2012.
☐ Leaving Office: Date Left ______/_____/_______
(Choose one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is ______/_____/_______, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/_______

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

4. Schedule Summary

Check applicable schedules or “None.”

☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached

► Total number of pages including this cover page: ______

☐ 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
2455 Carmichael Drive
Chico, CA 95928

STREET
(City of Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3140

E-MAIL ADDRESS (OPTIONAL)
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 03/18/2013

(month, day, year)

Signature Julia M. Kistle

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

FPCC Form 700 (2012/2013)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov