NAME OF FILER
Koll

1. Office, Agency, or Court
Agency Name
Chico Unified School District
Division, Board, Department, District, if applicable
Chico
Your Position
Director of Classified Human Resources

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)
☐ Leaving Office: Date Left __/__/____
☐ The period covered is __/__/____, through December 31, 2012.
☐ The period covered is __/__/____, through
☐ Assuming Office: Date assumed __/__/____
☐ the date of leaving office.
☐ Candidate: Election year ___________ and office sought, if different than Part 1:

4. Schedule Summary
☐ 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
1163 East Seventh Street
CITY
Chico
STATE
CA
ZIP CODE
95928

DAILY TELEPHONE NUMBER
( 530 ) 891-3000
E-MAIL ADDRESS (OPTIONAL)
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/21/2013
Signature
(File the originally signed statement with your filing official)