NAME OF FILER  
(LAST) Morris 
(FIRST) Michael 
(MIDDLE) Joseph 

1. Office, Agency, or Court

Agency Name
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.
Agency:

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

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

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

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

- or -
The period covered is __/__/________ through December 31, 2012.

☐ Leaving Office: Date Left __/__/________ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is __/__/________ through the date of leaving office.

☐ Assuming Office: Date assumed __/__/________

☐ 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

- or -

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

☐ Total number of pages including this cover page: 1

☐ None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
( 530 ) 891-3000 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 02/14/2013  
(month, day year)  
Signature __________________________

(Fill the originally signed statement with your filing official)