

COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Murgia	David	Michael	

1. Office, Agency, or Court

Agency Name
 Chico Unified School District

Division, Board, Department, District, if applicable
 Principal

Your Position

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of <u>Butte</u> |
| <input type="checkbox"/> City of <u>Chico</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2012, through December 31, 2012. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2012, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 0

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
2090 Amanda Way	Chico	CA	95926	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)			
(530) 891-3285	dmurgia@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 3-25-13
 (month, day, year)

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