CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink

	AE OF FILER	(LAST)		(FIRST)		(MIDDLE)
	EED	(choi)	JANN	(rinor)	. †	IEAN
		r Court	OVIAIA	 	 -	LAN
	Office, Agency, or	Court				
	Agency Name CHICO UNIFIED	SCHOOL DISTRICT				
	Division, Board, Departn	nent, District, if applicable		Your Position		
	BOARD OF EDUC	CATION		TRUSTEE		
	► If filing for multiple po	ositions, list below or on an attac	nment.			
	Agency:			Position:		
2.	Jurisdiction of O	ffice (Check at least one box				
	☐ State			☐ Judge or Court Comn	nissioner (St	atewide Jurisdiction)
	☐ Multi-County			County of	·	•
	_			Other PUBLIC SC		DISTRICT
	City or			VI Other		
3.	Type of Statemer	1t (Check at least one box)			<u> </u>	
	Annual: The period	d covered is January 1, 2012, thr	ough	✓ Leaving Office: Date	e Left	12 2012
	December	31, 2012.		(Check one)		
	The period	d covered is//	, through	The period covered leaving office.	ed is Januar	y 1, 2012, through the date of
	Assuming Office:	Date assumed/		O The period cover the date of leaving		/, through
	Candidate: Electio	n year a	nd office sought,	if different than Part 1:		
4.	Schedule Summa	ary				
	Check applicable sche	=	► Tota	al number of pages includ	ding this	cover page: 4
	Schedule A-1 - Inve	estments - schedule attached		Schedule C - Income, Loa	ns, & Busine	ess Positions - schedule attached
	Schedule A-2 - Inv	estments - schedule attached		Schedule D - Income - Gi	fts – schedu	ile attached
	✓ Schedule B - Real	Property - schedule attached	-	Schedule E - Income - Gi	fts – Travel	Payments - schedule attached
			-or-			
		☐ None - /	lo reportable inte	rests on any schedule		
5.	Verification		· ·			
	MAILING ADDRESS (Business or Agency Address)	STREET Recommended - Public Document)	CITY		STATE	ZIP CODE
	1163 E 7TH STR	•	CHICO	С	Α	95928
	DAYTIME TELEPHONE NUME	ER		E-MAIL ADDRESS (OPTIONAL)		1
	(530) 898-980	2				N.
		le diligence in preparing this state ed schedules is true and comple			est of my kn	owledge the information contained
	I certify under penalty	of perjury under the laws of th	e State of Califo	rnia that the foregoing is true	and correct	•
	Data Simon 02/20/20	112		170 101	. 1/	20 0
	Date Signed UZ/ZU/ZI	(month, day, year)	-	Signature (File the original	thy sinned state-	ent with your filing official.)
		monus, vay, years		(rile die ongine	ny aiginau siatem	on was your many ontotally

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
JANN REED	_
·	•

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GOLDEN VALLEY BANK	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FINANCIAL	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
▼ Stock	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY APPLE COMPUTER	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
TECHNOLOGY	
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule	C) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
IF AFFEIGABLE, LIGH BATE.	IF AFFEIGAGLE, LIST DATE.
<u> </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	SELECT SESSION HOLD SEGMENT
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
☐ Stock ☐ Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule	C) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 12 / / 12	1 1 12 1 12
ACQUIRED DISPOSED	
ADQUINED DIGFOGED	AOQUINED DIGFOGED
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
JANN REED

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
PATHOLOGY SCIENCES MEDICAL GROUP	
Name 183 EAST 8TH AVE., CHICO, CA 96926	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY MEDICAL LABORATORY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$ 0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ☑ Partnership ☐ Sole Proprietorship ☐ Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION SPOUSE OF PARTNER	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3, LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
☐ None	None
ENLOE MEDICAL CENTER, FEATHER RIVER HOSPITAL, BLUE SHIELD, MEDICARE, MEDI-CAL	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
183 EAST 8TH AVE., CHICO CA 95926	Name of Business Entity, if Investment, or
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property CLINICAL PATHOLOGY LABORATORY	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST ☐ Property Ownership/Deed of Trust ☐ Stock ☑ Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2012/2013) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
JANN REED

► ASSESSOR'S PARCEL NUM 116 BROADWAY	BER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
CITY		CITY	
CHICO			
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$1100,001 - \$1,000,000 Over \$1,000,000	IF APPLICABLE, LIST DATE: 07 , 21 , 12 ACQUIRED	- []	DATE: // 12 DISPOSED
NATURE OF INTEREST		NATURE OF INTEREST	
Ownership/Deed of Trust	Easement	Ownership/Deed of Trust Easement	
LeaseholdYrs. remain	ning Other	Leasehold Other	r
IF RENTAL PROPERTY, GRO	OSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
▼ \$0 - \$499	- \$1,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$	\$10,000
S10,001 - \$100,000	OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000	
interest, list the name of e income of \$10,000 or mo	OME: If you own a 10% or greater each tenant that is a single source of re.	SOURCES OF RENTAL INCOME: If you own a 10% of interest, list the name of each tenant that is a single income of \$10,000 or more. None	
∠ I None			
* You are not required business on terms a	vailable to members of the publ	al lending institutions made in the lender's regular lic without regard to your official status. Personal lusiness must be disclosed as follows:	
* You are not required business on terms a	vailable to members of the publ	lic without regard to your official status. Personal	
* You are not required business on terms av loans received not in	vailable to members of the publi a lender's regular course of bu	lic without regard to your official status. Personal lusiness must be disclosed as follows:	
* You are not required business on terms ave loans received not in	vailable to members of the public a lender's regular course of buse of second se	lic without regard to your official status. Personal lusiness must be disclosed as follows: NAME OF LENDER*	
* You are not required business on terms at loans received not in NAME OF LENDER* ADDRESS (Business Address	vailable to members of the public a lender's regular course of buse of second se	lic without regard to your official status. Personal lusiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	loans and
* You are not required business on terms as loans received not in NAME OF LENDER* ADDRESS (Business Address BUSINESS ACTIVITY, IF ANY	vailable to members of the public a lender's regular course of but is Acceptable) Y, OF LENDER TERM (Months/Years)	lic without regard to your official status. Personal lusiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	loans and
* You are not required business on terms avolution of lender* ADDRESS (Business Address Business ACTIVITY, IF ANY INTEREST RATE	vailable to members of the public a lender's regular course of but	lic without regard to your official status. Personal usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/M	loans and
* You are not required business on terms avolution of lender* ADDRESS (Business Address BUSINESS ACTIVITY, IF ANVINTEREST RATE	vailable to members of the public a lender's regular course of but	lic without regard to your official status. Personal lusiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None	loans and
* You are not required business on terms avoid loans received not in NAME OF LENDER* ADDRESS (Business Address Business Activity, IF ANVINTEREST RATE	vailable to members of the public a lender's regular course of but is Acceptable) Y, OF LENDER TERM (Months/Years) G REPORTING PERIOD	lic without regard to your official status. Personal lusiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD	loans and
* You are not required business on terms avolution of lender* ADDRESS (Business Address Business ACTIVITY, IF ANY INTEREST RATE	vailable to members of the public a lender's regular course of but is Acceptable) Y, OF LENDER TERM (Months/Years) G REPORTING PERIOD \$1,001 - \$10,000	lic without regard to your official status. Personal usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Your property of the prop	loans and