STATEMENT OF ECONOMIC INTERESTS
COVERAGE PAGE

NAME OF FILER
LAST
Mike
MIDDLE
Anthony

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chico High
Your Position
Assistant Principal, CHS

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
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 Public School District

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

☑ Annual: The period covered is January 1, 2013, through December 31, 2013.
- or -
The period covered is __________/________/_________, through December 31, 2013.

☑ Leaving Office: Date Left __________/________/________ (Check one)
- The period covered is January 1, 2013, 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

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

- or -

☑ None - No reportable interests on any schedule

Total number of pages including this cover page: ________

5. Verification
MAILING ADDRESS
STREET
(City or Agency Address Recommended - Public Document)
1 Greg Ct
Chico
CA 95928

DAYTIME TELEPHONE NUMBER
(530) 680-8895
E-MAIL ADDRESS (OPTIONAL)
MAllen@chicosd.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 03/24/2014
Signature (Print the original signed statement on your filing official.)

FPPC Form 700 (2013/2014)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov