CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Besnard Bruce Robert

1. Office, Agency, or Court

   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Your Position
   Principal

   ▶ 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."
   ▶ Total number of pages including this cover page: _______

   [ ] 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

5. Verification

   MAILING ADDRESS STREET CITY STATE ZIP CODE
   (Business or Agency Address Recommended - Public Document)
   Chico CA 95973

   DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
   (530) 891-3141

   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 03/27/2014 Signature
   (month, day, year) (Signature)

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