CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT	CC	OVER PAGE	
Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Boyer	Brian		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applic	cable	Your Position	
		Assistant Principal	
▶ If filing for multiple positions, list below or	on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	ast one box)		
☐ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	
☐ City of		Other Public School Distri	ct
C ON S.			
3. Type of Statement (Check at least of	one box)		
Annual: The period covered is January	1, 2013, through	Leaving Office: Date Left	
December 31, 2013or-		(Check one)	4 0040 thereach the date of
The period covered is December 31, 2013.	, through	 The period covered is Janual leaving office. 	
Assuming Office: Date assumed		The period covered is the date of leaving office.	_/, through
Candidate: Election year	and office sought, if of	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 C - Income, Loans, & Busin	ness Positions – schedule attached
Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - sched	
Schedule B - Real Property – schedule	attached [Schedule E - Income – Gifts – Travel	Payments – schedule attached
[-or- None - No reportable interes	sts on any schedule	
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	cument)	STATE	ZIP CODE
1163 East 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)	
(530) 891-3026			and the state of t
I have used all reasonable diligence in prepar herein and in any attached schedules is true			nowledge the information contained
I certify under penalty of perjury under the	e laws of the State of Californ	ia that the foregoing is true and cornec	t.
Date Signed		Son - VX	02/
Date Signed	Si	gnature) — A —

(File the originally signed statement with your fling official.)