STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

CARISS

Timothy

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Elementary School Administrator

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 ___________________________

☐ County of _____________________________

☐ City 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.

☐ Performance Period: The period covered is ______/____/____ through ______/____/____

☐ 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.

☐ Assumed Office: Date assumed ______/____/_____ 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

☐ None - No reportable interests on any schedule

Total number of pages including this cover page: __________

5. Verification

MAILING ADDRESS
9 Shimmering Oak Ct.

STREET

CITY
Chico

STATE
CA

ZIP CODE
95926

DAYTIME TELEPHONE NUMBER
(530) 891-3104

E-MAIL ADDRESS (OPTIONAL)

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

(Fill the originally signed statement with 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