CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME O	F FILER (LAST)		(FIRST)		(MIDDLE)
Cava	naugh	Connie		S	
1. Office, Agency, or Court					
_	ency Name (Do not use acronyms)				-
•	hico Unified School District				
Div	Division, Board, Department, District, if applicable Your Position				
55	Director, Fiscal Services				
Þ	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)				
Ag	ency:		Position;		
2. Ju	risdiction of Office (Check at least o	ne box)			
	State		☐ Judge or Cou	ırt Commissioner (St	atewide Jurisdiction)
_	Multi-County		☐ County of —		
	City of				et
	City of		G Other		
3. Ty	pe of Statement (Check at least one i	oox)			
Z	Annual: The period covered is January 1, 2 December 31, 2013.	013, through	Leaving Offi (Check one)	ice: Date Left	
	The period covered is 07 , 29 December 31, 2013.	through	The periodleaving o		ry 1, 2013, through the date of
	Assuming Office: Date assumed			od covered is of leaving office.	J, through
	Candidate: Election year and office sought, if different than Part 1:				
4. Schedule Summary					
Ch	neck applicable schedules or "None." Total number of pages including this cover page:				
П	Schedule A-1 - Investments - schedule attac	hed	Schedule C - Inco	me, Loans, & Busin	ess Positions - schedule attached
	Schedule A-2 - Investments - schedule attack	hed	Schedule D - Income - Gifts - schedule attached		
	Schedule B - Real Property - schedule attack	hed	Schedule E - Inco	me – Gifts – Travel	Payments - schedule attached
	-or-				
None - No reportable interests on any schedule					
5. Ve	rification			·	
	LING ADDRESS STREET siness or Agency Address Recommended - Public Documer	CITY		STATE	ZIP CODE
150		Chico		CA	95928
DA	YTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTION		
	530) 891-3000		ccavanaugh@c		
l ha hei	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 02/07/2014 Signature				
l c					
Da					
	(month, day, year)		(Fi	le the originally signed stater	ment with your filing official.