STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

(_LAST) Enserro

(FIRST) Vince

(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Director Of Nutrition

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

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ 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.

☐ 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

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule C - Income, Loans, & Business Positions – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☐ Schedule D - Income – Gifts – schedule attached

☐ Schedule B - Real Property – schedule attached

☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

2455 Carmichael dr. chico ca 95928

STREET

CITY

STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

( 530 ) 891-3021

E-MAIL ADDRESS (OPTIONAL)

venserro@chicousd.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 02/08/2014

(month, day, year)

Signature

(Reproduce exactly signed statement with your filing official)

FPPC Form 700 (2013/2014)

FPPC Advice Email: advice@fppc.ca.gov

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