CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

NAME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Gregg		Jason			L
1. Office, Agency, or	Court				
Agency Name (Do not us					
Chico Unified Scho	, ,				
Division, Board, Departme	nt, District, if applicable		Your Position		
Information Services Direct					
► If filing for multiple pos	itions, list below or on an atta	chment (Do not use	acronyms)		
Agency:		_	Position:		
2. Jurisdiction of Off	C9 (Check at least one bo.	x)			
State			Judge or Court Co	ommissioner (S	itatewide Jurisdiction)
Multi-County			partition.	,	
			Other Public S		
E Oity of	and an annual		[4] Other		
3. Type of Statement	(Check at least one box)				
December 3	covered is January 1, 2013, th 1, 2013.	rough	Leaving Office: (Check one)	Date Left	
-or- The period a December 3	covered is///////	, through	The period co leaving office	vered is Janua	ry 1, 2013, through the date of
Assuming Office: D	ate assumed		The period co the date of lea		J, (hrough
Candidate: Election	rearreay	and office sought, if di		•	
4. Schedule Summar	·				
Check applicable schedu	•	► Total r	number of pages inc	luding this	cover page:
Schedule A-1 - Invest	ments - schedule attached		Schedule C - Income. I	oans & Busin	ess Positions – schedule attached
Schedule A-2 - Invest	Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached				
Schedule B - Real Pr	Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached				
		-01-			
	None -	No reportable interest	s on any schedule		
5. Verification					
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE
(Susiness or Agency Address Red 1163 E. 7th, Street	*	Chico		CA	95 9 28
DAYTIME TELEPHONE NUMBER			-MAIL ADDRESS (OPTIONAL)	0.7	30820
(530)891-3000					
I have used all reasonable herein and in any atlached	diligence in preparing this state schedules is true and comple	ement. I have reviewe	d this statement and to the	e beat of my	owledge the information contained
I certify under penalty of	perjury under the laws of th	e State of California	that the foregoing is tru	e and confect	
Date Signed 03/03/201	4	Sign	nature	109	
	(month, day, year)	. 519		ginally signed staten	ent with your filing official.)
			7		FPPC Form 700 (2013/2014
Clear Page Pri	nt Form		FPPC Toll-F		dvice Email: advice@fppc.ca.go 866/275-3772 www.fppc.ca.go