NAME OF FILER:
Harker  Tang  Denee

1. Office, Agency, or Court
Agency Name: Chico Unified School District
Your Position: Nutrition Specialist

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 ___________________________
☐ City of ___________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County 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 ______/_____/______
-OR-
The period covered is ______/_____/______, through December 31, 2013.
☐ 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
Check applicable schedules or "None."
☐ 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

Total number of pages including this cover page: _______

5. Verification
MAILING ADDRESS:
1491 Saratoga Dr.  Chico, CA  95973
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER: (530) 345-4054
E-MAIL ADDRESS (OPTIONAL): tangharker@skaglobal.net

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: 3/14/14
(month, day, year)
Signature: ___________________________

(Attach original signed statement with your filing official)