CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HOVEY LINDA ANN

1. Office, Agency, or Court
   Agency Name: (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Your Position
   BOARD MEMBER
  
   ▶ 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 __________________________
   □ County 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.
   -or-
   The period covered is __________/_________/__________, 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
   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
   -or-
   □ None - No reportable interests on any schedule
   Total number of pages including this cover page: ______

5. Verification
   MAILING ADDRESS ________________ STREET ________________ CITY ________________ STATE ________________ ZIP CODE ________________
   (Business or Agency Address Recommended - Public Document)

   CHICO CA 95928

   DAYTIME TELEPHONE NUMBER ________________ E-MAIL ADDRESS (OPTIONAL)
   ( 530 ) 891-3000 lhovey@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 03/27/2014 __________________________
   (month, day, year) Signature __________________________
   (File the originally signed statement with your annual report)