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)
Kassel Jeaner Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Loma Vista Special Education
Your Position
Assistant Principal

► 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 Butte
☑ City of Chico ☐ 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: __/__/____
(Choose 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 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

► Total number of pages including this cover page:

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
2404 Marigold Ave
Chico Ca 95926

STREET
(City or Agency Address Recommended - Public Document)

CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 879-7400

E-MAIL ADDRESS (OPTIONAL)

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 02/14/2014

Signature (File the originally signed statement with your filing officer.)

FFPC Form 700 (2013/2014)
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FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov