

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Kell (FIRST) David (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Human Resources

Your Position

Director of Classified Human Resources

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, 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, Assuming Office: Date assumed, Candidate: Election year

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE 1163 East 7th Street Chico CA 95928 DAYTIME TELEPHONE NUMBER (530) 891-3000 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 03/17/2014 (month, day, year)

Signature [Handwritten Signature] (File the originally signed statement with your filing official.)

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 David Koll

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 Keenan & Associates

ADDRESS (Business Address Acceptable)  
 P.O. Box 1538

CITY AND STATE  
 Rancho Cordova

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 CAJPA Conference - NVSIG Risk Mgmt. Member

DATE(S): 09 / 10 / 13 - 09 / 13 / 13 AMT: \$ 100.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 Meals

▶ NAME OF SOURCE (Not an Acronym)  
 Burke, Williams & Sorensen LLP

ADDRESS (Business Address Acceptable)  
 444 South Flower Street Suite 2400

CITY AND STATE  
 Los Angeles California

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 CALPERLA Conference

DATE(S): 11 / 20 / 13 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 100.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
 Meal

▶ NAME OF SOURCE (Not an Acronym)  
 Hanna & Brophy

ADDRESS (Business Address Acceptable)  
 3100 Zinfandel Drive Suite 400

CITY AND STATE  
 Rancho Cordova California

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 CAJPA Conference - NVSIG Risk Mgmt. Member

DATE(S): 09 / 10 / 13 - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ 100.00  
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Other - Provide Description \_\_\_\_\_  
 Meal

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_