STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Morris Michael Joseph

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Educational Services
Your Position
Director
► 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 __/__/________
☐ 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 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

► Total number of pages including this cover page: 1

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
( 530 ) 891-3000 mmorris@chicousd.org
I have used 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 03/03/2014
(signature)
(month, day, year)

FPPC Form 700 (2013/2014)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov