CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

Morris Michael Joseph	NAI	ME OF FILER	(LAST)		(FIRST)		(MIDDLE)		
Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Educational Services 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 County of C	Morris		Michael		Jo	Joseph			
Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Educational Services 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 County of C	1.	Office, Agency, or Court							
Division, Board, Department, District, if applicable Educational Services ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency. Position: Position: Position									
Educational Services If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:									
Agency:		Division, Board, Department, District	Division, Board, Department, District, if applicable			Your Position			
Agency:		Educational Services			Director				
State		If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
State		Agency:			Position:				
Multi-County	2.	2. Jurisdiction of Office (Check at least one box)							
City of Public School District		State			☐ Judge or Court Co	mmissioner (Sta	atewide Jurisdiction)		
City of Public School District		Multi-County			County of				
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		•							
Assuming Office: Date assumed									
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Assuming Office: Date assumed/ and office sought, if different than Part 1:		-or-	. 1 1	through		rered is January	, 1, 2013, through the date of		
the date of leaving office. Candidate: Election year and office sought, if different than Part 1:			, <u> </u>	, tillough		·	· · · · · · · · · · · · · · · · · · ·		
A. 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 B - Real Property – schedule attached None - No reportable interests on any schedule MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 1163 E. 7th Street DAYTIME TELEPHONE NUMBER (530) 891-3000 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. Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Payments – schedule attached Schedule To Income – Gifts – Travel Paymen		Assuming Office: Date assur	med/				, through		
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