STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

Robinson

Eileen

Lynette

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Trustee

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.

☐ Assuming Office: Date assumed ________/_______

☐ The period covered is ________/_______, through the date of leaving office.

☐ 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

☐ None - No reportable interests on any schedule

5. Verification

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: Feb 10, 2014

Signature: Eileen L. Robinson

(Fill the originally signed statement with your filing official)
**SCHEDULE D**  
**Income – Gifts**

### NAME OF SOURCE (Not an Acronym)

- **Kingsly Bogard, LLP**  
  50 Iron Point Circle Ste, 110 Folsom, CA.  
  **Attorney at Law**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/06/13</td>
<td>$83.87</td>
<td>Meal and beverage</td>
</tr>
</tbody>
</table>

### NAME OF SOURCE (Not an Acronym)

- **Burke, Williams and Sorenson, LLP**  
  444 S. Flower Street Ste, 2400 LA, Ca. 90071  
  **Attorney at Law**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/05/13</td>
<td>$133.86</td>
<td>Meal and beverage</td>
</tr>
</tbody>
</table>

### Comments:

---

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