NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rodgers Kimberly Jeanne

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Administrator

► 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 ______/_____/______ (Check one)
- or - The period covered is ______/_____/______, through December 31, 2013.
☐ The period covered is ______/_____/______, through the date of leaving office.
☐ 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
- or -
☑ None - No reportable interests on any schedule

► Total number of pages including this cover page: ___________

5. Verification
MAILING ADDRESS
1163 E. Seventh Street
STREET Chico
CITY CA
STATE ZIP CODE 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 02/28/2014 (month, day, year)
Signature

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