CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) Snederker
(FIRST) Eric
(MIDDLE) W

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Chico Unified School District
Division, Board, Department, District, if applicable
Loma Vista Special Education
Your Position
Principal

- 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 Chico
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☑ County of Butte
☐ 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.
- or -
The period covered is / / , through December 31, 2013.
☐ Assuming Office: Date assumed / / 
☐ Leaving Office: Date Left / / 
(Select one)
○ The period covered is January 1, 2013, through the date of leaving office.
○ 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

5. Verification

MAILING ADDRESS
STREET
(City or Agency Address Recommended - Public Document)
2404 Marigold Ave Chico Ca 95926

DAYTIME TELEPHONE NUMBER
( 530 ) 879-7400

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 02/14/2014
(month, day, year)

Signature ____________________________
(File the originally signed statement with your filing official.)

FPCC Form 700 (2013/2014)
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FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov