STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

(SLAND) [FIRST] [MIDDLE]

Sullivan Theodore William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
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 ____________________________
☐ County of ____________________________
☐ City 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.
- or - The period covered is _______/_____/______ through December 31, 2013.

☐ Leaving Office: Date Left __/____/______
(Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- 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

- or -

☐ 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

616 Jardin Way

(STREET)

Chico

(CITY)

CA 95926

(STATE)

ZIP CODE

DAYTIME TELEPHONE NUMBER

(530) 891-3100

E-MAIL ADDRESS (OPTIONAL)

tsullivan@chicoisd.org

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 03/04/2014

Signature ____________________________

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

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