

COVER PAGE

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
VanBuskirk	Peter	D	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
 Chico Unified School District

Division, Board, Department, District, if applicable
 Your Position
 Director of Finance

► 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)*

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other Public School District |

3. Type of Statement *(Check at least one box)*

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2013, through December 31, 2013. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
<i>(Check one)</i> |
| -or- | <input type="radio"/> The period covered is January 1, 2013, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2013. | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | |
| <input type="checkbox"/> Candidate: Election year _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: _____

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E 7th Street	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)			
(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.

Date Signed 03/31/2014
(month, day, year)

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