STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

Whitegon

LAST

Leonard

FIRST

A

MIDDLE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Personnel Commission

Your Position

Commissioner

► 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

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ 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.

☐ Leaving Office: Date Left __/____/________ (Check one)

☐ 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

► Total number of pages including this cover page: __________

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

1163 E. Seventh Street

Chico

CA 95928

STREET

CITY

STATE

ZIP CODE

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 __/____/____

(month, day, year)

Signature __________________________

(Please sign the originally signed statement with your left hand.)

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