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) Damon
(First) Whittaker
(MIDDLE) Andrew

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable

Your Position
Assistant 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 ______________________________________
☐ 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.
- 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.”

➢ Total number of pages including this cover page: __________

☐ 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
1475 East Ave
STREET
Chico
CITY
STATE
Ca
ZIP CODE
95928

DAYTIME TELEPHONE NUMBER
(530) 891-3050

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 02/07/2014
(month, day, year)

Signature __________________________

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

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