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)  (FIRST)  (MIDDLE)
Allen  Mike  Anthony

1. Office, Agency, or Court
- Agency Name (Do not use acronyms)
  Chico Unified School District
- Division, Board, Department, District, if applicable
  Chico unified School District
- 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
  Chico Unified School District

3. Type of Statement (Check at least one box)
- or-
  The period covered is  /  / , through December 31, 2014.
- Leaving Office: Date Left   /   /   (Check one)
  The period covered is January 1, 2014, 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: 0
- None - No reportable interests on any schedule
- 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-

5. Verification

MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
1 Greg Ct  Chico  CA  95928
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER  E-MAIL ADDRESS
(530) 891-3026  Mallen@chicousd.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  3/31/15  (month, day, year)  Signature  Mike

(Fill in the originally signed statement with your filing official.)

FPPC Form 700 (2014/2015)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov