CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
(LAST) Bohannon
(FIRST) John
(MIDDLE) Thomas

1. Office, Agency, or Court
   Agency Name: Chico Unified School District
   Division, Board, Department, District, if applicable: Director - Alternative and Secondary Education
   Your Position:
   Agency: Public School District
   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, 2014, through December 31, 2014.
   -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.
   □ Assumed 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
   □ 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
   (Business or Agency Address Recommended - Public Document)
   1163 E 7th Street, Chico, CA 95928
   DAYTIME TELEPHONE NUMBER
   (530) 891-3000
   E-MAIL ADDRESS

   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 5-5-15 (month, day, year)
   Signature

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