STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

(LAST) Boyer

( FIRST) Brian

(MIDDLE)

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, 2014, 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: __________

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

(City or Agency Address Recommended - Public Document)

1163 East Seventh Street

CHICO

CA

95928

STATE

ZIP CODE

DAILY TIME TELEPHONE NUMBER

(530) 891-3026

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 ___________ (month, day, year)

Signature ____________________________

(File 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