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) Janet
(FIRST) L.
(MIDDLE)

1. Office, Agency, or Court

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

Your Position
Director

► 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 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 _____ / _____ / ______ through December 31, 2014.
☐ Assuming Office: Date assumed _____ / _____ / ______
    O 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 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

► Total number of pages including this cover page: 1

☐ None • No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Street or Agency Address Recommended - Public Document)
1163 East 7th Street
Chico

CITY
STATE
ZIP CODE
CA
95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000

E-MAIL ADDRESS
jbrinson@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 03/23/2015
(month, day, year)

Signature

(Use 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