

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Kevin (FIRST) James (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 Superintendent - Business Services

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attached Position: See Attached

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.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- 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.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 3

- 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 STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1163 E 7th Street Chico CA 95928

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (530) 891-3000

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 3-20-15 (month, day, year) Signature [Signature] (File the originally signed statement with your filing official.)

California Form 700
Statement of Economic Interests 2014
Item #1 Attachment:

Agency:	Position:
Butte Schools Self-funded Programs	Board President / <i>BOARD MEMBER</i>
Bay Area Schools Insurance Cooperative	Board Member
North Valley Self Insurance Group	Board Member
Oversight Board of the Successor Agency Of the Former Redevelopment Agency-Chico	Board Member
Oversight Board of the Successor Agency Of the Former Redevelopment Agency-Oroville	Board Member
Oversight Board of the Successor Agency Of the Former Redevelopment Agency-Paradise	Board Member
Oversight Board of the Successor Agency Of the Former Redevelopment Agency-Gridley	Board Member

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Bultema, Kevin</u>

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME
Bultema Piano Lessons

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Piano Lessons

YOUR BUSINESS POSITION
N/A

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

_____ (Describe)

Other _____
 (Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME
Basketball Referee

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Basketball Referee

YOUR BUSINESS POSITION
Independent Contractor

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000

\$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

_____ (Describe)

Other Services Provided
 (Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____