## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILE	R (LAST)		(FIRST)		(MIDDLE)	
Feaster		Robert		١	/ernon	
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 - Human Resoureces				
► lf filin	▶ 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	3		☐ Judge or Court (	Commissioner (St	tatewide Jurisdiction)	
— □ Multi	-County		County of	,	·	
<del>_</del>	of		Other Butte C			
	01		V Ouiei	,		
3. Type	of Statement (Check at least one box)					
_	<b>ual:</b> The period covered is January 1, 2014, thr December 31, 2014.	ough	Leaving Office: (Check one)	Date Left		
,	The period covered is// December 31, 2014.	, through	<ul> <li>The period of leaving office</li> </ul>		ry 1, 2014, through the date of	
☐ Ass	uming Office: Date assumed//_			overed is eaving office.	, through	
☐ Can	didate: Election year a	nd office sought, if o	different than Part 1:			
4. Sched	lule Summary					
Check	heck applicable schedules or "None." Total number of pages including this cover page:					
☐ Sch	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
Sch	edule A-2 - Investments - schedule attached	- Investments – schedule attached Schedule D - Income – Gifts – schedule attached				
Sch Sch	Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached					
	-or-					
✓ None - No reportable interests on any schedule						
5. Verific						
MAILING A (Business	NDRESS STREET or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
1163	E. 7th Streeet	Chico		CA	95928	
	TELEPHONE NUMBER		E-MAIL ADDRESS	_		
-	bfeaster@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	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Sig	te Signed 03/27/2015 Signature (					
	(month, day, year)		(File the	originally signed staten	nent with your filing official.)	