

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
 Received
 Official Use Only

Please type or print in ink.

NAME OF FILER GRAULICH	(LAST)	JULIE	(FIRST)	ANNE	(MIDDLE)
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1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Human Resources

Your Position

Classified Human Resources Coordinator

► 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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

3. Type of Statement (Check at least one box)

- | | |
|---|--|
| <input type="checkbox"/> Annual: The period covered is January 1, 2014, through December 31, 2014. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one) |
| -or-
The period covered is ____/____/____, through December 31, 2014. | <input type="radio"/> The period covered is January 1, 2014, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> 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: _____

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input checked="" type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
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1163 E. 7th Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

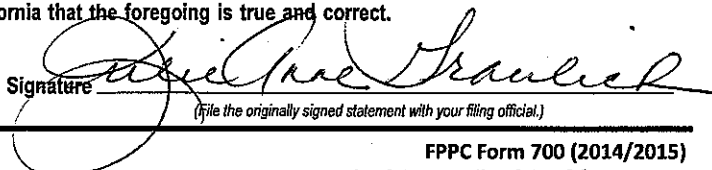
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/10/2015

(month, day, year)

Signature



(file the originally signed statement with your filing official.)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <hr/>
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- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE *(Not an Acronym)*
 Keenan & Associates

ADDRESS *(Business Address Acceptable)*
 P.O. Box 1538

CITY AND STATE
 Rancho Cordova, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 CAJPA Conference - NVSIG Risk Mgmt. Member

DATE(S): 09 / 16 / 14 - 09 / 19 / 14 AMT: \$ 100.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meals

▶ NAME OF SOURCE *(Not an Acronym)*
 Hanna & Brophy

ADDRESS *(Business Address Acceptable)*
 3100 Zinfandel Drive, Suite 400

CITY AND STATE
 Rancho Cordova, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 CAJPA Conference - NVSIG Risk Mgmt. Member

DATE(S): 09 / 16 / 14 - 09 / 19 / 14 AMT: \$ 100.00
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Other - Provide Description _____
Meals

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): _____ - _____ AMT: \$ _____
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____