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
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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
   Nutrition Specialist
   Your Position

   ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency: Chico Unified S.D.  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.
   -or-
   The period covered is / / , 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.”
   □ 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
   □ Schedule F - Travel - schedule attached
   □ Schedule G - Costs - schedule attached
   □ Schedule H - Other - schedule attached
   □ Schedule I - Financial Benefits - schedule attached
   □ Schedule J - Financial Benefits - schedule attached
   □ Schedule K - Other - schedule attached
   □ Schedule L - Other - schedule attached
   □ Schedule M - Other - schedule attached
   □ Schedule N - Other - schedule attached
   □ Schedule O - Other - schedule attached
   □ Schedule P - Other - schedule attached
   □ Schedule Q - Other - schedule attached
   □ Schedule R - Other - schedule attached
   □ Schedule S - Other - schedule attached
   □ Schedule T - Other - schedule attached
   □ Schedule U - Other - schedule attached
   □ Schedule V - Other - schedule attached
   □ Schedule W - Other - schedule attached
   □ Schedule X - Other - schedule attached
   □ Schedule Y - Other - schedule attached
   □ Schedule Z - Other - schedule attached
   -or-
   □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   1163 E 7th Streeed
   Chico CA 95928
   CITY
   STATE
   ZIP CODE
   STREET
   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 3/27/15 
(month, day, year)

Signature

(If 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